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Commentary and Opinions

Re-educating the surgical culture, is it possible?

Rééduquer la culture chirurgicale, est-ce possible ?

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Having spent months in a surgical department with predominantly female juniors and male seniors, I can confirm that the fundamental culture of surgery remains largely unchanged since the millennium.[1] During my initial weeks in theatres, I quickly encountered unsolicited opinions about women's suitability for surgery. Within ten minutes and without relevant contextual discussion, a Registrar offered his “advice/views”: women aren’t fit for surgery, childbearing isn’t compatible with a surgical career, and female consultants are often less skilled than their male counterparts. He suggested dermatology given that it allows for brunch with friends on a Friday, working part-time. These unsolicited conversations, whether my specialty interests were known or not, were weekly occurrences. More sinister was that these perspectives operated at a structural level with reports of interview questions for Registrar positions relating to ‘dealing’ with female Consultants. The implication being that women are less competent, may have taken off post-partum, and are inherently less skilled even after years more experience.

Women are typically put-off by surgery for reasons other than the content of the subject.[2,3] These include harassment, assault, the practical and belief-driven consequences of childbearing, and the widespread misogyny within surgical training.[4] Culturally, ‘female’-coded styles of communication, teamwork, and teaching garner no respect.[5] A colleague who began transitioning from masculine to feminine presentation during her surgery rotation found a concurrent decrease in the encouragement to pursue surgery as she became more feminine. The women that make it through surgical training are often transformed by the culture.[2,5] Women report shape-shifting and adapting to fit into the space they have battled their way through by playing the man’s game. If they had to get on with it, then so do you.

How to change this culture remains challenging. The reality of surgical culture is not unique. It is a concentrated product of society at large, and the changes we are still living. There are many unanswered questions. Are doctors and health professionals generally meant to wait for the trickle-down of societal change? Are young women interested in surgery supposed to grind their way through a career until there is a critical mass that naturally changes the culture? Or, as professionals held to a high standard, should social change be part in parcel of medical education? Is this an impossible task?

Perhaps medical education, before students graduate, could provide an opportunity to begin changing attitudes. Currently, communication skills teaching focuses on patient interaction. The now obsolete Situational Judgement Test had a focus on dealing with difficult colleagues, but with no focus on structural problems.[3] Several options for integrating anti-discrimination teaching into medical education exist. The communication skills route is one avenue. Public health is another route to highlight not only how social, economic, and cultural variables impact patient care,[6] but also careers.[7] Creating environments on clinical placements where students feel they can report unacceptable behaviour to supportive and safe supervisors or through anonymous feedback that is genuinely actioned would be a foundational change.

To draw a comparison to public health interventions: if integrated medical school training on the deconstruction of individual and systemic misogyny and discrimination is to serve as a vaccine-like prophylaxis for new doctors, should there also be a curative catch-up to help the current and established surgical clinicians? It seems unfortunate that the National Health Service should have to rally groups of men to sit them down and explain why they can't lecture their female colleagues on the importance of the prohibitive act of childbearing and discourage them from a surgical career. Perhaps, though, this is a necessary curative approach to compliment the potential prophylaxis that could be initiated in medical schools Given that most clinicians about to enter the workforce in the next decades are well beyond their initial degrees, catch-up courses and re-education may be required.

Even with an immediate integration and re-structuring of undergraduate medical education to address systemic prejudices with respect to not only patients but colleagues, new doctors will still have to face existing cultural structures in surgical specialties for quite some time.

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References

1. McNally S. Scarlett McNally: changing surgery to support women surgeons. *BMJ*. 2023;382. https://doi.org/10.1136/BMJ.P1616
2. Lim WH, Wong C, Jain SR, et al. The unspoken reality of gender bias in surgery: a qualitative systematic review. *PLoS One*. 2021;16(2):e0246420. https://doi.org/10.1371/journal.pone.0246420
3. Burgos CM, Josephson A. Gender differences in the learning and teaching of surgery: a literature review. *Int J Med Educ*. 2014;5:110. https://doi.org/10.5116/IJME.5380.CA6B
4. Begeny CT, Arshad H, Cuming T, et al. Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights. *Brit J Surg*. 2023;110(11):1518-1526. https://doi.org/10.1093/BJS/ZNAD242
5. Hill E, Solomon Y, Dornan T, Stalmeijer R. "You become a man in a man's world": is there discursive space for women in surgery? *Med Educ*. 2015;49(12):1207-1218. https://doi.org/10.1111/MEDU.12818
6. Lynn TM, D'urzo KA, Vaughan-Ogunlusi O, et al. The impact of a student-led anti-racism programme on medical students' perceptions and awareness of racial bias in medicine and confidence to advocate against racism. *Med Educ Online*. 2023;28(1):2176802. https://doi.org/10.1080/10872981.2023.2176802
7. Anksha Garg A, Adh A Bhi De AR, Garg A. The effect of gender bias on medical students and career choices: a cross-sectional study. *J Adv Med Educ Prof*. 2017;5(3):155. Available from. https://pmc.ncbi.nlm.nih.gov/articles/PMC5522907/ [Accessed on Oct 24, 2024].
8. Marsden O, Clery P, D'Arch Smith S, Leedham-Green K. Sustainability in Quality Improvement (SusQI): challenges and strategies for translating undergraduate learning into clinical practice. *BMC Med Educ*. 2021;21(1). https://doi.org/10.1186/S12909-021-02963-7