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Editorial

Complications in surgery. More than gender asymmetry

Las complicaciones en cirugía. Algo más que una asimetría de género

It is indisputable that surgery, for one reason or another, has had an asymmetrical gender order since it originated. Despite progress being made towards greater equality over the years, numerous gender barriers continue to stand in the way of women's careers in the specialty of surgery.[1] In this context, 2 articles have recently been published in the journal with the greatest impact in our specialty, which has caused significant ''intellectual upheaval'' (both in academia and the public opinion), typical of new data in areas of the surgical sphere that identify disparities with direct healthcare implications.[2–6] The articles address the different results observed for common surgical procedures.[2,3] The objective of the studies was to examine whether surgeon gender (male or female) correlates with surgical results (ie, surgical complications).[2,3] The authors state that the findings may contribute to a greater understanding of gender differences,[2,3] and the articles conclude that female surgeons have more favorable results, which may translate into better results for patients.[2,3]

In 2007, the World Health Organization (WHO) undertook multiple worldwide initiatives to increase the safety of surgical patients. It was then that *The Second Global Patient Safety Challenge: Safe Surgery Saves Lives* was developed.[7] Experts from around the world gathered to identify areas where progress could be made in the safety of surgical care, 4 of which stood out: the prevention of surgical site infections, anesthesia safety, surgical team safety, and the measurement of surgical services. These challenges aim to improve the safety of surgery, reducing deaths and complications during operations.[7] We do not intend to describe here all the parties that intervene in one way or another in these four areas, but it seems evident that the reduction of surgical complications must be viewed ''holistically'', since there are many factors and stakeholders that can potentially be related to their appearance and development. To mention some of these ''agents'', we could consider anesthetists and anesthesia residents, nursing team, orderlies, maintenance teams, administrators and their decisions regarding available resources, medical or nursing students, surgery residents, etc. Without a doubt, this also includes patients, beyond their comorbidities or fragility, improving their health education and the perception they have of their disease, their risk factors for surgical complications, and their management. Above all, awareness should be raised and prehabilitation implemented as needed for the treatment of common benign pathologies (hernia, for example). All these stakeholders and other variables are part of the ''machinery'' that intervenes directly or indirectly in the final development of a surgical complication. Of course, surgeons (of any gender) are an essential part of that group. In the previous context, however, is it logical to simplify the discussion by stating that the findings of the aforementioned studies can contribute to a greater understanding of gender differences? In our opinion, the discussion should focus on holistic improvements regarding all factors and agents that intervene and participate in the potential development of surgical complications during and after surgery. This, in turn, may lead to the implementation of strategies that minimize them.[8]

Many factors can be transformed to ''compensate'' for gender asymmetry in surgery. From our standpoint, the prevention and/or development of complications in surgery depend not only on the gender of the operating surgeon, but also on a set of interconnected factors in a complex system, in which the gender of the operating surgeon must be investigated to the same extent and for the same purpose as other factors or variables. In our opinion, surgeons of the 21st century have an enormous task ahead to promote gender equality at all levels, while debunking surgical myths, such as the benefits of ''speed'' during interventions, or that surgeons are ''cold'' and lack empathy, etc.

It has been suggested that surgery is the most complex psychomotor activity that a human being can perform.[9] Thus, we surgeons, both male and female, as well as other stakeholders involved in the convoluted system to prevent surgical complications, should focus on improving the results

of the difficult activity that is an operation, which only jeopardizes one person – the patient – yet many/all should be held responsible. Surgical complications are more than just gender asymmetry. However, let us also concentrate on correcting the equally convoluted system that conditions our asymmetries as human beings in surgery or in any profession.

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