

EDITORIAL

[Translated article] Orthopaedic surgery, women, and SECOT

Cirugía Ortopédica, mujer y SECOT



“The times they are a-changing. . .” Bob Dylan in his genius brought us a phrase, which from anyone else would be no more than an irrelevant cliché or platitude, because the essence of time is change. I do not think he received the Nobel Prize for it, although it contains a reflection that we all make and that all those preceding us have made.

Times are changing, and the orthopaedic surgeons of my generation who are now crossing the finishing line have lived through a dazzling professional era.

We have seen how a sensible political commitment, the MIR system, has put Spanish medicine at the forefront of science and is the backbone of a quality universal public health system, and of a highly competitive private health system.

Advances in communications and information tools have allowed us to learn, to share knowledge, to optimise our study time, when we used to spend long, tedious hours searching for references. We have witnessed the happy meeting of science and technology, leading to increasingly less invasive and more precise surgical methods. We have also seen the healthcare structure change; the diversification and consolidation of unit-based work has at least allowed us to make up for what we are denied in remuneration with a degree of motivation.

We have also witnessed the increased entry into and logical normalisation of women in the world of orthopaedic surgery; the speciality considered the least open to women and with the least ethnic and racial diversity.¹

Since its foundation, SECOT has witnessed and has also been the driving force and vehicle behind these changes, as a model scientific society and facilitator of the development of other monographic and regional societies from which to channel the efforts of all in the form of meetings, training, and publications.

My reading of the SECOT white paper, completed in 2022 by the board of directors, inspired the title of this small contribution to our journal.

Subjected as we are to a veritable storm of opinions, guidelines, regulations, and decrees, not always guided by intellectual independence and expressed without the modulation imposed by good taste and common sense, it is not up to me to make this white paper obligatory reading. However, I would certainly recommend it as a starting point for reflection and even conversation among colleagues if we can take a break from our mobile phones.

I return for a moment to my now distant (but vividly remembered) days as a resident in the Hospital La Paz in Madrid. The only female trauma specialist in that large department endured with dignified stoicism the continuous (yet always well-meaning) ragging of her colleagues, and was resigned to it.

A woman in a trauma department was a real rarity in 1980, although that year Dr Ceballos had already published her article in the Journal of Bone and Joint Surgery entitled Prognosis in infantile idiopathic scoliosis.²

More than forty years have passed and of course things have changed, but how much have they changed?

According to the SECOT white paper, which gives our society the professional representativeness that I believe it has, women currently make up 30% of all orthopaedic surgeons in Spain, but this rises to 43% in the case of residents in training. Only one in 10 department heads is a woman, in the subspecialties they have some predominance in paediatric orthopaedics and hand surgery, with the majority dedicated to public medicine (92%).

From the 2011 SECOT white paper data, the number of women has almost doubled, and although our specialty remains male-dominated, it shows a natural trend towards a gradual balancing out. The feeling of “being burnt out” is currently a disturbing fact in 14% of female residents, more than double that of their male colleagues.

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It is striking that our specialty was one of the most sought after by men in the eighties; now more than 40% of orthopaedic surgery positions are occupied by women and many men have moved on to specialties that perhaps offer more comfort and better financial prospects.

The perception of this specialty has also changed considerably from archetypes based on physical strength, plaster casts, and a certain roughness, to the reality of a highly technological surgery where instrumental precision, robotics, and soon, regenerative techniques mark the present and the future of this specialty.

Can any woman be a good orthopaedic surgeon? Of course not; nor can any man. This specialty requires head and hands, but also a strong heart. What about physical strength? My father used to say that strength is less important than ability. All our residents know this from their first shifts, and there is no gender distinction here.

Male traumatologists or female traumatologists? It is not for me to make a pronouncement on this either. I agree with the academic criteria of the great Javier Marías, recently deceased, leaving it up to each person to decide whatever they believe most appropriate and leaving it to time and popular usage to establish the rule.

Although since its foundation SECOT has been (and is) chaired by men, and there is still a majority of men on the boards of directors, three of the monographic societies are currently chaired by women: spine, paediatric orthopaedics, and foot and ankle. And it has been their professional and scientific trajectory that has brought them there, not a parity criterion imposed by a ministerial department or the influence of social networks.

This brings us to the presentation of the new director and first woman at the head of our journal: Dr Yaiza Lópiz Morales, who granted me the privilege of writing this editorial.

‘The times they are a-changing’ in the journal as well, which is now more visible and of a growing scientific level driven by the previous editors and their editorial commit-

tees. There is no doubt that the new editor will put all her efforts and dedication into following this path and achieving the impact that our journal deserves internationally, but it is the task of us all to contribute our best scientific work written in our best Spanish.

In my opinion, SECOT as a scientific society must continue to make its presence felt, increasing its initiative in public debate and in its relations with private enterprise, with the health authorities, from ministries and regional ministries to department heads, to fight for what will really allow us to advance towards equality and the full development of our specialty for men and women: decent salaries, reasonable working hours that allow us to organise our family life, and recognition of the time dedicated to research and study.

I don't know what Cervantes would think of today's so-called inclusive language when Don Quixote's says:

Bear in mind, Sancho, that one man is no more than another, unless he does more than another.

I have not yet found a better or more emphatic way of defining equality.

References

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