

Surgical women

Mujeres quirúrgicas

Despite the many roles we have to play, female surgeons “are making it”. Leaving the OR we are wives, mothers, daughters, we are often the support of our families and go arrive home only to carry on.

I have lived and overcome all these situations, with more than three decades as a woman and a surgeon, above all, current and active. From the operating room to the court, the symposium, the congress, home, and back to the operating room. This editorial comes from my accumulated experience as a woman from my time as a resident, very far from the idea of equity that now, fortunately, is increasingly accepted. My history as a surgeon and my history as a woman is not dissectable, it is inseparable.

That is precisely why I can understand a situation that is not justified, that well-trained and brilliant surgeons are relegated, or worse, relegated to themselves when they carry out the same functions and have the same surgical responsibilities as our male colleagues. Surgeons still have a long way to go to achieve equity in wages and leadership positions. Women surgeons still have to do a lot of things to achieve advancements in their careers.

As the UN has well proposed, let us talk about equity, let us construct with intelligence and innovate for change, for greater quality of life for women and especially for female surgeons, without waiting for the change to occurs by itself, as if by magic, but by our willingness to achieve better conditions within our profession and in our societies.

I can say with satisfaction that in our Mexican Association of General Surgery we have more and more female surgeons, both active and residents in training. We have women in key positions, in the Continuing Medical Education Committee, in the Members Committee, and, our coordinations, of Regional Meetings, Social Networks, the Virtual Classroom, and, notably, our editor of this magazine *Cirujano General* and coordinator of the Editorial Committee.

But for the current situation to change, it is necessary to change the mental image of the heroic male surgeon surrounded by self-sacrificing women, and that is why we are taking corrective actions, undergraduate and graduate, precisely in the formative years, and particularly in subspecialties, where the misogynistic mold still reigns.

My invitation, then, is for more female surgeons to participate, to communicate strategies for their best professional performance, and to send them to us. And if for some reason they cannot exercise properly, my



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proposal is that they approach our Association. Here we will support them with continuous medical education, with courses and legal advice so that they can fulfill themselves as women and as surgeons. As surgical women.

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