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# Examining Gender Disparities Among Physicians When Sample Sizes Differ

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# Letters

## COMMENT & RESPONSE

### Examining Gender Disparities Among Physicians When Sample Sizes Differ

**To the Editor** We are writing in response to the article titled “Surgeon Sex and Long-Term Postoperative Outcomes Among Patients Undergoing Common Surgeries,” by Wallis et al.<sup>1</sup> The study has illuminated a significant issue within our industry, and we would like to contribute to the research.

Although some studies indicate that female surgeons experience fewer complications than their male counterparts, conflicting findings have emerged. For example, a study conducted in Japan over a 7-year period reported no gender disparity in surgical outcomes.<sup>2</sup> Understanding why such disparities exist is complex, and we must consider factors such as differences in medical education, variations in surgical training, and the specific surgical field.

In the article published by Wallis et al,<sup>1</sup> it is not mentioned if the authors considered differences in sample sizes between male and female surgeons. Given the substantial sample size of male surgeons, it is plausible that they may have reported more complications. Additionally, we must consider that there are fewer females working in the field, which often compels patients to choose male surgeons. A study conducted by Stanford Medicine<sup>3</sup> found that patients were less likely to assign higher satisfaction scores to female obstetrician-gynecologists compared with their male counterparts. This surprising finding was due to the stereotype that males perform better in surgeries or exhibit greater technical proficiency.

However, it is important to note that numerous studies support the idea that female physicians achieve better outcomes than male physicians. A study by Firth-Cozens<sup>4</sup> reported that women physicians tend to allocate more time to patient care and excel in communication when compared with their male colleagues. This study also underscored that physicians often work in teams, with the senior consultant, typically male, assuming significant responsibility. Another study published

in *JAMA Internal Medicine*<sup>5</sup> highlights variations in medical practice between female and male physicians, which could contribute to outcome disparities. While multiple studies report similar outcomes, the reasons for such outcomes remain unknown, whether attributed to differences in operative technique, individual skills, or attitudes.

In conclusion, the issue of gender inequality within our industry is multifaceted and demands our unwavering attention and concerted efforts for redress. We must collectively strive toward a future where gender disparities are relegated to the annals of history, and all professionals in our field are accorded the respect and opportunities they rightfully deserve.

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