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Diversity

Members of the LGBTQ Community Discuss How to Accelerate Cultural Change

Editor's note: *This article concludes a three-part series of articles based on interviews seeking recommendations to make orthopaedics more open and inclusive. The first two articles appeared in the October and November issues of AAOS Now.*

Orthopaedics continues to be the least diverse specialty in all of medicine. In this final article based on a roundtable discussion of issues facing LGBTQ (lesbian, gay, bisexual, transgender, and queer [or questioning]) individuals in orthopaedics, recommendations

are made on how to make the orthopaedic environment more inclusive, open, and accommodating to individuals from all backgrounds.

Six individuals openly shared their stories: Leah Gitajn, MD; Beverlie Ting, MD, FAAOS; Joseph Letzelter, MD; Sand Mastrangelo, MD candidate; Ayesha Rahman, MD, MSE; and Chloe E. H. Scott, MD, MSc. Two additional participants wished to remain anonymous. (See sidebar for more information on the participants.)

Dr. Samora: **How can we make orthopaedics more inclusive and open?**

Anonymous #1: I think composing articles like this one at least starts the conversation. As much as I personally don't like being the focal point of these discussions, admittedly, there is comfort in knowing there are other LGBTQ orthopaedic surgeons with successful careers and healthy and happy personal lives. It's much easier to "be yourself" in a diverse workplace, but the reality is that most orthopaedic practices and training programs are relatively nondiverse. I think the next best thing is for surgeons involved in residency training in particular to be more vocal about their support of LGBTQ trainees; it doesn't have to be everyone, but I believe programs that have vocal and supportive program directors and at least some teaching staff will attract more diverse applicants.

Anonymous #2: Ideally, sexual orientation would not play a role in an orthopaedic surgeon's career whatsoever. Unfortunately, we have a lot of work to do before that goal can be achieved. Currently, orthopaedic surgery has a culture of "don't ask, don't tell" that pervades many aspects of a surgeon's career.

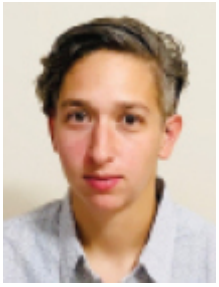
From new patient encounters to working under the supervision of well-known attendings, LGBTQ surgeons are pressured into staying silent about their identities to avoid causing "unnecessary conflict." This is the same reason "don't ask, don't tell" did not work in the military. Living two separate lives in such a high-stakes career is not plausible long-term. Something has to give. Adding the stress of remaining silent to the possible cost of crippling a career that also defines one's life is immense. A small slip-up with the resultant discovery as LGBTQ could end in stunting a career that came at a cost of 13 years of education and training, hundreds of thousands of dollars, and countless hours invested. With the "don't ask, don't tell" mentality, it feels like you either lose the person you love or the career you love.

Some people reading this article may even support such an approach. They may ask why sexual orientation needs to be discussed; what does it have to do with orthopaedics? And the simple answer is nothing … directly. Still, it does matter as it pertains to physician happiness, preventing burnout, and overall job satisfaction. People are not happy when

they are forced to hide their identities or the identities of their loved ones. Opening this conversation is a huge step in the direction of acceptance and normalcy throughout the community.

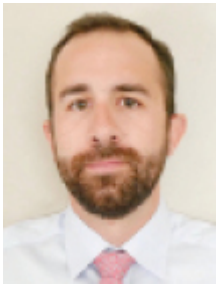
Anonymous #1 is a male senior resident.

Anonymous #2 is a female junior resident.



Leah Gitajn, MD, is an orthopaedic traumatologist at Dartmouth-Hitchcock Medical Center.

Beverlie Ting, MD, is an orthopaedic hand surgeon at the Seattle Hand Surgery Group.



Joseph Letzelter, MD, is an orthopaedic hand surgeon at Children's National Medical Center and Pediatric Specialists of Virginia.

Sand Mastrangelo, MD candidate, is a third-year medical student at Dartmouth who is interested in pursuing a career in orthopaedic surgery.

Ayesha Rahman, MD, MSE, is an orthopaedic hand surgeon at New York–Presbyterian Queens Hospital.

Chloe E. H. Scott, MD, MSc, is a consultant hip and knee surgeon at the Royal Infirmary of Edinburgh.

Dr. Gitajn: The rainbow lapel pins on white coats or stickers on name tags are helpful. It is a nonverbal way for people to communicate that they are allies. Using more gender-neutral pronouns when asking about or discussing spouses and significant others can also be a cue. It is also important to work to recognize implicit biases, as these are the most insidious and difficult to defend oneself against. I also think talking about these issues in public forums is critical—making people aware of how it feels to be LGBTQ in this community, particularly when you are a trainee and therefore very vulnerable to people who might derail your career for vague and ambiguous reasons.

Ms. Mastrangelo: I have noticed the field attracts a certain type of person, and I recognize this has mirrored other parts of my identity—my skin color, athleticism, and mechanical mindedness. I'm constantly left wondering what the field can do to invite others to the operating table. However, I'm not sure this is the responsibility of orthopaedics specifically or medicine as an institution. There are certainly opportunities for growth, and I think the simple fact that the conversation is happening is an excellent start.

Dr. Ting: Moving forward, I think if training programs and/or program directors proactively took a moment, perhaps during orientation, to acknowledge a desire to be a truly inclusive environment, this would make for a more welcoming setting. For example, programs could specifically take time to recognize that there are LGBTQ members of the program, including trainees, attendings, or other medical support staff, and could express general support to expand the diversity of the program.

Dr. Letzelter: Orthopaedics can become more inclusive and open with increasing visibility of LGBTQ surgeons in the field. Starting the conversation and making medical students aware that there are many physicians within the LGBTQ community in our field are important. Having a role model, mentor, or just someone in a similar position to relate to makes things a little bit easier. Navigating residency is hard enough, with long hours, constant reading, and always needing to be on top of your game. Having to worry about your sexual orientation being an issue can sometimes deter people from entering a field. The Ruth Jackson [Orthopaedic] Society has done a lot for women in orthopaedics. Starting a society for LGBTQ or a website where medical students can reach out and get questions answered by LGBTQ residents and attendings can help, too. Because LGBTQ people likely are less represented in orthopaedics than in other fields, it becomes more important for us to become more united and visible to allow medical students and residents to see that they aren't the only ones and there are people who want them to thrive in our field. It is our responsibility to teach not only medical students that they are

welcome and not alone, but to teach our colleagues that the LGBTQ group as a whole is an important contributor to our field and that discrimination is not tolerated.

Dr. Scott: As a specialty, I think orthopaedics would benefit from more diversity in general, including being more attractive and accessible to women and black, Asian, and minority ethnic candidates, as well as those who identity as LGBTQ. There is no doubt that the traditional stereotype of an orthopaedic surgeon (e.g., heterosexual white male, big muscles, likes sports, dislikes reading) does not reflect the reality of modern orthopaedic surgery. Nonetheless, the stereotype persists and is often touted by those both inside and outside our specialty. This undoubtedly deters those who do not conform to that stereotype, including those who identify as LGBTQ. Although I am adamant that the stereotype is outdated and wrong, sometimes casual workplace "orthobanter" does perpetuate it in the minds of medical students and junior doctors who may otherwise have considered a career in orthopaedics. I think that the orthopaedic specialty has a need and duty to correct this culture and become more inclusive to all of its members, LGBTQ included, in order to ensure that we attract the best talent into our specialty.

Dr. Rahman: It starts with the leadership. The administrators, chairs, chiefs, and attendings set the example for everyone else. Departments should actively engage in sponsoring their local pride events, host educational and training events, and post inclusive messaging for both doctors and patients around the offices and hospitals. Residency programs should include messaging directly from their LGBTQ members in their diversity brochures to the applicants. There should be an emphasis on asking, promoting, and recruiting openly LGBTQ members into public roles and leadership positions. There is a totally different visual, atmosphere, and reputation in programs that "walk the walk" compared to programs with very little diversity to show, and that conversation starts at the top.

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