

WOMAN BY MEN

What do the professional colleagues and the husband of the renowned female neurosurgeon think?

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Besides the great responsibility of saving lives, the Neurosurgeon Eliseu Paglioli Neto has an extra burden, a legacy of his last name – he is the grandson of one of the founders of BSN, Elyseu Paglioli, M.D. This great name occupied the presidency of the Society from 1959 to 1974, leaving a very important legacy in the history of medicine. Dr. Eliseu Paglioli Neto followed in the footsteps of his father and grandfather and dedicated himself to the challenges of the brain. The specialist has worked with many neurosurgeons and residents and believes that gender does not define ability and talent.

Follow the exclusive interview with the specialist:

**[Revista Mulher Neurocirurgiã (Female Neurosurgeon Magazine)]
Do you believe that there are social barriers for women who want to follow the specialty of neurosurgery?**

[Dr. Eliseu] I have been a preceptor of neurosurgery residents since 1988, here in Porto Alegre, at the São Lucas Hospital of PUCRS. In these 30 years we had the opportunity to receive 8 women (Rosa, Rosane, Claudia, Caroline C, Daniela, Gláucia, Anne and Caroline K) and 22 men for neurosurgery residency. Looking coldly at these numbers, there seems to be an obvious disproportion, since in medical schools [at the State] of Rio Grande do Sul the rate of male/female students is favorable to women (60% in a few years). I see many female students interested in neurosciences, dedicated early in the study of the brain. But I think there is still a certain lack of interest in surgical specialties on the part of women. In the four major areas of medicine, the proportion of new female surgeons is the lowest (compared to internal medicine, obstetrics and pediatrics). And among the surgical specialties, I see women looking more

for some specialties than others. For example, plastic surgery, pediatric and otolaryngology have a high demand, while very rare women go to traumatology, proctology, urology, thoracic surgery and cardiac surgery. Neurosurgery has an intermediate search, in my opinion. I think it's a specialty very much associated with dedication, challenge, manual skill and continuing study. And this may be attracting more women these days. It is also a specialty where individual talent seems to supplant limitations of strength and muscular endurance.

[RMN] RMNHow do you evaluate the creation of the BSN Female Neurosurgeons Committee?

[Dr.] In principle, I do not really like the idea of separating men on one side and women on the other in the long run. But I think that if women neurosurgeons feel the need for the existence of this special discussion forum, it will make sense. This was an initiative of the women neurosurgeons. However, I believe that anything that can be debated within a committee of female neurosurgeons would certainly have even greater relevance and scope if it were also presented to a mixed audience. I do not know, in fact, what are the specific goals of this committee. If the goals are to eliminate social barriers in the relationship of female neurosurgeons with Brazilian society in general or with barriers created by men in the Brazilian society of neurosurgery.

[RMN] Since the founding of the BSN only men have held the presidency. Do you see the possibility of a woman occupying this position?

[Dr.] Of course I see absolutely no incompatibility of the BSN presidency being held by a woman. At the beginning of BSN (and I have countless photographs of my grandfather at the first congresses, in the 1940s) there were no female neurosurgeons in Brazil. Therefore, of course the first presidents could only be men. But not today, because we already have

many female neurosurgeons with enough experience and professional representation to embrace the BSN Presidency or Congress. I do not see any difference in ability compared to male colleagues.

[RMN] How do you see the practice of female neurosurgeons in this field? Are they still a minority compared to men who opt for the specialty?

[Dr.] My experience during training eight female neurosurgeons was excellent. I never thought there would be any difference with regarding male residents. The dedication, learning ability and professional effectiveness were the same. The differences I found were never due to gender, but to individual characteristics. Both positive and negative. And, after the completion of their medical residency, their professional activities were always exemplary. No one had difficulty in pursuing their dreams. All these female neurosurgeons are happy with this choice for their lives.

[RMN] What advice would you give to the young female residents who want to pursue their careers?

[Dr.] The advice I give to all my residents is the same, regardless of gender: study hard, observe the correct things and mistakes of your professors, try to attend each patient with the utmost dedication and do not be in a hurry to do anything by yourself.

TO FEMALE NEUROSURGEONS COLLEAGES

HENRIQUE S. IVAMOTO, M.D.

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Since the Middle Ages, women were forbidden in Europe to study and practice medicine, being allowed to act as helpers, nurses or midwives. The first female students enrolled in medical schools in England and the United States in the nineteenth century were victims of verbal and physical aggression. In Brazil, women were only able to enroll in higher education after a decree of D. Pedro II in 1879. The number of female physicians grew slowly since then, and in 2006, new female enrollments in the Regional Council of Medicine of the State of São Paulo overcome the male enrollments. In some specialties such as neurosurgery, orthopedics, thoracic surgery and urology, the number of women is still small. In the United States, according to Deborah L. Benzil and collaborators of the Women in Neurosurgery, doctors are victims of discriminatory phenomena that they call glass house, which isolates them from the other members of the team, and glass ceiling that prevents their growth in professional and academic areas, and in neurosurgical organizations. Occasionally a surgeon in a variety of specialties expresses concern about working with women, whether residents or assistants, fearing that they may refuse heavy duty or holidays, extensive surgeries, or very serious cases. In the Neurosurgery Department of Santos Holy House of Mercy, instituted in 1952, all our female residents faced adverse situations without complaining. After their medical residency was completed, one of them remained in the service as an assistant and was later elected chief medical officer. The patients praised her dedication, which motivated the publication of a journalistic text under the title “Doctors, Paternal Mothers, Anonymous Heroines”. Marie Curie, one of the greatest names in science, contributed to elucidate the radioactivity of uranium, discovered polonium and radio, won two Nobel Prizes, Chemistry and Physics, was a professor at the Sorbonne and, although she was not a physician, contributed to the development of Radiology, Radiotherapy and Nuclear Medicine. Despite her extraordinary scientific curriculum,

her application for admission to the French Academy of Sciences, which consisted solely of men, was vetoed. A few years ago, a young Indian female neurosurgeon, apparently a fragile, submissive and non-reactive victim, was repeatedly harassed by the Head of department of a Harvard Hospital with ironies, sarcasm, and sexual harassment. The complaints she made in the clinical management were unsuccessful and still resulted in retaliation. Dissatisfied, she decided to look for an external instance, the Federal Court, which sentenced the Head of department and the hospital to indemnify her. The case had great repercussion and the chief, renowned neurosurgeon, resigned from the hospital. This sad example of sexual discrimination occurred in that prestigious university, whose motto “Veritas” – for truth and against prejudice – was disrespected, with unpleasant consequences for all parties. These quotations exemplify prejudice against women in medicine and in other branches of science, which is paradoxical because it reveals the existence of irrationality between educated and intelligent scientists. Fortunately, we do not know of cases like those cited among Brazilian neurosurgeons. However, a women-owned entity will serve to monitor, inhibit harassment and assist possible victims. On the other hand, it will also serve as a forum for other issues of common interest and will encourage newly graduates to choose a medical residency in neurosurgery, which will lead to the flourishing of our Society. To the fellow members of this important chapter of the BSN, congratulations to the initiative and success in your deal!

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THE HUSBANDS OF THE FEMALE NEUROSURGEONS

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The increased participation of women in neurosurgery has increased the humanistic aspect of our specialty. Important articles about the difficulty of women in academic medicine have appeared in the last 30 years (Breslow and Haynes, 1981). Interesting numbers are cited in the American neurosurgeon women's article (Benzil et al, 2008), showing that, although since 1995 more female than male physicians have been graduated in the United States, in the rate of 60% to 40%, respectively, the number of women finishing residence in neurosurgery fell by 13.5% between 1990 and 2000. Several aspects of our specialty are not friendly to women's choice to be neurosurgeons. Perhaps one of the most relevant is lack of the mentor model in neurosurgery, as mentioned by Benzil et al. Interestingly, since we instituted the improvement program in Functional Neurosurgery and Radiosurgery at HCor's Neuroscience service in São Paulo, Alessandra Gorgulho, M.D. has been a mentor to graduate students, and we have accepted two women in the program. Both contacted Dr. Alessandra to apply instead of contacting me directly. The female model of success supporting women aiming the same path seems to have an effect in our environment. This is one of the first aspects pointed out by American women and is not the only one. According to the proportion of women graduating in neurosurgery in the United States, and considering global scenario, including Central Europe, the fact is that there is a disparity in the presence of women in neurosurgery leadership positions. For example, a simple question with negative answers: how many women were presidents of our societies considering both the Brazilian Academy of Neurosurgery and the Brazilian Society of Neurosurgery? We see that the opportunities have been scarce so far. The negative response is also repeated in the United States. We see a close struggle between our fellow

neurosurgeons to reach these political leadership posts in our societies. Are there more opportunities for men? Are the women less assertive to reach these positions? The article by Breslaw and Heynes discusses in depth the opportunity of women in medicine. In an interview with English women, one comes across the fact that most general practitioners in the UK today are women, while surgical specialties remain male-dominated, except in gynecology and obstetrics, where women are always present. Apparently, women prefer to be generalists or pediatricians because of the possibility of coordinating professional life with family life. Neurosurgery, a traditionally male-dominated specialty in which prolonged and intense training compromises the reproductive period and its obligations to children, makes competition for the professional stability, both in private practice and in academic life unfair to women when compared to men. This factor can greatly influence the female choice for the specialty. In my own experience, even as a man, when I entered the first academic job in the United States, the service chief and my mentor for years, a world-class neurosurgeon in the 1980s, once told me, “You have to devote yourself completely at our service or will not succeed”, which I asked: “What about dedication to my family?”; his response was singular: “I have failed three times, I cannot give you advice in this regard”. The professional freedom of women with children is very different from the one that the man possesses, mainly by the constant internal conflict between being mother and professional. When they asked to participate in this article, the question they asked me to answer was: “What is like to be the husband of a female neurosurgeon?”. Of course, it is an extremely personal question and the answer I give is not fair, as I am also married to my profession. We practice the same subspecialty, being for each other the perfect professional complement, not only in knowledge, but also in the obligations with patients. Even so, I am honest to say that Dr. Alessandra Gorgulho cares much more about aspects of our family that I worry about. When she cannot be present, she specifically explains to me what I must do to replace her absence with our son. When this kind of integration does not exist, the demand for husband work is intense but different, the female neurosurgeon ends up having to accept a compromised professional level, thus losing in competition to her male colleagues who have a wife at home relieving them of the family obligations.

In the list of internationally successful neurosurgeons of my knowledge, which I tabulated in preparation for this article, I note that they are either

married to neurosurgeons, or husbands are more at home, with women assuming the role of leading provider in the family, or they are simply single. In my limited list that I am not presenting here for privacy matters, I have reached the following result: 30% are married to neurosurgeons, 20% are single, 30% are married to husbands whose main role is occupation with family affairs (known as Mr. Mom in United States), and 20% are married to surgeons in specialties as intense as neurosurgery. These husbands certainly represent a minority of the general population, having the ability to understand the wife's professional demands, thus giving them the support needed to flourish in their careers. This analysis shows that there is a need for special support for the female neurosurgeon to compete on the same level of a male neurosurgeon. Alternatively, it remains only the abdication of her mother role. The perception that the primary responsibility for maintaining the domestic family matriarchal structure has been rooted in our culture for centuries, both in men and in women, makes many colleagues say that our specialty is not for women. Not because they do not judge women capable of, but simply do not anticipate how the two functions can be coupled excellently by the same person. Women feel they have an obligation to do household activities alone, so they are often frustrated. They always feel "guilty" for not doing everything they could or should in any of the domains. It's time to create a model that supports those women who are serious and committed to professional excellence, so they can truly fulfill themselves.

Although my observation may seem discouraging to women seeking a neurosurgical career, I have lived with women of higher capacity than many male residents. I have also lived with those who have failed, both genres. The talent needed to be a neurosurgeon does not exist in all who pursue a career. We know that the dedication of time, the abdication of much of the youth and parties, weekends and trips, is a reality to successfully complete a residency in neurosurgery. This dedication continues lifelong, standing out in this specialty the ones of maximum mental, physical and disciplinary talent, requiring consistency in the work that often their lifestyle does not allow. For the women, this consistency is interrupted in the period in which the specialty most demands, for example, between the end of the residency and the professional stability, between 26-35 years-old. It is at this stage that the family most demands female attention. Coordinating the two demands depends on superior emotional intelligence. I wrote a novel about the training

of a woman in neurosurgery, which I recommend to the readers of this article, recently translated into Portuguese, entitled “The Player’s Brain, Love and Football” (Bonecker Publishing, www.bonecker.com.br). This novel shows the neurosurgeon’s struggle during training and helping a troubled family and a highly dependent husband. This is done through the deep knowledge of the brain function that she progressively acquires (De Salles, 2018). Responding directly to the question I was asked, being the husband of a neurosurgeon is a privilege few men have. Husbands who are neurosurgeons fully understand what that is. Those who are “lay in neurosurgery” and either understand or simply love her enough, even give up their own career to the wife a chance to shine. Husbands who are surgeons in other intense specialties also understand the demands on the wife, so they find a way to provide what is needed for them to shine. It is not easy for the layperson to understand and accept that the neurosurgical patient is always a priority in the mind of the neurosurgeon, even in front of her loved ones and family. Thank you for the opportunity and the privilege that the “Women in Neurosurgery of BSN” have given me to write this article.

P.S. The first reader of this article was the singer Xuxa, when we flew from Doha to São Paulo. Gently, as a successful woman, her comments reflect the eternal feminine conflict of being the perfect mother and successful professional. She allowed to be mentioned in this article, insisting that what is written here must be generalized universally, because this conflict afflicts every mother aiming success in any profession, often limiting to full success. “Your daughter asks: Mommy, why are you going to play with other kids and to not stay at home to play with me?”. When I arrive earlier than Alessandra at home, my 11-year-old son, Lucas asks me: “Daddy, why didn’t you cover my mom at the hospital, so Mom could come and teach me? Children charge more from mothers than from parents, it’s natural! Interviewing an internationally renowned neurosurgeon, expert in long surgeries, therefore requiring immense time and physical commitment, his response was: I will not respond because “I will be in trouble”. In other words, his response would be compromising, not to say that women are not physically prepared to do what he does. Of course, we hope that this kind of opinion does not discourage talented women who want to embrace the neurosurgical career.

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