

# Being a Female Surgeon in India

It was June 1968, and S.S.C. (Secondary School Certificate) examination result was declared along with the merit list of the first 50 students. (Those were the days of appreciating the intelligence and efforts of students, which certainly provided an impetus to strive harder to fulfil their dreams) I was on the merit list and was also the recipient of the first prize in general science. As was the tradition, the Mayor of Pune felicitated all the students from Pune who had made the merit list. Each of us was asked to respond in a few sentences and share our thoughts about further education. My turn came, and I said, *"I am going to be a surgeon, probably a neurosurgeon"*.

## The Beginning of the Journey

I joined B.J. Medical College in 1970. When our hospital postings began in 1972, there was one girl among 24 postgraduate students of surgery. But this was no deterrent. I found surgery to be very hands-on, concrete and decisive. Having observed Dr Mrs Mehta during surgical terms and working with her as an intern, my decision to become a surgeon only became stronger. When I decided to leave Pune and move to Mumbai for my postgraduate education in surgery, there was no opposition from my parents because they believed in me and my confidence. I knew nothing about medical colleges in Mumbai and had no godmother or godfather in this field.

I got admitted to Lokmanya Tilak Municipal Medical College, Sion, for M.S. General Surgery program. The residency pattern was different then, and the trainees were expected to apply and procure a university recognized post of 6 months until the required duration of 3 years was completed. Having heard about

Tata Memorial Hospital, I decided to apply for a position at T.M.H. and experienced gender bias (I did not know this term till then) for the first time in my life.

## **My First Tryst with Gender Bias**

It was relatively easy to meet the then director of Tata Memorial Hospital(T.M.H.). Still, he did not even look at my application or certificates and very clearly told me – *“We do not welcome females in the surgery department at T.M.H.”*. The reason given was females would not be able to withstand prolonged surgeries! I knew that there were very few female surgeons around in general but never expected this response. I was too naïve then and quietly left his office.

Incidentally, the second time I met him was as my examiner at the M.S. examination! Today, I am thrilled and proud that many of my female students are either heading or are part of different surgical services at T.M.H. and are doing great work.

I was the only female student in the group of 8 postgraduate surgery students at LTMGH that year, and one more girl joined the following year. During my training period of three years at L.T.M. Medical College and Hospital, I don't recollect receiving any discriminatory treatment from my colleagues or co-residents. But I know of other female postgraduate students who have been harassed by their colleagues.

The most amusing experience I had was that 2-3 of our teachers in the surgery department decided to be match-makers for me. I had to meet and talk to three young men from various medical branches but with one common agenda – to convince me to leave surgery and take up obstetrics and gynaecology as a female surgeon had no future! This suggestion was not new to me as I had already refused two proposals for the same reason while in Pune. But at least that was before joining the surgery program. Here I was already a surgical resident, and I

wondered –*What gave these men the authority to ask me to give up what I was doing by my choice?!*

## **My Strong Support System**

Later, I met a thorough gentleman, and the topic of my decision to be a surgeon never came up for discussion – just as he was training to become a physician, I was training to become a surgeon! Simple! Throughout our professional careers, he has been very understanding about the demands of surgical speciality and highly supportive during the long hours I have had to spend at the hospital during mass casualty incidents (and there have been plenty of them).

But I know many other female surgeons who have faced challenges balancing their household responsibilities and commitment as a surgeon because of lack or inadequacy of support from husbands and other family members. For some, these roles of being supermom, superwoman has been so overwhelming that they ended up saying goodbye to their professional career. *What a loss!*

I passed the examination and became a qualified surgeon at the first attempt (not common in those days). I could perceive some whispering undercurrents that I had passed not on my merit but *because I was a female!* I had no time to pay attention to such stupidities. I was carrying my first baby, and a senior professor in the department of surgery was questioning my ability to work as a trauma registrar during the interview. I had to tell him firmly that pregnancy was not a pathological condition. Later, I joined the department as a full-time lecturer and gradually started realizing that some male colleagues were in the habit of making false allegations about me (the only female teacher in the department) to the chief of surgery, probably to cover up their shortcomings.

# **Pushing Boundaries**

Then I decided that I had to establish my own identity by the quality of my work to the extent that no one could point fingers at me. My work in burns, trauma, venous diseases brought national and international recognition and laurels to the department, which no other staff could do. As the head of the department, my focus was to achieve and project academic excellence and promote research and scientific writing.

I knew that mainly my male colleagues considered this as an unnecessary activity. But once they realized that I was working multiple times more than them and was determined to have successful programs, they all contributed and participated actively, and I must appreciate this team effort. In those ten years, our department was buzzing with activities all the time.

During my tenure of 10 years as the chief of surgery and many more years as chief of burn services, I did experience extreme delays in processing important proposals for the establishment of skin bank, purchase of equipment for surgical intensive care unit and trauma care unit from some males in the position of authority just to keep my initiative suppressed. By that time, I had decided – If a person in a position of authority cannot understand the difference between an individual and the proposals put forth by that individual for the betterment of the service being provided (here to the patients), then the person in authority is not worth a second thought.

## **Being a Woman in Surgery**

In 1991, I visited four medical colleges and hospitals in the U.K. and one each in Netherlands and Denmark. I could meet only one female surgeon. In 1998, I visited four surgery departments in the U.S.A. and met just four female surgeons – three of whom happened to be Indian. We in India had many more

then and now too!

It is not easy to be a female surgeon in a male-dominated field and department. But then, nothing comes served on a platter. One has to be ready to accept the challenges – groom yourself to be firm, confident, determined, ready to be at least two times better in your subject and skill than your male colleagues and learn to neglect unpleasant comments. Patients never question your competence; give them your best and enjoy your work. Everything else will follow automatically.

Surgical speciality does make different demands on a surgeon compared to other medical specialities. Females can be great surgeons because they have innate dexterity, excellent management skills, capacity to build and bind a team, natural ability to face challenges and calamities, inherent skills to mobilize resources & utilize those well – combine these with sincerity and empathy, and you have everything that a surgeon needs to be good at.

If they receive support, understanding and encouragement from their spouses/partners and families in handling the responsibilities of a mother, homemaker, family binder, these women can scale new heights.

## **On a Concluding Note**

Today, 45 years after I joined the surgical program, when I see the increasing number of female surgeons in India reigning successfully in various specialized areas of surgery, presenting their experience, teaching and guiding many others with great confidence; I know they are marching ahead and my heart dances in happiness. There would be some obstacles, some dissatisfaction, some heartbreaks, and skirmishes – but this tide will not recede now.

One branch of surgery is yet waiting for more female surgeons

– Neurosurgery. If I am born as a female in my next birth, I will undoubtedly become a Neurosurgeon.

**Featured image source: RCSI**