



5 Strategies to Ensure Gender Parity in Critical Care Medicine



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Intensive care clinicians and researchers from around the world have published recommendations to improve the acknowledged gender inequity in the discipline, making a strong call to action “to better leverage our collective talent to the benefit of our profession and critically ill patients worldwide”. The article is available ahead of print in the American Journal of Respiratory and Critical Care Medicine (Mehta et al. 2017).

See Also: [Women in Leadership in Intensive Care Medicine](#)

The authors outline current disparity in panel representation in critical care guidelines and consensus statements, note the advantages of gender-diverse groups and highlight successes.

They end with proactive strategies to ensure gender parity, arguing for “diversity as a fundamental tenet in our field.”

- 1. Critical Care Societies should establish diversity policies for panels they commission, sharing this responsibility with panel chairs and members.** Merit-based representation should reflect sex, gender, geography, ethnicity, economy and discipline.
- 2. Authors should document, and journals report, the principles and methods of panel composition for professional document development.**
- 3. Make metrics of women’s representation on panels publically available.** This includes definition documents, consensus statements and practice guidelines.
- 4. Incorporate gender parity policies into relevant bylaws within all areas of academic critical care,** with targets to reflect, at a minimum, the proportion of women in the specialty.
- 5. Provide training on diversity and unconscious bias for critical care academics,** especially for those in leadership positions.

There are resources to raise awareness and reduce unconscious bias, such as the [Association of American Medical Colleges \(AAMC\) free web-based course](#), as well as [workshops for health professionals](#). The Canadian

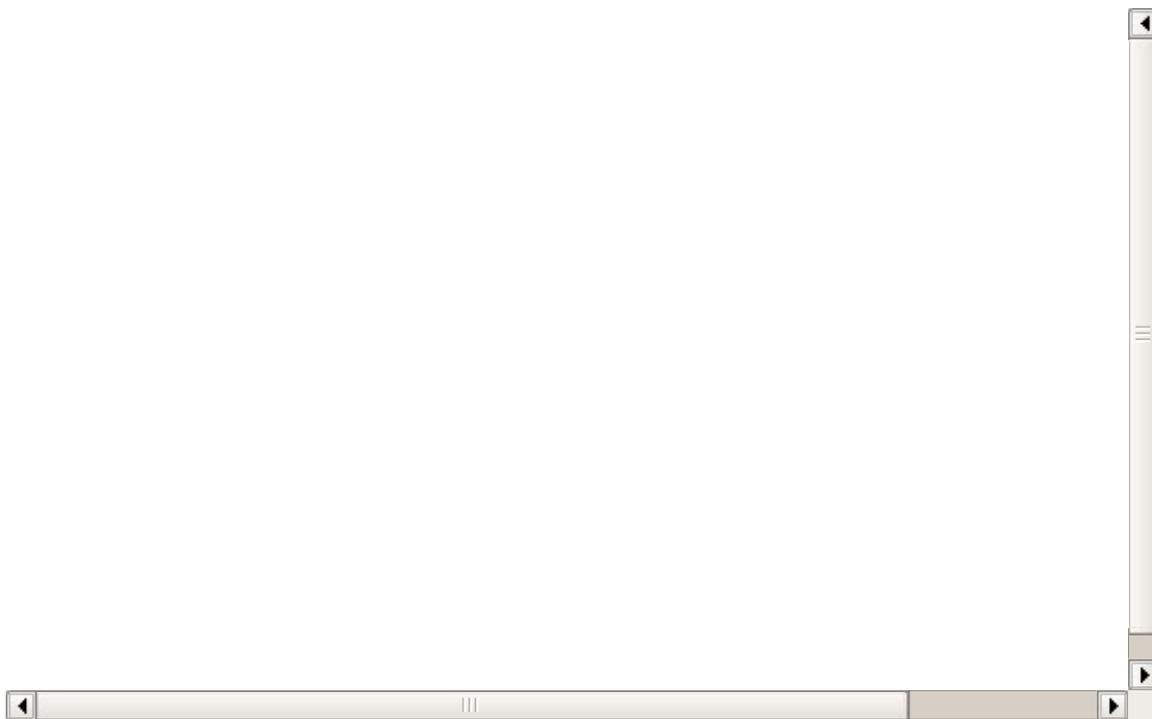
Institutes of Health Research mandates a [training module for peer-reviewers on gender bias](#). The foregoing successful efforts and programs can serve as models for the international critical care community, say the authors.

They end: “It is now 2017, and in critical care medicine, we can do better.”

The perspective is endorsed, approved or supported by:

American College of Emergency Physicians; American Thoracic Society Assembly on Critical Care, Women in Critical Care Working Group; American Thoracic Society – Health Equality and Diversity Committee; Australia and New Zealand Intensive Care Society; Canadian Critical Care Society; Canadian Critical Care Trials Group; German SepNet Critical Care Trials Group; German Sepsis Society; Global Sepsis Alliance; InFACT; Latin American Sepsis Institute; Scandinavian Society of Anaesthesiology and Intensive Care Medicine; The George Institute for Global Health; World Federation of Critical Care Nurses; and World Federation of Societies of Intensive and Critical Care Medicine.

Watch - Association of American Medical Colleges - Exploring Unconscious Bias in Academic Medicine (2013)



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