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SPECIAL ARTICLE

Challenges in intensive medicine: Diversity, equity and inclusion. Gender statement of the Spanish Society of Intensive and Critical Medicine and Coronary Units (SEMICYUC)

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Abstract Gender is a social determinant that impacts health and generates inequalities at all levels. It has impacts patients and critical conditions, health professionals and professional career development, and scientific societies from a perspective of social justice. All the International scientific societies of Intensive Care Medicine committed to contributing a gender perspective agree on the institutional need for achieving a formal positioning standpoint. The Spanish Society of Intensive and Critical Medicine and Coronary Units (SEMICYUC) is committed to ensuring the equality, inclusion and representativeness of its health professionals to fight the existing gender gap in the field of Intensive Medicine.

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PALABRAS CLAVE
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Retos de hoy en medicina intensiva: diversidad, equidad e inclusión. Posicionamiento de género de la Sociedad Española de Medicina Intensiva, Crítica y Unidades Coronarias (SEMICYUC)

Resumen El género es un determinante social que impacta en el ámbito de la salud y genera desigualdades a todos los niveles; repercute en los pacientes y la patología crítica, los profesionales y el desarrollo de la carrera profesional y las sociedades científicas, desde una perspectiva de justicia social. Todas las Sociedades Científicas Internacionales de Medicina Intensiva comprometidas en aportar una perspectiva de género coinciden en la necesidad de un compromiso formal por parte de las instituciones. La Sociedad de Medicina Intensiva y Unidades Coronarias (SEMICYUC) se compromete a velar por la equidad, inclusión y representatividad de sus profesionales y combatir la brecha de género en el ámbito de la Medicina Intensiva.

''If society will not admit of woman's free development, then society must be remodeled''. Elizabeth Blackwell

Over the past few years, and especially after the COVID-19 pandemic, diversity, equality, and inclusion strategies have become relevant in the human factor of companies and institutions. Our evolution as a society and the globalized context we live in have shown us that diversity goes further than the regulation and is a fundamental element, also in the healthcare. It leads to excellence in education and research, improves quality in patient care, especially in critically ill patients, and promotes teamwork and the wellbeing of professionals regardless of their gender or background.

The pandemic has also put the focus on the commitment that intensive care medicine societies make with users and the patient-family binomial, not only from our intensive care units (ICU) but also regarding prevention and public health. The impact ICUs have on social justice, health, and the wellbeing of people, or situations of discrimination and/or inequality in an era of scarcity of equipment and human resources has left its imprint on society and our own profession alike. In addition, this situation reflects a deeper socio-cultural transformation influenced by factors such as technification, globalization in all its aspects, social determinants of inequality and health, social roles, and healthcare policies, among others. In short, new realities and needs, also evident in the field of medicine and our profession, should make us,[1,2] at least, question what kind of society we want to build.

Policies of diversity, equality, and inclusion must stem from the commitment of the institution and its members to achieve truly transformative results and thus avoid isolated or scattered initiatives with little impact and on a superficial level that will not have a sustainable impact or lead to profound improvement.

Nowadays, more and more organizations and institutions are including diversity, and specifically gender diversity into their corporate policies or as a strategic line to follow. Examples of this are the m̈UEjeresïnitiative of SEMES, or the working groups Ẅomen for Oncologyöf SEOM, or Ẅomen in Cardiologyöf SEC, among others. Worldwide, several Intensive Care Medicine societies have been working in this area for quite some time: Positioning and creation of the Diversity, Equality and Inclusion Committee of FEPIMCTI;[3] Positioning and creation of the D̈iversityẄorking Group of ESCIM;[4] positioning of the FEMMIR group of the French Intensive Care Society (FICS);[5] the WIN Ẅomen in Intensive Carep̈roject of the Australian and New Zealand Society of ANZICS;[6] the 2019 Forum of the Canadian Critical Care Society on gender equality,[7] among others, including the drafting of clinical practice guidelines to guarantee the equality and representativeness of their members. In addition, in its Agenda for 2030, the United Nations specifically discuss this aspect based on the l̈eaving no one behindm̈otto.[8] All international societies agree on the need for addressing this inequality through institutional positioning and changes to promote more inclusive, diverse, and equitable policies.

The Spanish Society of Intensive, Critical Care and Coronary Units (SEMICYUC) recognizes the need to establish specific actions aimed at promoting diversity, fighting gender gap, and ensuring equality and inclusivity for all. SEMICYUC Strategic Plan for 2018-2022 includes a specific action aimed at promoting the professional development of female intensivists in all fields of the specialty including their presence in the organization, leadership, and participation in scientific, educational, and research activities.[9]

Currently, SEMICYUC personnel includes 47% men and 53% women intensivists, reaching equitable overall figures. This tendency has been seen over the past few years regarding participation in national scientific congresses with figures up to 51.4% and 48.6% in the last national congress held (the 57th SEMICYUC National Congress). However, there is still a considerable gap in the number of women who participate in other scientific activities with some events being held last year with zero or very few female participants in their scientific committee and presentations falling short of SEMICYUC's strategic gender objective on representation and inclusiveness of women in scientific activities. In the structures of our Intensive Care Medicine services, department chief positions are still held by men in 76% (compared to only 24% regarding women based on SEMICYUC official data). These figures are indicative of an increasingly obvious reality: workforce in our ICUs is sustained by the growing presence of women intensivists. However, this does not translate into greater representation in scientific activities

or leadership positions. Also, the organization of our ICUs requires new strategies to reconcile the intensivists' career development with her life and prevent specific occupational hazards during pregnancy and breastfeeding.[10]

The creation of SEMICYUC Gender ICU Group (G-ICU) offers a cross-sectional, participatory, and open approach to develop consensus-based, transparent initiatives to identify and reduce the gender gap, and promote equality between male and female professionals in Intensive Care Medicine.

Based on the previously expressed needs, SEMICYUC is committed to creating and promoting a culture within the organization that recognizes, respects, and promotes diversity, equality, and inclusion for all its members. Therefore, it publicly commits itself to:

1 Ensure and ratify the equitable presence of intensive care medicine professionals in the society's scientific activities. Requrest a mandatory parity stamp:
   - Do not endorse scientific activities with a percentage of women <30%.
   - A representative figure (not <30%) should be achieved in both local committees of national congresses.
2 Develop a list of recommendations aimed at Intensive Care Medicine services and healthcare organizations including measures for work and family life reconciliation to redistribute care responsibilities, and eventually promote full professional development.
3 Establish recommendations regarding actions during pregnancy and breastfeeding, the adequacy of ICU job positions, and deal with specific occupational hazards. Also, establish recommendations aimed at workplaces and institutions to match leaves related to birth and child care for both parents.
4 Add a certain gender perspective into the society's journal *Medicina Intensiva* in both content and form.
   - Add a section on C̈ommitment to equality, representativeness, and inclusioniinto the journal's Äuthor Guidelinesẅhere authors. Will be asked to commit to making sure that the list of authors is representative and inclusive before submitting their manuscript. This box should be added to the formal submission of the manuscript as a responsible declaration.
   - Promote the inclusion of women within the journal's editorial committee and council to eventually achieve a representation that should not be <30%.
5 Transparency, publication, and spread of gender indicators associated with Intensive Care Medicine.
6 Promote codes of good research practices in Intensive Care Medicine (based on the SAGER Guidelines):[11]
   - Avoid treating sex and gender as equivalent concepts andideas.
   - Select a methodology, collect, analyze, and spread data in a gender-sensitive fashion.
   - Publish sex-disaggregated data and, when appropriate, perform gender analysis.
   - Promote the use of inclusive and impartial language.
7 Build networks of cooperation with other national and international organizations that promote gender equality, and share strategies, experiences, and resources.

Authors' contributions

This document has been drafted, agreed upon, and ratified in internal meetings of SEMICYUC G-UCI group including all professionals who are part of this group. Therefore, we consider that this document and the signing authors do so on behalf of the entire group and the Spanish Society of Intensive and Critical Medicine and Coronary Units.

JGG led the drafting of this manuscript, reviewed the medical literature available, and shared it with both the other members of the G-UCI group and the board of directors.

MC, RMG, and MSB also contributed to the drafting and successive review of this manuscript. They also contributed to the review of the medical literature available and agreed with the rest of the group on each of the contributions made.

JABM, CGEV, MCF, and MCMD contributed to the successive review of this manuscript. They also contributed to the review of the medical literature available and agreed with the rest of the group on each of the contributions made.

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