



AUTHOR REPLY

Women's interest in urology is rising rapidly, with the match rate increasing from 1% in 1978 to 26% in 2019.¹ With an increasing number of women entering a specialty traditionally dominated by male surgeons, women in urology have experienced a perceptible impact of working within an environment historically not accustomed to their presence. While this impact may be difficult to quantify, its effects are clear and far-reaching—and also difficult to describe to others who may not have personally experienced such bias.

This project idea was inspired by a gender-based comment I received in a performance evaluation during my intern year in which I was told to “smile more” in the operating room. Gender- and race-related biases have been quantified within multiple surgical and nonsurgical medical specialties. As stated in the above thoughtful editorial, “bias is bias.” Although its downstream effects are difficult to quantify, implicit (unconscious) bias exists and can negatively affect members of our specialty. Urology is a

competitive specialty that attracts the brightest minds and most accomplished medical students, and implicit bias can therefore have critical consequences with little room for irreverence. As a specialty, we must strive to be better by recognizing our own biases and taking steps to curtail their outward expression, no matter our own gender or race. The urology workforce has always been comprised of thought-leaders in the surgical field, from robotics to quality of care. It's time for us to apply our innovation to create an inclusive and equitable culture by recognizing and addressing gender and racial bias in our workforce.

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Reference

1. Halpern JA, LEE UJ, Wolff EM, et al. Women in urology residency, 1978-2013: a critical look at gender representation in our specialty. *Urology*. 2016;92:20–25.

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