On March 30, 2020, a webinar including an all-men panel, or a manel, of 9 surgeons was held to discuss how to manage arteriovenous (AV) access during the coronavirus disease 2019 (COVID-19) pandemic. It was extremely surprising to witness this event live, as there are many women surgeons who manage AV access and do it well. So, the main question is why did this happen? Were the organizers unable to identify women surgeons who perform AV access? Were women surgeons identified but unavailable? It was immediately pointed out to the organizer by an attendee that this panel lacked gender diversity. The following week, a panel was assembled by the same organizers to discuss the “COVID-19 Impact on Career, Pregnancy, and Family.” This time, the proposed panel consisted of all women (ie, a womanel). Are there no men concerned with the impact of COVID-19 on their career or family? By proposing a panel of all women, the organizers continued to ignore the importance of inclusion and diversity. Furthermore, having a womanel address issues related to pregnancy and family furthers the gender stereotypes that harm career advancement for women in medicine.

The study by Arora et al addresses this very issue. Arora et al conducted a cross-sectional analysis of academic conference programs that occurred in 2017 to 2018 across 20 specialties in 5 different geographic regions (ie, Australia, Canada, Europe, United Kingdom, and the United States) to identify the gender of invited speakers, panelists, and planning committee members. The authors examined 8535 sessions with 23 440 speakers across 98 conferences. Women accounted for 7064 (30.1%) of all speakers, but this number varied greatly by region and specialty. Unfortunately, 1981 of 5409 panels (36.6%) were manels, and only 4 of 98 conferences had no manels. In general, specialties with proportionally fewer women (eg, neurosurgery, thoracic surgery, urology) had more women speakers and panelists than expected and specialties with proportionally more women (eg, family medicine, pediatrics) had fewer women speakers and panelists than expected.

Lack of gender diversity among panelists in medicine has many detrimental effects. First, a lack of diversity limits the perspectives shared and risks that the wrong messages are conveyed to the attendees. The organizers and panelists may appear as tone-deaf toward important issues at hand. Second, a lack of diversity sends the wrong message to conference attendees, especially more junior colleagues or trainees. Attendees may perceive that the society, foundation, and/or organizers do not care about diversity and as such, may not want to continue membership or join. Third, because speaking engagements allow for academic recognition and are important for the promotion process, women who receive fewer speaking opportunities may suffer professionally. As such, a lack of gender diversity further propagates the glass ceiling that exists for women in academia. Fourth, diversity is important because it leads to varied opinions, better ideas, and innovation, which ultimately makes for a stronger conference panel. As such, diversity should not be limited to gender and should include diversity of race, ethnicity, religion, sexual orientation, and age. On the flip side, panels should not consist of all women in an attempt to counter the lack of diversity, as womanel are equally as harmful as manels. It should be noted that in their study, Arora et al found that 7% of the panels were womanel.

How can conference panel diversification be improved, thus avoiding manels? Conference organizers must include diversity, as diversity begets more diversity. Arora et al demonstrated that planning committees that included more women were associated with more women speakers.
However, this is not a problem for only women to be aware of; both men and women must work together to be inclusive and strive for diversity. Anyone asked to be a part of a panel that is notably lacking diversity should speak up and suggest alternate panelists. Otherwise, declining the invitation should be strongly considered. A pledge has been developed to specifically target the reduction of manels: “At a public conference I won’t serve on a panel of two people or more unless there is at least one woman on the panel, not including the Chair.” Among those endorsing this pledge is Francis Collis, MD, PhD, Director of the National Institutes of Health. It is vital for anyone who witnesses a manel to point this out. The use of social media is effective in this area. Calling out the panel with the Twitter hashtag #manel is one such outlet. There is also a Twitter handle, @allmalepanels, that documents manels and uses a photograph of David Hasselhoff giving a thumbs up and stating, “Congrats, you have an all male panel!” Additionally, emailing the organizers to give feedback regarding the lack of diversity or commenting during the actual panel session can be effective ways to raise awareness of this issue.

In 2020, there is no excuse for manels or any lack of diversity. Inclusivity in medical conferences is important for the panelists, conference attendees, patients, and the medical community at large. Everyone in the medical community is responsible for being cognizant of diversity or lack thereof and using our collective voices to promote panel diversification at medical conferences.

ARTICLE INFORMATION
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