

THE CONVERSATION STARTS HERE



Diversity and inclusion have become hot-button issues recently, with the COVID-19 pandemic dredging up long-simmering tensions. In particular, the pandemic has put health care in the hot seat, demonstrating glaring disparities in COVID-19 infection and death rates among racial minorities.¹ Unfortunately, health care inequity is not a new concept, even in the field of retina, and many studies highlight treatment disparities and a lack of diverse representation in health care normative databases.²⁻⁵

On the flipside of that coin, diversity is also a work in progress in the health care workforce itself. A recent study in the *New England Journal of Medicine* examined the promotion of women in academic ophthalmology, and the findings weren't promising.⁶ Between 1979 and 2013, fewer women than expected were promoted to associate or full professor or department chair—and the gap didn't narrow between earlier (1979-1997) and later (1998-2013) cohorts. In fact, for promotion to full professor, it widened. Another recent study looked at racial disparities among ophthalmologists, finding that approximately 6% of practicing ophthalmologists are underrepresented minorities, compared with 33% of the general US population.⁷

So, we have a lot of work to do—and that work starts with an unabashed conversation about these disparities and

the steps necessary to close the gap. For this issue of *Retina Today*, we invited retina specialists from all walks of life to share what it's like to rise through the ranks as underrepresented minorities, and, wow, did they deliver.

We have a superb roundtable discussion with three new department chairs who agree that representation in retina leadership is crucial to increasing diversity for the profession as a whole. Elsewhere in the issue, several practices came together to discuss the benefits of a multicultural team, and two physicians tackled the hard conversation regarding microaggressions in clinical practice. Members of the LGBTQ community shared their experiences working their way through training and offered advice for others making the same journey. For a clinical perspective, Joseph M. Coney, MD, highlights the impact of racial disparities in clinical trials. Lastly, an international team of retina specialists provides a glimpse into their latest research.

It's a robust offering, for sure, but it's just the tip of the iceberg. We hope this issue encourages all of our readers to make diversity and inclusion a part of their everyday conversations—and practice. ■

MARÍA H. BERROCAL, MD

AUDINA M. BERROCAL, MD

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