

EDITORIAL

A policy for diversity, equity, inclusion and anti-racism in the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI)

The Board of the Scandinavian Society of Anaesthesiology and Intensive Care Medicine (SSAI) recognises that the diversity of our members and of our professional and patient community must be reflected in all parts of our organisation. Diversity metrics include, but are not limited to, individual (e.g., age, gender, ethnicity, sexual orientation), cultural (e.g., religious affiliation) and geopolitical (e.g., nationality). These characteristics may cause individuals to feel naturally included in, or excluded from, a group¹ (Table 1).

The purpose of this document is to outline a policy to ensure that the diversity of the Nordic community of anaesthesiologists, our workplace and our patients is explicitly addressed in the governance of SSAI, including the SSAI board and committees, clinical practice guidelines, conference speakers/chairs, meetings at local, national and international levels to (i) ensure representativeness, (ii) provide role models and (iii) foster a sense of community based on inclusion.

This also applies to events that the SSAI may co-host or for which SSAI nominates a representative (e.g., a representative at meetings held by other networks/organisations or international meetings/conferences).

TABLE 1 Examples of diversity characteristics

Diversity dimension	Metric
Individual	Gender
	Age
	Sexual identity or orientation
	Disabilities
	Colour of skin
Cultural	Ethnicity
	Cultural background
	Religious beliefs
	Political beliefs
	Social identity
	Family responsibilities
Geo-political	Nationality
	Primary language
	Geographical location

In addition, this policy aims to yield measurable outcomes and to ensure that our processes are competitive, transparent, and fair. This extends to transparency and equality regarding funding, scholarships and selection of committee members.

1 | WHY IS DIVERSITY IMPORTANT?

When our early role models share certain characteristics (gender, age, colour of skin), we tend to think about such people when we look for someone who may speak for us, teach us or lead us. Thus, we risk reinforcing a stereotypical view of who represents 'the best' amongst ourselves. This may discourage those who are different from seeking a particular career or assume offices that may challenge such stereotypes. Such—largely unconscious—attribution of certain characteristics or qualities (good or bad) to any specific group of people is termed *implicit bias*.² Any organisation is likely to be affected by implicit bias and meritocratic societies are no exception.

- Equity, diversity and inclusion are core values of Nordic societies and must be reflected in our organisation.
- Diversity in life experiences can provide diversity of thought. Diversity in the composition of our society's governing bodies and committees will contribute to decision-making that reflects a broad range of perspectives. Inclusion is an important factor to consider in addressing organisational issues.
- At professional meetings organized by SSAI, speaker invitations contribute to the profile of academic scholars and clinicians. By inviting 'under-represented' members of our professional community to participate in such events, we enhance their visibility. Visibility, in turn, provides an opportunity for our colleagues to create a national or international profile and become role models for others from the same group.
- Representation by SSAI members at other venues (meetings, conferences and symposia) is important for generating new collaborations, ideas and directions in science and for networking (e.g., meeting new mentors and mentees). This is also an opportunity for our officials to promote diversity, for example by

declining invitations to participate in grossly imbalanced committees, speaker panels or writing groups.

Gender¹ and age are some of the most visible metrics of diversity.³⁻⁵ In SSAI, language and nationality are important considerations. Also, the Nordic countries are homes to indigenous peoples and ethnic and/or religious minorities whose representation can be promoted.

The composition of SSAI committees should reflect the diversity and the various disciplines (anaesthesia, pain medicine, prehospital care/acute medicine and intensive care) in our society and our community.

Speaker diversity and the composition of our organising committees should reflect the diversity of our delegates and our professional community.

2 | A DIVERSITY POLICY FOR THE SSAI BOARD AND COMMITTEES

2.1 | Governance

Currently, the SSAI by-laws ('articles') do not direct that diversity be considered in the election of members of the Board or committees. The one exception concerns the nationality of Board members: *The members elected by the General Assembly shall to the greatest possible extent rotate among the member countries.* Any amendment to the articles must be decided by the General Assembly and the Board will suggest that this includes a statement that obliges the Election Committee to consider gender, ethnicity, religion, language and other unique characteristics to be taken into consideration when proposing candidates to be elected members of the Board.

In addition to the Board, the SSAI has several committees which typically consist of one ex-officio member and one elected member from each Nordic country. Because the national representatives are elected by the national societies, the SSAI cannot dictate—but may recommend—how the national societies elect their representatives.

2.2 | Event organisation diversity policy

- We aim to use gender-neutral terms (e.g., 'Chair' instead of 'Chairman').
- Invitations to present at meetings associated with the SSAI (e.g., plenary lectures, keynote speakers, symposia speakers) will be allotted to high-quality researchers/presenters that represent the broad diversity of our community. In this regard, we aim to achieve a balance across geography, gender, ethnicity and experience.

- SSAI will aim for a balanced male:female ratio at conference organising committees and as speakers at events that it hosts/co-hosts. *Same-sex speaker panels and organising committees are strongly discouraged.*
- SSAI will ensure that sessions at SSAI-sponsored events include a diversity of gender among participants such as moderators, panellists and speakers (specifically, at least one woman and one man for each session).
- SSAI will ensure that junior faculty and trainees are represented in our core committees and on conference planning committees for meetings that the SSAI hosts/co-hosts.
- SSAI will encourage sessions at SSAI-sponsored events to reflect the diversity of our members' national and ethnic backgrounds.
- SSAI will record and publish speaker and delegate metrics at our own events and events in which it participates or sponsors/co-sponsors.
- When co-hosting an event with another association (signatory, stakeholder, industry or non-industry partner), SSAI will work collaboratively with the organisation to ensure diversity. SSAI reserves the right *not* to co-host or endorse events that do not align with this policy.

3 | AWARENESS AND REPORTING

To ensure awareness of this policy and to be transparent regarding progress, SSAI will monitor diversity metrics at meetings and in the composition of our governing bodies and committees.⁶ We aim to.

- publish this policy in our societal journal, *Acta Anaesthesiologica Scandinavica*.
- post this policy on the SSAI website.
- e-mail the policy to all committee chairs and members.
- e-mail the policy to all speakers at SSAI sponsored or co-sponsored events.
- reference this policy in conference/meeting materials (e.g., programs, handbooks) with which the SSAI is involved including links to the SSAI website.
- mention/highlight this policy (in brief) in the opening announcements of meetings/conferences that the SSAI participates in (referencing the full document available on the SSAI website).
- print the text of policy on a poster and display it by the registration desk for in-person meetings
- report metrics on the SSAI website to reflect our accountability (see below).

3.1 | Reporting metrics

We will track and report statistics every second year to ensure that we are achieving our goals. These statistics will be reviewed post-event and collated into summary reports. Specific recommendations will be made based on a review of these reports to improve diversity for future events.

¹In this document, *gender* refers to the socially constructed roles for women and men, which are often central to the way in which people define themselves and are defined by others.

Metrics will reflect various aspects of diversity including:

- gender, age and nationality of speakers, chairs, committee members
- visible minority or person-of-colour involvement of speakers, chairs, etc.
- indigenous people's involvement as speakers, chairs, etc.
- primary language of speakers, chairs, etc.
- trainee involvement as speakers, chairs, etc.
- academic vs community hospital affiliation
- allied healthcare involvement as speakers, chairs, etc.
- patient/family involvement as speakers, chairs, etc.

4 | CONCLUSION

Whether we consider daily clinical practice, scientific endeavours or our professional organisation, conscious recognition of the diversity of our community holds great potential for improving our services, expanding our knowledge and fostering unity based on inclusion. SSAI recognises that change will require nudges and this policy document should be seen as a first step. Diversity metrics collected at regular intervals will help us to assess if any progress is made with respect to fulfilling our goal of being a truly representative society.

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CONFLICTS OF INTEREST

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AUTHOR CONTRIBUTIONS

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