Editorial

Diversity of Thought

Laura Findeiss, MD, FSIR¹ Brooke Spencer, MD² Charles E. Ray, Jr., MD, PhD, FSIR³¹Department of Radiology, University of Tennessee Medical Center, Knoxville, Tennessee²Radiology Imaging Associates, Englewood, Colorado³Department of Radiology, University of Illinois Hospital and Health Sciences System, Chicago, Illinois

Semin Intervent Radiol 2017;34:1–2

Diversity: the art of thinking independently together. –
Malcolm Forbes

Concepts related to diversity and inclusion have received a lot of attention in recent years. These topics have increasingly become of interest to our community, as the importance of “diversity” to positive progress and success has been emphasized in business and management literature. However, there are various understandings of the topic of diversity, and there is a risk of oversimplification in the discussion if we focus on a classic understanding of diversity as meaning more of a certain type of person.

As in the business world, “diversity and inclusion” initiatives have become ubiquitous in interventional radiology (IR) divisions, radiology departments, and medicine in general. As a phrase, right now it seems as overused and cliché as terms like “millennials,” or “hashtag” or, heaven forbid, “selfie.” But what does the term really mean? More importantly, what is the inspiration behind the moniker? And are we demonstrating veracity in authentically pursuing diversity and inclusion?

The term “diversity and inclusion” takes on specific significance at the time of the writing of this editorial (October 2016). The nation is in the midst of a highly contested (and challenging ... and more than slightly nauseating) presidential race. Individual political affiliations aside, one of the major areas of contention in the political arena has to do precisely with inclusion (or lack thereof) of various members of the American culture. Right, wrong, or otherwise, the fact that some of this rhetoric has surfaced at this time should provide some sense of the social environment in which we all live. Some of these flashpoint issues have not been openly addressed in decades, and the fact that they are being put in the forefront of a battle that is open for everyone—Americans

and others alike—to view is akin to watching a car crash. And it should open our eyes to the real challenges we face as a nation.

Similarly, with the impending changes in health care delivery systems and the multiple models that will be used to address the new challenges facing all of us, an enhanced level of discussion and acceptance of alternative viewpoints is more vital now than ever. Only by being open to new ideas, and in challenging the status quo within our field, will we be able to be creative in change and move the field in the direction that maximally benefits our patients. Paramount to this openness is the acceptance of others' viewpoints, goals, and objectives, as there clearly will not be a one-size-fits-all model in the new health care system.

Diversity as an ideal represents far more than creating a group of mixed race, gender, religion, heritage, orientation, or anything else that is overtly noticeable. One observation is that as we consciously move toward creating visibly diverse teams, we can readily fall into the trap of creating numerical representation without facilitating influence. For instance, placing a woman or an underrepresented minority on a board does not, in itself, produce the value that comes from diversity. For the true value-add to come from creating a diverse body, there has to be genuine openness to difference, and the different styles of interaction or different perspectives that are brought to the table need to be heard, respected, and considered with sincerity. If this openness to differences in thought is not embraced, not only does this bland exercise do nothing to address the real desire to be inclusive, but it potentially harms the entire process by deflecting the issue (“I just hired a [fill in the blank] – so I’m good for now.”). This false sense of accomplishment places at risk the entire effort to advance diversity, possibly setting it back permanently.

Commitment to embracing other viewpoints, and to permitting dissent, is a concept that represents the next step in

Address for correspondence
Laura K. Findeiss, MD, FSIR,
Department of Radiology,
University of Tennessee Medical
Center, Association of University
Radiologists, PC 1924 Alcoa Hwy.,
Box 107, Knoxville, TN 37920
(e-mail: LFindeiss@utmck.edu).

Issue Theme Venous Disease;
Guest Editor, Suresh Vedantham,
MD

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Publishers, Inc., 333 Seventh Avenue,
New York, NY 10001, USA.
Tel: +1(212) 584-4662.

DOI <http://dx.doi.org/10.1055/s-0036-1597768>.
ISSN 0739-9529.

capitalizing on the benefits that come from creating diversity in our environments. To move toward this true embrace of difference, it is necessary to facilitate openness through tolerance of new ideas. Dr. Brene Brown, a PhD researcher and popular speaker on the topics of innovation and creativity, focuses much of her discourse on the idea that there is no innovation without vulnerability. This is an interesting and compelling perspective, as there is no way for contrary and disruptive concepts to emerge and stimulate change outside of an environment that facilitates discussion through tolerance, and without the willingness of innovative individuals to be vulnerable to criticism.

In environments in which innovation is critical, there has been increasing emphasis on this idea of supporting vulnerability through tolerance of difference. There is no doubt that IR is highly dependent on innovation for survival, as it is our one true claim to uniqueness as a specialty. As we pursue conversations about diversity, it is imperative that we understand that truly capitalizing on diversity will require openness to difference and facilitating environments that allow vulnerability to stimulate true creativity and innovation.

In sum, the true value of diversity emerges when there is not only physical difference, or difference in viewpoint represented, but when there is creation of an environment in which these and other real differences are actively leveraged to move an organization in a new and novel direction. It is expected that the resulting direction would be different from the one emerging in an environment in which diversity is neither sought nor celebrated. In short, it is diversity of *thought* that allows for a milieu to generate new and fresh ideas, to allow each of us to hear of, and ultimately better understand, the multiple angles that can be taken to view any particular issue.

At this point, diversity in the IR world is generally optional (and, frankly, sorely lacking in our physician cohort). It will be the forward thinking organizations, however, that will embrace diversity and inclusiveness before it is mandated from on high, and use this early adoption to their advantage, to better compete. Eventually, by espousing these ideals, such organizations will find themselves at the vanguard of IR and of medicine in general. We all have choices in this space to either adopt a truly inclusive attitude that embraces diversity or not; it ultimately is up to us to make wise choices for ourselves, our organizations, and our society.