Gender representation and the glass ceiling: a cross-sectional study of two palliative care congresses in Europe and Latin America

Úrsula Bueno do Prado Guirro, Danielle Soler Lopes, Caroline Hertler, Katherine Sleeman, Carla Corradi-Perini, Elda Coelho de Azevedo Bussinguer

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Gender representation and the glass ceiling: a cross-sectional study of two palliative care congresses in Europe and Latin America

Úrsula Bueno do Prado Guirro, Universidade Federal do Paraná, Curitiba, Brazil. ORCID: https://orcid.org/0000-0003-4879-3057

Danielle Soler Lopes, Lancaster University, Lancaster, England. ORCID: https://orcid.org/0009-0002-4237-3318

Caroline Hertler, University Hospital and University of Zurich, Zurich, Switzerland. ORCID: https://orcid.org/0000-0001-6181-2895

Katherine Sleeman, King's College London, London, England. ORCID: https://orcid.org/0000-0002-9777-4373

Carla Corradi-Perini, Pontifícia Universidade Católica do Paraná, Curitiba, Brazil. ORCID: https://orcid.org/0000-0002-9340-8704

Elda Coelho de Azevedo Bussinguer, Faculdade de Direito de Vitória, Vitória, Brazil. ORCID: https://orcid.org/0000-0003-4303-4211

ABSTRACT

Background: Women are under-represented in the most prestigious roles at medical conferences, a pattern linked to the glass ceiling and glass escalator. Palliative care is among the most feminised specialties in healthcare, yet only one congress has been studied in depth, in Europe, with no comparable study in Latin America.

Aim: To examine gender representation across all programme roles at two leading international palliative care congresses, and to assess whether roles filled by invitation carry fewer women than those selected by blind peer review.

Design: Cross-sectional observational study of two complete scientific programmes, analysed as a census rather than a sample. The unit of analysis was the participation slot, a single appearance of a person in one role within one session.

Setting/participants: The European Association for Palliative Care Congress (Prague, May 2026) and the Asociación Latinoamericana de Cuidados Paliativos Congress (São Paulo, March 2026), comprising 2569 slots across all programme roles.

Results: Women were the majority at both congresses, holding 73.7% of 1502 classifiable slots at the European congress and 76.4% of 1063 at the Latin American one. Representation fell as role prestige rose ($p<0.001$ for both). Taking blind-reviewed roles as the reference, a role filled by invitation was 20% and 26% less likely to be held by a woman (risk ratios 0.80 and 0.74).

Conclusions: Across two continents, women less often held invited than blind-reviewed roles. The gap arose from the invitation process, not scientific output. Organisers and associations should prioritise gender equity in speaker selection.

Palavras-chave: Keywords: Palliative care, Gender equity, Sexism, Congresses as topic, Cross-Sectional Studies, Glass ceiling**.**

What is already known about the topic?

- Palliative care has one of the most feminised workforces in healthcare, yet representation by congress role has been examined in only one European study.
- Women are under-represented as keynote speakers and invited lecturers across medical specialties, even where they are the majority of the workforce.
- The glass ceiling and glass escalator are well documented in academic medicine but almost never in palliative care.

What this paper adds

- At two international palliative care congresses, women held most roles but were under-represented in the most prestigious ones, shown here on a second continent for the first time.
- With blind-reviewed roles as the reference, women were less likely to hold invited roles, by 20% in Europe and 26% in Latin America.
- Men were a minority of participants yet gave a disproportionate share of keynotes, consistent with the glass escalator.

Implications for practice, theory or policy

- Gender inequality in these congresses arises at the invitation stage, not from women's scientific output, and that is where action should focus.
- Gender parity on scientific committees should become standard practice, given its link to more equitable speaker selection.
- The consistency across two continents suggests the pattern will not resolve without deliberate action by organisers and associations.

INTRODUCTION

Women remain under-represented in the most visible roles at medical conferences, even where they form the majority of the workforce. Across specialties, keynote speakers and invited lecturers are disproportionately men, while women are well represented in the roles filled by blind peer review of submitted abstracts[1–3].

Two mechanisms help explain this loss of women as prestige rises, a pattern known as the leaky pipeline[4–6]. The glass ceiling is an invisible barrier to the positions of greatest visibility and influence[7], while the glass escalator is the tendency of men in feminised professions to rise disproportionately to high-prestige roles[8,9]. A numerical majority of women does not, then, secure equitable representation where prestige is highest.

Palliative care is among the most feminised specialties in healthcare, with women an estimated 91% of the United Kingdom hospice workforce[10]. Even so, representation across its programme roles has been examined only once. That study, of the EAPC Research Congress, found women were 73.8% of presenters in 2016 but only 26.1% of keynote speakers between 2012 and 2016[6]. No comparable study exists for Latin America, and preliminary data from Brazil point the same way[11].

This study examined gender representation across all programme roles at two leading international palliative care congresses, one European and one Latin American, and asked whether roles filled by committee invitation carry fewer women than roles filled by blind peer review.

METHODS

Design and data sources

We conducted a cross-sectional observational study of the complete scientific programmes of two international palliative care congresses held in 2026, reported in line with the

STROBE guideline. The first was the European Association for Palliative Care Congress (EAPC; Prague, Czech Republic, 14 to 16 May 2026); the second, its Latin American counterpart, the Asociación Latinoamericana de Cuidados Paliativos Congress (ALCP; São Paulo, Brazil, 11 to 14 March 2026). We retrieved each programme in its final published version from the official congress website, in the month of the respective event.

Unit of analysis

The unit of analysis was the participation slot, a single appearance of a person in one role within one session. Someone who lectured in one session and chaired another contributed two slots. This measured representation by role, independently of how often the same individual appeared.

Role classification

Each slot was classified into one of six roles, defined by how the participant was selected rather than by the format or prominence of the session. An authority gives a ceremonial or official address at the opening or closing ceremony, by invitation. A keynote is an invited presentation in a main plenary session. A lecture is an invited presentation in a thematic session, roundtable or workshop, excluding pre-congress courses. A chair coordinates or presides over a session of any type. An oral scientific presentation is an abstract accepted through blind peer review for oral communication, including poster discussion sessions. A poster is a presentation given in a poster session.

These roles rest on two selection mechanisms. Authorities, keynotes, lectures and chairs come from direct invitation by the scientific committee, while oral presentations and posters come from blind peer review of submitted abstracts. Where a top-scoring abstract was promoted to the main plenary, as at the EAPC, we classified it as an oral presentation, since the decision rested on a blind-reviewed abstract and not on an invitation.

A slot was eligible whenever the official programme named an individual. We excluded sponsored sessions, pre-congress activities, and sessions closed to the general audience, such as private and administrative meetings. Slots with no named individual were recorded separately and left out of the analysis.

Gender inference

The lead researcher inferred presumed gender in three sequential steps. At the EAPC, the first drew on the courtesy titles printed in the programme (Mr, Mrs, Ms), taken as a preliminary indicator. Where a title conflicted with an unambiguous name, the name and cultural context prevailed. The ALCP programme carried no titles, so there the classification began at the second step.

The second step was an onomastic analysis, weighing the name against country of affiliation and confirming it with Genderize.io, which infers likely gender from a global name database with a reported accuracy of 94.3% when the country of origin is provided[12,13]. When the returned probability fell below 85%, the name went to the third step.

The third step was a manual search of public institutional profiles, photographs and self-declared pronouns. Three participants could not be classified and were recorded as undetermined. The procedure followed a pre-established protocol with a conservative confidence threshold, and residual risk is addressed in the strengths and limitations section.

Gender was treated as a presumed binary variable, woman or man, in line with comparable studies[1,3,6]. This captures presumed rather than self-identified gender, a limitation addressed in the Discussion. One EAPC participant using the neutral title Mx was recorded as non-binary and excluded from the proportional calculations for the corresponding role.

Statistical analysis

The analysis was descriptive, reporting absolute frequencies and the proportion of women by role and by congress. Because every named slot was analysed, the data form a census rather than a sample, with no wider population to generalise to. We used the tests to describe how strong and consistent the associations were within each congress. They were not meant to support inference to a wider population.

We used Pearson's chi-square test, at a 5% significance level, to assess whether the distribution of women and men varied across roles within each congress. Some roles held few observations, notably authorities and keynotes, so we read these results with caution and interpreted the smaller roles descriptively.

To compare the two selection mechanisms, we calculated a risk ratio with a 95% confidence interval, taking blind-review roles as the reference. The interval describes the precision of the observed association. For the keynotes, given the small numbers, we compared the proportion of women with parity (50%) using an exact binomial test.

Tests were run separately for each congress. The two events were not compared statistically, since they differ too much in format, scale and organisational structure. Consistency across contexts was judged descriptively, by comparing the risk ratios.

The three undetermined participants and the non-binary participant were excluded from the analyses, which were run in R version 4.6.0[14].

Ethical considerations

This study used only publicly available data from the official congress websites. We collected no primary data and had no contact with human participants. Under Brazilian regulation, research based on publicly accessible and public-domain information is exempt from research ethics committee review (National Health Council, Resolution 510/2016, Article 1, sole paragraph)[15]. Since every source was already public, no finding is reported for any identifiable individual.

RESULTS

The two programmes together listed 2569 named participation slots, 1504 at the EAPC and 1065 at the ALCP. We excluded four from every proportion and test, three of undetermined gender (two at the ALCP, one at the EAPC) and one held by a participant using the non-binary title Mx (EAPC). That left 1502 classifiable slots at the EAPC and 1063 at the ALCP. Table 1 gives the full distribution of presumed gender by role and selection mechanism, and Figure 1 shows the proportion of women across roles.

Women were the majority at both congresses, with 73.7% (1107/1502) of classifiable slots at the EAPC and 76.4% (812/1063) at the ALCP. Their share differed across the six roles in each congress (EAPC: $\chi^2=27.46$, df=5, $p<0.001$; ALCP: $\chi^2=66.60$, df=5, $p<0.001$; Figure 1).

The gradient ran the same way in both. Women were scarcest among the authorities, with 2 of 5 ceremonial slots (40.0%) at the EAPC and 3 of 9 (33.3%) at the ALCP, and most numerous in the blind-reviewed roles, where at the EAPC they gave 73.1% (141/193) of oral presentations and 76.9% (808/1051) of posters, and at the ALCP 85.2% (46/54) and 82.8% (572/691). Lectures and chairs sat between the extremes (Table 1).

Grouped by how speakers were chosen, women held 61.2% (158/258) of the invited slots and 76.3% (949/1244) of the blind-reviewed slots at the EAPC, and 61.0% (194/318) and 83.0% (618/745) at the ALCP. Taking the blind-reviewed roles as the reference, a slot filled by invitation was less likely to go to a woman at both congresses (EAPC risk ratio 0.80, 95% CI 0.72 to 0.89; ALCP 0.74, 95% CI 0.67 to 0.81; Table 1).

Among the keynote lectures, women gave 4 of the 6 at the EAPC (66.7%) and 6 of the 13 at the ALCP (46.2%). Neither proportion differed from parity (exact binomial test, p=0.69 and p=1.00).

Table 1. Presumed gender representation by role and selection mechanism: EAPC 2026 and ALCP 2026 congresses.

EAPC 2026					
Role	**Women n (%)**	**Men n (%)**	**Non-binary**	**Undetermined**	**Total n (%)**
Invited					
Authority	2 (40.0%)	3 (60.0%)	0	0	5 (1.9%)
Keynote	4 (66.7%)	2 (33.3%)	0	0	6 (2.3%)
Lecture	68 (61.8%)	42 (38.2%)	0	0	110 (42.6%)
Chair	84 (61.3%)	53 (38.7%)	0	0	137 (53.1%)
Invited subtotal	158 (61.2%)	100 (38.8%)	0	0	258 (100%)
Blind review — free communications					
Oral presentations	141 (73.1%)	52 (26.9%)	1	1	195 (15.7%)
Poster	808 (76.9%)	243 (23.1%)	0	0	1051 (84.3%)
Free communications subtotal	949 (76.3%)	295 (23.7%)	1	1	1246 (100%)
Total	1107 (73.7%)	395 (26.3%)	1	1	1504
ALCP 2026					
Role	**Women n (%)**	**Men n (%)**	**Non-binary**	**Undetermined**	**Total n (%)**
Invited					
Authority	3 (33.3%)	6 (66.7%)	0	0	9 (2.8%)
Keynote	6 (46.2%)	7 (53.8%)	0	0	13 (4.1%)
Lecture	136 (61.0%)	87 (39.0%)	0	0	223 (70.1%)
Chair	49 (67.1%)	24 (32.9%)	0	0	73 (23.1%)
Invited subtotal	194 (61.0%)	124 (39.0%)	0	0	318 (100%)
Blind review — free communications					
Oral presentations	46 (85.2%)	8 (14.8%)	0	0	54 (7.2%)
Poster	572 (82.8%)	119 (17.2%)	0	2	693 (92.8%)
Free communications subtotal	618 (83.0%)	127 (17.0%)	0	2	747 (100%)
Total	812 (76.4%)	251 (23.6%)	0	2	1065

(1) One non-binary participant (EAPC) and three participants of undetermined gender (two at the ALCP, one at the EAPC) are included in the totals but excluded from all proportions and statistical tests. Percentages for women and men were calculated over women and men only.

(2) Statistical results are reported in the text.

EAPC, European Association for Palliative Care Congress; ALCP, Asociación Latinoamericana de Cuidados Paliativos Congress.

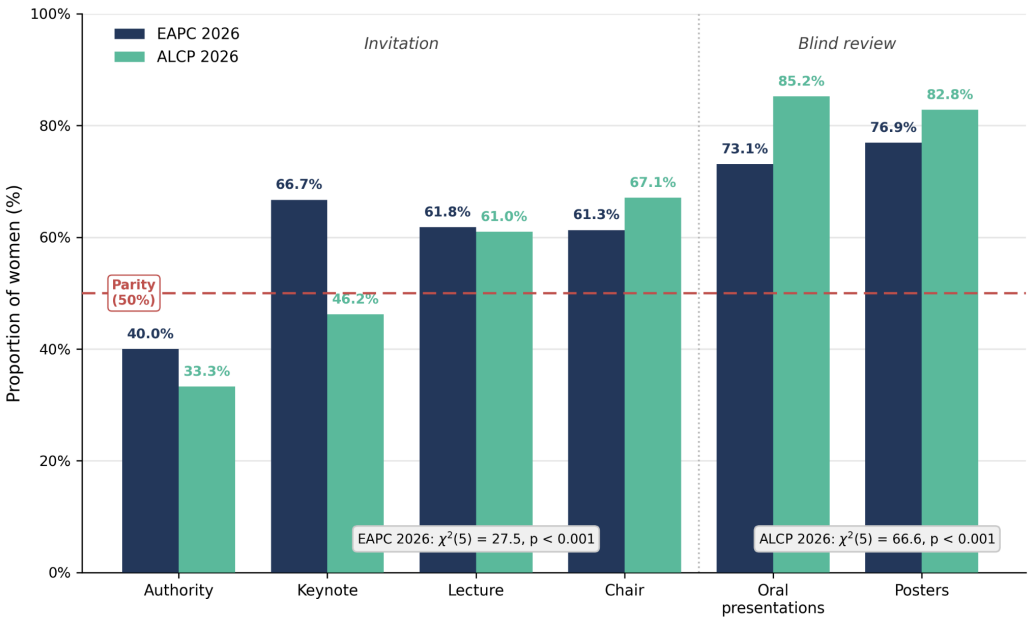

Figure 1. Proportion of women by presentation role at the EAPC 2026 and ALCP 2026 congresses

Bars show the percentage of slots held by women within each of the six roles, for the European (EAPC) and Latin American (ALCP) congresses. The horizontal line marks gender parity (50%). Invitation-based roles (authority, keynote, lecture, chair) are separated from blind-review roles (oral scientific presentations, posters); oral scientific presentations include abstracts promoted to oral discussion sessions. Percentages were calculated over women and men; one non-binary participant (EAPC) and three participants of undetermined gender (two at the ALCP, one at the EAPC) were excluded.

DISCUSSION

Main findings

We set out to test whether roles filled by committee invitation carry fewer women than roles filled by blind peer review. At two international palliative care congresses on different continents, they did. Women were the majority at both, yet their presence thinned as the academic weight of the role grew, so that they appeared most often in the blind-reviewed roles and least often in the ceremonial and invited ones. This gradient is familiar in academic

medicine[1–3], but it has seldom been examined in palliative care, one of the most feminised specialties in healthcare[10].

What this study adds

The gap seems to have little to do with scientific output. What matters is the difference between the two routes within the same congress, not the overall share of women on either. Women met or passed their overall presence in the blind-reviewed roles and fell well below it in the invited ones, though both drew on the same pool of people. At congresses of this size, where most abstracts are accepted in some form, the blind-reviewed route follows who chose to submit, while the invited route follows who was chosen. The distance between them reflects how speakers were selected, and not what they produced. In both congresses a woman was less likely to hold an invited slot than a blind-reviewed one (risk ratio 0.80 at the EAPC and 0.74 at the ALCP), and the two estimates moved together, their confidence intervals overlapping.

The finding carries weight because it held in two settings as unlike as Europe and Latin America, with their different health systems, academic traditions and gender norms. Two congresses cannot show the pattern is universal, and we make no such claim, but this is unlikely to be the habit of a single organisational culture. This fits Fraser's argument that injustice often lies in a failure of recognition rather than of merit. Women are present and productive in palliative care science, yet may be recognised less readily as peers when a committee decides who will speak[16]. That the gradient persists even among so privileged a group shows how deeply it runs.

The keynote is the most visible platform a congress offers and its highest mark of recognition, so representation there carries a symbolic weight the other roles do not. Men were a minority at both congresses, 26.3% at the EAPC and 23.6% at the ALCP, and still delivered two of the six keynotes at the EAPC and seven of the thirteen at the ALCP, more than their numbers would predict. The counts are small, and neither departed from parity on

testing (exact binomial test, p=0.69 and p=1.00), so we read them as a signal to watch. The tendency recalls the glass escalator, by which men in feminised professions rise to the most visible positions[9,17]. On firmer ground, women also held fewer of the far larger lecture and chair categories than their overall presence would predict (Table 1), so the pattern runs unbroken across the visibility gradient.

Only one earlier study has looked at gender representation at a palliative care congress. Sleeman and colleagues found that women were 73.8% of presenters at the EAPC Research Congress in 2016 but gave only 26.1% of its keynote lectures across 2012 to 2016[6]. A decade on, the overall share of women is almost unchanged, at 73.7%, while the keynote figure has risen, which suggests some movement in the most visible role. The comparison is only suggestive, since the earlier work pooled several years of a different EAPC event. Our contribution is to locate where the gap now sits: at the invitation step, whose return on a second continent argues the mechanism is not a European peculiarity.

Some of the gap may be a matter of seniority, and not only the academic kind. Invitations tend to follow academic rank together with standing in the informal life of the field, the leadership of societies and the webs of influence they bring, where women remain thin on the ground[5]. Here Fraser's principle of participatory parity applies. Justice, on her account, requires arrangements that let everyone take part as an equal, and an invitation is one of the rules by which a field decides who reaches the stage[16]. Where women are under-represented in the bodies that write and apply that rule, the disadvantage doubles. They are less often recognised as peers to be invited, and they have less say in the procedures that decide who is recognised[18].

Self-selection is worth taking seriously. Women turn down speaking invitations more often than men[6,19], and some of the gap may reflect invitations declined rather than never extended. But declining is seldom a free choice made in a vacuum. It is bound up with the uneven load of caregiving, the shortage of senior women to model the path, and cultures that make visibility more costly for a woman. To read it as simple preference mistakes a

structural pressure for a personal one. The blind-reviewed route cuts against that reading, since submitting an abstract is itself a form of self-nomination, and this was the route on which women were the majority. The shortfall appeared only where a committee had to choose, the one mechanism that turns on being selected and the one most within an organiser's power to change.

If there is a single lever within reach of organisers, it is the make-up of the scientific committee. Across 98 conferences in five regions, Arora and colleagues found the share of women among speakers closely tied to the share on the planning committee ($r=0.67$, $p<0.001$), a link that survived adjustment for specialty and region[3]. Lithgow and colleagues reached the same conclusion across 108 conferences, with committee composition an independent predictor of who spoke[20]. Gott and colleagues have urged the field to attend deliberately to gender equity in the structures through which palliative care knowledge is made[21]. There are signs it is already turning to the question, from the founding of Women in Palliative Care Switzerland at the EAPC 2026[22] to early data from the Brazilian national congresses[11].

Our findings open more questions than they close. The same reading should be applied to the congresses of North America, Asia-Pacific and Africa, and the method was built to travel to them. Gender is also only one line of inequality. Illness, caregiving and dying are marked by ethnicity, race, migration, disability and social class no less than by gender, and the same approach could ask who reaches the stage along each of them. The single participant outside the gender binary cannot tell us how non-binary colleagues are represented, and we draw no conclusion from it, beyond the reminder that such diversity is something a congress could record rather than leave unseen.

Strengths and limitations

To our knowledge this is the first study to set gender representation across every programme role side by side at two major international palliative care congresses on different continents.

Its limitations follow from its design. Gender was presumed, read from names, titles and other public information rather than declared by the participants. The method is common in this literature but misclassifies some people, and the risk is higher for names from traditions the onomastic tools cover less well. A presumed gender is not a self-identified one. The constraint is avoidable, since a congress could ask participants to state their gender at registration, which would remove the need for inference, let identities beyond the binary appear in the record, and open the way to recording race, migration background, disability and social position.

The study sees only those who reached the programme, not those who submitted or might have been asked to speak. Neither congress publishes submission or acceptance figures by gender, so we cannot say how far the blind-reviewed numbers reflect who applied rather than who was accepted, nor separate the women never invited from those invited and declined. We worked, too, from the final programme posted on each website, which may miss last-minute changes.

Finally, our unit was the participation slot and not the person, so anyone appearing more than once enters the counts more than once. This was deliberate, since we set out to measure the space women and men occupy on a programme rather than to tally distinct individuals, but the figures therefore speak to presence on the page and not to a head-count. The data also rest on two congresses in a single year. These limits narrow what the study can claim without unsettling the consistency of what it found.

CONCLUSION

We set out to ask whether roles given by invitation hold fewer women than roles won through blind peer review, and at two leading palliative care congresses on different continents, they did. Women were the majority of those present, and still, the higher the standing of the role, the fewer of them we found in it. Where a place was earned by blind

review they predominated; where it turned on an invitation they did not. What kept them from the podium was not the quality or quantity of their science, which is abundant, but the way a few are chosen to represent the rest.

This lies well within the reach of those who organise congresses and lead scientific societies. Were they to report representation by role, keep invited and blind-reviewed positions apart, and be candid about how speakers are chosen, selection would become a matter of record rather than private discretion. Our results rest on two congresses in a single year, and we offer them as an early reading, with the same work now under way in other regions. Women already pass through every door that merit alone can open. What remains is to see that the last few, the ones that still open only from the inside, open as readily for them as for anyone else.

Declaração de contribuição dos autores (Author contribution statement)

Úrsula Bueno do Prado Guirro: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Visualization, Writing (original draft), Writing (review and editing). Danielle Soler Lopes: Conceptualization, Writing (review and editing), Validation. Caroline Hertler: Conceptualization, Writing (review and editing), Validation. Katherine Sleeman: Conceptualization, Methodology, Writing (review and editing), Validation. Carla Corradi-Perini: Conceptualization, Supervision, Writing (review and editing). Elda Coelho de Azevedo Bussinguer: Supervision, Writing (review and editing), Validation. All authors reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

Declaração de conflito de interesse (Declaration of conflicting interests)

The authors declare the following potential conflict of interest. Two authors are co-authors of congress abstracts cited in this article: one (UG) of Guirro et al.[11] and one (CH) of Hentsch et al.[22] Both abstracts were included because published data on gender representation in palliative care congresses are scarce and the two are directly relevant to the scope of this study. The authors declare no other competing interests.

Declaração de disponibilidade de dados da pesquisa (Data availability statement)

Todo o conjunto de dados de apoio aos resultados deste estudo foi publicado no próprio artigo.

Declaração de uso de IA (Declaration of AI use)

An AI language model (Claude Opus 4.8, Anthropic) was used to support slot-count verification, translation and language revision. All intellectual content, including data collection, analysis, interpretation and the final decisions on the manuscript, was the work of the authors alone, who take full responsibility for its accuracy.

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