



# The Need for Stronger and Broader Patient-Perpetuated Harassment Policies in US Academic Medical Centers

Virginia A. Brown, MA, PhD; René Salazar, MD; Elizabeth A. Jacobs, MD, MPP

We live in an era of profound cultural change. During the past several years, the #MeToo movement has brought attention to how women are harassed across society, and unfortunately, academia is no exception.<sup>1</sup> Frequent calls for change and a growing body of empirical literature have focused on gender discrimination and sexual harassment against women academics by other academics, including the covert ways in which women are denied opportunities for advancement. Most recently, the coronavirus disease 2019 (COVID-19) pandemic and the deaths of George Floyd and Breonna Taylor, as well as Riah Milton and Dominique "Rem'mie" Fells, both transgender women of color, have laid bare the discrimination and harassment that Black, Latinx, Asian, and lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI) communities experience. Racial/ethnic discrimination and harassment are common in academia as well; Asian health care professionals have recently reported being spat on by patients and being told to go back to China,<sup>2</sup> and the Black Lives Matter movement inspired the sharing of the frequent macroaggressions and microaggressions that Black health care professionals and academic professionals experience at #BlackInTheIvory.<sup>3</sup>

Viglianti and colleagues<sup>4</sup> investigated whether hospitals affiliated with the Association of American Medical Colleges address patient-perpetrated sexual harassment in patient bills of rights and responsibilities and how clear and targeted the language is regarding harassment. The authors empirically affirmed that the right of patients "to receive care free of harassment" was foundational across the hospital patient bills of rights sampled. However, the authors found that "the same emphasis on zero tolerance of harassment toward health care workers was rarely included in the patients' responsibilities."

Despite the numerous calls for action and the delineation of specific recommendations academic institutions can take to end the harassment that women, people of color, and LGBTQI individuals experience, the findings of Viglianti and colleagues<sup>4</sup> underscore how far we still have to go to undo the structures of racial/ethnic and gender discrimination so that actionable and enforceable policies can be put in place. They also raise 2 important questions. First, how can we say our academic hospitals are places where patients can be treated with respect and be free from harassment when only those who seek care can expect that treatment? Is it not more powerful and convincing to state to our patients and colleagues that harassment in any form will not be tolerated? Second, how can we increase the diversity of the medical profession when we allow the types of behavior that create a hostile environment for health care professionals who are women, individuals of underrepresented races/ethnicities, and LGBTQI go unaddressed? Only 12% of active physicians in the US are from racial/ethnic groups that are historically underrepresented in medicine.<sup>5</sup> Moreover, discrimination and harassment toward health care workers based on their race/ethnicity or gender identity has become a substantial barrier to making the medical profession more diverse and inclusive.<sup>6</sup>

As medical schools and academic medical centers across the US work to increase the diversity of their workforce, they must prioritize creating inclusive workspaces that take into account the many elements of identity, including race/ethnicity, abilities, gender identity, and sexual orientation. Clear policies and procedures including zero tolerance of harassment toward health care workers is a step that academic medical centers must take toward developing an inclusive, diverse, and respectful work environment. The wielding of power by any group is morally wrong and ethically

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unacceptable. The need to ensure that all individuals are free from such assaults, including verbal, physical, and psychological abuse, demands institutional restructuring and expansion of protection for all to be free from such discrimination and harassment.<sup>7</sup>

Ethical conduct is professional conduct. As the American Medical Association Code of Medical Ethics states, physicians are obligated to “respect the rights of patients, colleagues, and other health professionals.”<sup>7</sup> Organizations need to support and encourage ethical conduct by all individuals.

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#### ARTICLE INFORMATION

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**Corresponding Author:** Elizabeth A. Jacobs, MD, MPP, Dell Medical School, The University of Texas at Austin, 1701 Trinity St, Room 7.702, Austin, TX 78712-1850 (liz.jacobs@austin.utexas.edu).

**Author Affiliations:** Dell Medical School, The University of Texas at Austin.

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