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Commentary

When will it ever end? And how? Sexual harassment of female medical faculty

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The need for yet another study documenting aspects of ongoing sexual harassment of American medical faculty shows the breadth and intransigence of the problem and, more importantly, a failure of its resolution both within and beyond academia [1].

Sexual harassment and victims' fears of reprisals from naming it are older than the US and threaded through that country's, and most other's history. Women in medicine have reported sexual harassment for decades [2]. It has likely existed forever. Most female physicians have a story to tell. There are some positive trends both outside medicine and within. Raj et al report a decrease in sexual harassment over time among female academic physicians and further, that experiencing more severe harassment aligned with reaching a higher academic rank [1]. Several possible although untestable explanations for the latter, counterintuitive finding exist. Perhaps those who stay despite severe sexual harassment have a drive and resilience developed in the face of past experience of threats. Of course, this in no way justifies or suggests benefit from victimisation. On the contrary, it is possible that greater determination to advance could have made some junior faculty more vulnerable to exploitation by those in power.

Unwanted sexual relations imposed by superiors on subordinates is one of many definitions of sexual harassment [3]. Most share a common focus on abuse of power rather than on sexual activity and consent. "No one should be subject to harassment or sexual violence of any kind in their workplace, whether it comes from an employer, a manager or a colleague" [4]. So begins one of hundreds of government documents, this one Canadian, spanning decades and proposing zero tolerance. Why, then, is another study demonstrating that a problem exists of value? The answer lies partially in the longitudinal design of Raj's research on associations between severe harassment and subsequent academic advancement. But what does the persistence of sexual harassment in medical academia over time say about the will to acknowledge this abuse of power and eradicate it? The authors document a decrease in incidence over time among women (from 54% down to 21%) but an enduring environment of gender discrimination (82% in 1995 decreasing to 66% in 2012) that likely enables ongoing victimisation of 1 in 5 female faculty.

Across the developed world women's increasing naming of sexual harassment, spurred on by MeToo, has led to public distain for perpetrators. The resulting, and some might say, the only effective trials arising have often occurred in the media rather than the courts, even in countries where the rule of law is sacrosanct. What about the specific setting of academic medicine? When medical students report sexual harassment their complaint is seen as a 'one off', for which the complainant might be offered counselling and sick leave to recover from an individual 'problem', or told to humour the perpetrator because he is old and set in his ways [5]. The medical practice environment is one of discussion about intimate matters and of disrobing and physical contact. This openness about sexual matters does not alter power dynamics in medical schools but creates a milieu where the normalising of sexual discussion may make it easier for a perpetrator to act and for a victim to not immediately 'see what's happening'. It does not, however, explain the other reason that Raj's paper remains relevant, decades after initial reports of similar findings. We remain stuck in deciding whether there is a problem rather than rectifying it.

Medicine and academia are no more honorable, moral, or egalitarian that the rest of society. Many would argue that social problems require upstream social and systemic solutions. The pervasiveness of sexual harassment says that eradicating its causes is neither easy nor on the agenda. Some have proposed interim and more downstream approaches. There has been some on-campus success in bystander training – essentially a process of enabling and encouraging those who view sexual harassment to either deflect, defuse or stop this behaviour [6]. In other words, bystanders are asked to challenge

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those with greater power rather than ignoring egregious behaviour. Not really a solution but a worthwhile start.

The time has come to stop asking whether there is a problem and move on to solving it. Maybe future research could assume that sexual harassment is alive and well and living in the corridors of academia [7] and focus on methods to eliminate it so that a repeat resurvey of Raj's study sample in 10 years would be unnecessary.

Declaration of Competing Interest

The author has no conflicts of interest to declare.

Author contributions

Dr. S. P. Phillips is the sole author of this commentary.

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