

Editorial



From the Editor's Desk

#MeToo and Medicine: Myth or Malady?

When I considered #MeToo as a potential subject for my editorial page, I must confess I was skeptical. An inner voice nudged me—can't you choose a less sensitive theme? Surely, there is no dearth of technical and professionally relevant topics that are of interest to ophthalmologists. Another voice countered - if you can do an unbiased and gender-neutral evaluation, there is no reason to hold back. After all, women do form a major workforce in our profession and the #MeToo movement has transformed into a burning issue that has attracted much attention the world over. So, I thought to myself, let me take up the challenge and discover if I can do justice to it.

Most of us are aware of the genesis of the #MeToo movement. Although it started more than a decade ago to increase awareness about sexual assault, it has gained huge momentum in the last couple of years after women in the film industry came forward to publicly allege that the Hollywood director Harvey Weinstein had engaged in acts of sexual misconduct. Within no time, #MeToo went viral on social media and celebrities resolved to fight sexual harassment at the workplace. In India also, the #MeToo movement grabbed unprecedented media attention as women celebrities and journalists came out in the open to share their personal stories of horror, humiliation and pain. It is not easy for women to go public on such matters. Those who are brave enough to do so are at a risk of facing social stigma and ridicule that can have an adverse impact on their careers as well as their personal lives.

It is presumed that females who belong to certain professions like the film industry, media and journalism are more vulnerable to such misconduct. Is the field of Medicine an exception? One might expect the situation to be better among doctors, considering that compassion is the driving force behind the choice of medicine as a career for most of us. Let us examine if there is any evidence in the literature to substantiate this assumption. According to reports from the West, although more women are entering the medical profession, they continue to experience sexual harassment and gender discrimination during training and practice.¹⁻³ A survey conducted by Jagsi et al on the subject of harassment and discrimination among academic medical faculty in the US pegs the figure at 30%.⁴ Unfortunately, this phenomenon is not limited to the US alone. Around the world, there are reports of harassment and disrespect towards women in health care. In a recent study, 83% of physicians, nursing, and support staff at Bahrain Defense Force Hospital emergency departments reported experiencing verbal abuse (78%), followed by physical abuse (11%), and sexual abuse (3%).⁵ In another study at a children's hospital in Mexico, 82% reported harassing behavior.⁶ The data may appear unrealistic and exaggerated to many, but it does suggest that the problem is grave and remedial measures are needed. Further, to make matters worse, there is also the harassment of female doctors by patients and their attendants.

There is no denying that there should be zero tolerance to professional misconduct. Justice must be administered to victims who have bravely fought against all odds in naming and shaming the culprits. However, although the #MeToo campaign has

created a platform for women to challenge inappropriate gender-related treatment in the workplace, there are now growing concerns of a backlash.⁷ The most serious problem is the potential for gender-based neglect that can affect the careers of aspiring women leaders.⁸ As doctors, particularly for those of us in the academic field, we have a professional obligation to mentor the next generation. There are several examples of male doctors around us who have served as exemplary mentors and exhibited the highest standards of professional dignity and respect. They have played a key role in advancing the career of their female colleagues or trainees in a harmonious and professionally conducive environment. Women leaders have also identified mentoring associations with men as key to their success.⁹ But now, the fear and hype generated by the #MeToo movement can scare the male doctors away from a situation that could be a source of potential trouble. Surveys have shown that men in leadership positions are afraid to participate in mentoring relationships with women.⁹ In a recent study, 74% of male senior business managers cited fear as a barrier to men's support for gender equity.⁸ The men feared false allegations of sexual misconduct that could compromise their reputations even if they were found to be innocent.⁸ Unfortunately, such reactions can have a serious and adverse impact on the career of women and result in loss of mentoring opportunities for them during critical periods of professional development.^{8,9} It can also render a blow to gender equity as men may find it 'safer and easier' to supervise and work with male colleagues.⁸ In medicine particularly, where female leaders are already few, this reaction could further aggravate the gender gap. An extreme scenario, not completely impossible, could be a reverse #MeToo campaign by innocent men bearing the brunt of misplaced or false allegations by women wanting to exploit or misuse a situation to their advantage.

So, how do we address this complex problem? Adherence to basic human resource standards that exist in some of the other professions must also be applied to medicine as well in order to eliminate gender bias and harassment.¹⁰ Workplaces need safe and transparent procedures for reporting unprofessional behavior and for conducting fair investigations.⁹ At the same time, we need sound mechanisms that provide penalties and remedies for such misconduct. Those at the helm of affairs must ensure that the issues brought to their attention are immediately addressed and resolved. India has enacted its own law: The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 ("Sexual Harassment Act") which has been made effective from April 23, 2013 onwards and applies to both public and private sectors.

While policies and legal safeguards are both important and necessary, ultimately, it is the workforce itself that is responsible for creating a safe and inclusive environment, where every individual feels valued and respected. A respectful workplace would be one that is healthy, safe and supportive, and values diversity and equity.¹¹ How we treat each other in our organization creates our workplace culture and affects the healthcare environment.⁹ In our profession, it not only results in improved efficiency but also translates to better patient care. In balance, we all need to support and sustain a healthy work environment where men and women can work together as professional colleagues, without fear of harassment and misconduct towards anyone.

Friends, it is the time of the year to make a New Year resolution. Let us resolve to support a gender neutral, harassment free and professionally conducive work environment for all our colleagues- men and women alike. The medical profession — and ultimately, patient care — will improve when we treat each other with respect and dignity, irrespective of gender and age. It is then that we can hold our heads high in pride!

Wishing you and your families a glorious start to the New Year!
Stay happy, healthy and blessed.

Warm regards,

Prof. (Dr.) Bhavna Chawla

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References

1. Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, et al. Harassment and discrimination in medical training: a systematic review and meta analysis. *Acad Med* 2014; 89:817-27.
2. Babaria P, Abedin S, Berg D, Nunez-Smith M. "I'm too used to it": a longitudinal qualitative study of third year female medical students' experiences of gendered encounters in medical education. *Soc Sci Med* 2012; 74:1013-20.
3. Jagsi R. Sexual harassment in medicine — #MeToo. *N Engl J Med* 2018; 378:209-11.
4. Jagsi R, Griffith KA, Jones R, Perumalswami CR, Ubel P, Stewart A. Sexual harassment and discrimination experiences of academic medical faculty. *JAMA* 2016; 315:2120-1.
5. Rafeea F, Al Ansari A, Abbas EM, Elmusharaf K, Abu Zeid MS. Violence toward health workers in Bahrain Defense Force Royal Medical Services' emergency department. *Open Access Emerg Med* 2017; 9:113-121.
6. Sepúlveda-Vildósola AC, Mota-Nova AR, Fajardo-Dolci GE, Reyes-Lagunes LI. Workplace bullying during specialty training in a pediatric hospital in Mexico: a little-noticed phenomenon [in Spanish]. *Rev Med Inst Mex Seguro Soc* 2017; 55(suppl 1):S92-S101.
7. Byerley JS. Mentoring in the Era of #MeToo. *JAMA* 2018; 319:1199-1200.
8. Soklaridis S, Zahn C, Kuper A, Gilis D, Taylor VH, Whitehead C. Men's Fear of Mentoring in the # MeToo Era- What's at Stake for Academic Medicine? *N Engl J Med* 2018; 379:2270-2274
9. Freischlag JA, Faria P. It is time for women (and men) to be brave: a consequence of the #MeToo movement. *JAMA* 2018; 319:1761-62.
10. Pattani R, Marquez C, Dinyarian C, Sharma M, Bain J, Moore SE, et al. The perceived organizational impact of the gender gap across a Canadian department of medicine and proposed strategies to combat it: a qualitative study. *BMC Med* 2018; 16:48.
11. Holroyd-Leduc JM, Strauss SE. #MeToo and the medical profession. *CMAJ* 2018; 190: E972.

