I was sexually harassed as a junior by senior doctors, it still goes on, and it needs to stop

Sexual discrimination and harassment still occur in the clinical workplace. **A doctor**, who was advised to write anonymously, says that more must be done to find out the extent of the problem and protect those affected

As sexual scandal swirled around prelates, politicians, pop stars, and even school pupils, I read an article in *Medical Education* about students' most memorable professional dilemmas.[1] Most, depressingly, involved witnessing unprofessional and callous behaviour by their clinician teachers. Some involved being bullied; others involved undertaking intimate examinations without valid consent; but one in particular resonated with me.

During a ward round, a young male consultant spotted a female student and said: "You there—the decoration. Why did you ever come to medical school? Do you have a brain in that pretty head? What you need to do is put down that *Heat* magazine, climb out of bed with your boyfriend, and do some work."

I had hoped that such experiences were a thing of the past. As a student I remember a macho surgeon who took a particular delight in humiliating female medical students. One ward round, smirking, he asked me to examine a male patient who was due to have an operation. The man was asked to undress completely. With obvious reluctance, he acquiesced. Gingerly, I began to examine his groin as the group of students circled round him. He began to have an erection. The surgeon hurriedly ushered us out without apologising to the patient, who was left naked, humiliated, and abandoned.

But worse was to come. As a junior house officer I worked for surgeons who were kind and helpful towards me. I was considered bright and conscientious. But all this changed when I was moved to another team. This consultant openly declared his prejudice towards women in medicine. The ward rounds were purgatorial. He would regularly find ways to criticise or humiliate me or make unreasonable requests. In the operating theatres he would habitually launch into diatribes against female doctors. Meanwhile, he joked with and hugged the female theatre nursing staff. Once in theatre I remember he made an offensive remark about the size of my breasts. There was a frozen silence. Everyone in the room realised that this time he had gone too far. But I just bit my lip, suppressed the tears, and carried on. I still remember the rage of that humiliation. Luckily I did not suffer from low self esteem or a lack of interest from the opposite sex. But what if the opposite had been true?

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When I was a medical registrar, one of the (male) consultants made a proposal (in a sober state) at a work related social event. In essence it was: if you sleep with me, I will help you in your career advancement. I was shaken. It was disturbing but also disheartening—is this really how it works? Frankly, the idea of going to bed with him was repugnant to me, but how was I to extricate myself without endangering my position? I felt cornered and coerced. I quickly chose the course of fake naivety. I pretended that I had not heard the proposal and smiled sweetly, changing the subject. But it left me with profound unease and a sense of disempowerment and disillusion.

I suspect that the problem of misogyny and sexual harassment towards learners and colleagues is alive and well in the clinical professions, and, as elsewhere, there is probably corporate collusion. No doubt some top clinicians are known for their predilection for pretty students and young doctors or nurses and for their predatory behaviours, but complicity and secrecy maintain the status quo. And from anecdotes I have heard, it can be women who abuse their power as well. It is power that is the common factor.

These individuals can control our future and ruin our careers. I did not speak up because I did not know where to go for support. Who would have listened? Would I have been labeled as a troublemaker, a pathetic woman who could not take the heat? Even now, if a young doctor or student makes a complaint, will it be taken seriously? What if the abusers occupy very powerful positions, as mine did? They can haul in heavyweight lawyers and sue for libel, threatening their victims with further humiliation and huge costs.

A recent survey of 12 195 students at 126 medical schools in the United States found that 47% had experienced some form of mistreatment and 15.9% had experienced sexual harassment or discrimination.[2] Other countries such as Finland[3] and Japan[4] have also reported similar findings for medical students and junior doctors. Under-reporting is the rule. It would be astonishing if the situation were significantly different in the United Kingdom, although "undermining" appears to be low according to the General Medical Council 2012 national training survey.[5] How you ask the question is important, and despite determined institutional efforts to eradicate the problem, it can remain stubbornly persistent.[6] As we know, the culture is very powerful and abuse can readily be normalised.

Like the student in the *Medical Education* article, I considered giving up medicine and, like her, though I thought of myself as a strong person, I could not defend myself. My experiences probably played a role in my leaving hospital medicine and opting for general practice (where thankfully I was no longer subjected to harassment). Even 30 years later I still feel anger towards the surgeon who systematically humiliated and bullied me. I look on with cynicism as the physician receives more accolades. These experiences can leave indelible scars. I am certain that mine were mild in comparison to some. There is another deeply troubling aspect: attitudes tend to seep into other domains. If you hold women in contempt or treat young learners as prey, how are you treating your patients?

The BMA or other medical institutions should survey medical students and doctors in training with validated questionnaires and other methods to find out whether sexual discrimination and harassment are still alive and well in 21st century clinical institutions.

Anonymous

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FROM THE FRONTLINE **Des Spence**

Why I worry about large international studies

Recently a reader pointed me to a large, international multicentre trial published in a leading medical journal. This type of research is thrust under the noses of doctors and regulators the world over, presented as evidence beyond refute. Research is better than any marketing campaign, and can be worth billions in drug sales worldwide. Here are some words of caution about this evidence.

Large studies are large for one reason only: the impact of the intervention is so small that only a large study will detect it. How large a study was needed to show the effectiveness of penicillin in meningitis?

Also, in a large study, the conclusions can be affected by small numbers of outcomes. If just three cases of myocardial infarction had been included in the original study of rofecoxib (Vioxx), the drug might never have been licensed, saving tens of thousands of lives.[1] Paradoxically, then, the conclusions of large studies are no less open to manipulation.

How about multinational research?

Large studies are large for one reason only: the impact of the intervention is so small that only a large study will detect it

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Logically it makes sense to show that a new drug works in all countries. But using pooled data from around the world can open results up to confounding. Consider vascular disease, which varies fourfold worldwide in its impact.[2] A drug that reduces relative risk therefore has more of an impact in countries with a higher burden of vascular disease. A study's compound result hides the fact that absolute benefit is country specific. This effect is difficult to explore because access to complete data sets is often restricted for reasons of "commercial confidentiality."

Research is a major investment for drug corporations, with huge financial pressure for positive results. And money doesn't just talk—it shouts. The medical investigators and institutions that author these studies are de facto employees of the drug company, paid undisclosed millions of dollars. Some of the world's elite doctors and institutions are little more than paid pharma advocates, addled by financial conflicts of interest.

What about research fraud? Medical corruption is everywhere,[3-6] and it seems that only a tiny fraction is detected. The temptation in medical research is great because the rewards are enormous. One US researcher faked research leading to billion dollar sales.[7] Regrettably, most of the world's medical journals offer the merest protection from research fraud,[8] with limited access to data and resources.

The policing, oversight, and regulation of medical research is woefully inadequate. The more people, languages, centres, and countries involved, the more opportunity for errors and for unintentional or intentional omissions, obfuscation, and fraud. Sorry to be a cynic, but I fret about large international studies—especially those stopped early because of unexpected benefit.

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PAST CARING **Wendy Moore**

The saviour of Hunter's collection

When, during Great Britain's war with revolutionary France, Prime Minister William Pitt was asked to buy John Hunter's anatomical collection for the nation, he thundered, "What! Buy preparations! I have not got money enough to buy gunpowder!" That the Hunterian Museum celebrates its bicentenary this year despite Pitt's apathy is due to the tenacity of William Clift (1775-1849).

Clift was born near Bodmin, the youngest of seven children. Orphaned at 11, he worked in a plant nursery but was sacked for drawing a caricature of the owner. Luckily his artistic skills were spotted and he was recommended to Anne Hunter, wife of the celebrated surgeon. Clift was apprenticed to Hunter as artist and assistant for six years on an all-hours, zero pay contract. He arrived at Hunter's house facing Leicester Square on his 17th birthday—and Hunter's 64th—in 1792. In his letters, Clift sketched a plan of the extraordinary house, listed its nearly 50 staff, and described Hunter as a "very curious man" who "spoke as kindly and familiarly to his gardener and myself as to his equals or his superiors."

Hunter died barely 20 months after Clift's arrival, but the humble Cornish orphan became his most devoted disciple. As Hunter's land and possessions were sold to pay his debts, Clift remained in the house to safeguard the collection and manuscripts. He spent his meagre allowance replenishing the alcohol in the specimen jars and his evenings copying Hunter's works. And when Pitt finally in 1799 found £15 000 to place the collection in the custody of the Company (now Royal College) of Surgeons, Clift became its first curator. In 1813, when the Hunterian Museum opened in new headquarters in Lincoln's Inn Fields, Clift and his family moved in.

Reluctantly, Clift had surrendered Hunter's manuscripts to the surgeon's

COLIN CRISFORD

Clift described Hunter as a "very curious man" who "spoke as kindly and familiarly to his gardener and myself as to his equals or his superiors"

brother in law Everard Home in 1801. Despite appeals from Clift and the museum, Home now refused to return them. Then in 1823 Home casually admitted that he had burned the lot. He had plagiarised Hunter's research and destroyed the evidence. Clift was bereft and lashed back at Home saying he would "burn the collection itself."

The copies Clift had painstakingly made—and a few documents that Home later surrendered—were all that remained of Hunter's writings. Thankfully, of course, Clift did not send Hunter's collection up in smoke—and he continued to preserve the museum until his retirement in 1842. More than anyone else, Clift ensured Hunter's remarkable museum survives today.

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