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Sexual assault and harassment in medicine: we need actions not words

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"Harassment thrives in settings dominated by men," write Dis, Stadum, and Choo in a Harvard Business Review article "Sexual Harassment is rife in healthcare—here's how to stop it."¹ Only 13% of surgical consultants in the UK are women, so perhaps this is one of the reasons why sexual harassment is an issue within the surgical profession.²

Following the publication of a recent article in the Bulletin of the Royal College of Surgeons England, "Sexual Assault in Surgery: a painful truth," there has been much discussion online about sexual assault and harassment in surgery.³ In response, Philippa Jackson, a consultant plastic surgeon, shared an account of her experience of sexual assault at work. She recounts an extended ordeal over many months which featured several shocking incidents, including an occasion when "one morning in a corridor, when discussing a case about to go to theatre, the member of staff commented on my breasts, hugged me and rubbed his erection on my thigh."⁴ She is not alone in experiencing such trauma, with many more harrowing and appalling accounts being shared online.

These accounts are shocking, but perhaps less so for those who have been paying attention. As Fleming and Fisher write in the Bulletin of the Royal College of Surgeons England, a Rouleaux club survey states that "46% of respondents reported experiencing or witnessing, bullying and undermining or harassment."³ Eight hundred respondents to the Kennedy review on diversity and inclusion in surgery reported harassment or abuse.⁵ Sexual harassment is not a new problem. A recent letter to the *Lancet* suggests that rates of sexual harassment among women physicians have not changed in the last 40-50 years.⁶

Surgery has its work cut out to change a culture that fails to eliminate sexual harassment in the workplace. However, the problems are unfortunately not unique to the specialty, or indeed to our country.

One paper ('#MeToo in EM') found that 53% of women experience "unwanted sexual behaviour" in emergency medicine in the USA, while in cardiology 36% of women "experienced unwanted sexual comments, attention, or advances from a superior or colleague."^{7 8} Six per cent of GPs have witnessed or experienced sexual harassment by a colleague.⁹ After complaints of sexism and harassment by two whistleblowers, The BMA conducted an independent review into its practices, which makes for challenging reading.¹⁰ Most shocking are the reports that 50-60% of medical students have experienced harassment before they have even started their clinical careers.^{1 6 11}

Since the publication of Jackson's testimony, the Royal College of Surgeons England (and numerous other surgical associations) have issued a joint statement with the Women in Surgery Forum, condemning such behaviours and committing to "strive for a culture that takes a zero tolerance approach to workplace sexual harassment and assault of any kind."¹²

While this is rousing rhetoric, we need to see some actions and tangible change. We owe it to these brave women who have shared their stories, and to many others who have not been able to share their testimony. This action must come from the leaders in our healthcare system.

There are plenty of guidelines on how doctors should behave in the workplace.¹³ But stand alone guidelines and policies are not enough. Too often the victims tell of negative or unsupportive comments from those they report incidents to, for example asking if they are sure they want to pursue this complaint or highlighting that they won't be believed, or that the perpetrators careers will be damaged. Too often the perpetrators are allowed to retire early, or resign, or are reassigned or take extended leave.¹ There is evidence that it is massively underreported.¹⁴ This may be for various reasons, including a fear of not being believed, or that nothing will happen following the report.^{1 6} When justice is not served to perpetrators of harassment they may become emboldened and can continue to inflict abuse, unchecked.⁶

So, while perpetrators might slink off, unscathed, victims may leave their profession experience depression, anxiety, post traumatic stress disorder, burnout, and at worst case—suicide.^{1 15 16} In the same way that we have worked to promote and improve patient safety over the last decade, we need to work to generate a culture of psychological safety for healthcare staff in our hospitals, theatres, and clinics. Individuals and their colleagues must feel supported to report incidents they are subjected to, or witness.¹⁸ The task may seem insurmountable. It is not.

It will take the collective effort of everyone in healthcare to change a culture permissible to the jokes, the glances, and the brushing of hands on women's bodies without consent. It will take the leaders of healthcare, the royal colleges, the statutory bodies, and the chief executives to lead this action and take it seriously.

Dis, Stadum, and Choo outline in simple terms how to stop sexual harassment in healthcare.¹ Firstly, measure the problem and keep measuring it to show it is reducing. Secondly, follow through on organisational policies and guidelines. Thirdly,

calculate the costs that harassment is costing the organisation, and report the outcomes. Finally, the leadership must do more and be more diversified.

Only when healthcare stops protecting the reputation and career of perpetrators, rather than recognising and acting on the assault of a colleague will there start to be real change. Otherwise, in another 30 years' time, men will still be rubbing their erections against colleagues on the way to theatre without report or repercussion.

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The views expressed are the authors own.

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- 1 Dis J, Stadum L, Choo E. Sexual Harassment is rife in healthcare—here's how to stop it. Harvard Business Review. <https://hbr.org/2018/11/sexual-harassment-is-rampant-in-health-care-heres-how-to-stop-it>
- 2 Royal College of Surgeons of England. <https://www.rcseng.ac.uk/careers-in-surgery/women-in-surgery/statistics/>
- 3 Fleming S, Fisher RA. Sexual assault in surgery: a painful truth. Bull R Coll Surg Engl 2021; 103: 283-285. <https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2021.106>
- 4 Jackson P. Sexual Assault in Surgery: a personal perspective a letter to the author. doi: 10.1308/rcsbull.2022.5 <https://publishing.rcseng.ac.uk/doi/pdf/10.1308/rcsbull.2022.5>
- 5 Royal College of Surgeons of England. We will put diversity at the heart of our strategy. <https://www.rcseng.ac.uk/about-the-rs/about-our-mission/diversity-review-2021/>
- 6 Minkina N. Can #MeToo abolish sexual harassment and discrimination in medicine? *Lancet* 2019;394:383-4. doi: 10.1016/S0140-6736(19)31731-3. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2931731-3>. pmid: 31379331
- 7 Lu DW, Lall MD, Mitzman J, et al. #MeToo in EM: A Multicenter Survey of Academic Emergency Medicine Faculty on Their Experiences with Gender Discrimination and Sexual Harassment. *West J Emerg Med* 2020;21:252-60. doi: 10.5811/westjem.2019.11.44592. pmid: 32191183
- 8 Jajee SK, Kamau-Mitchell C, Mikhail GW, et al. Sexism experienced by consultant cardiologists in the United Kingdom *Heart* 2021;107:895-901 <https://heart.bmj.com/content/107/11/895>
- 9 Online GP. One in five GPs have been sexually harassed, finds survey. <https://www.gpon-line.com/one-five-gps-sexually-harassed-survey-finds/article/1660902>
- 10 BMA Daphne Romney report <https://www.bma.org.uk/media/1569/bma-daphne-romney-qc-report-oct-19.pdf>
- 11 Acholonu R, Mangurian C, Linos E. TIME'S UP Healthcare: Can we put an end to gender inequality and harassment in medicine? *BMJ* 2019;364:l987. doi: 10.1136/bmj.l987. pmid: 30837216
- 12 Royal College of Surgeons of England. Statement in response to sexual assault in surgery testimonials <https://www.rcseng.ac.uk/news-and-events/news/archive/statement-in-response-to-sexual-harassment-and-assault-testimonials/>
- 13 Sayburn A. Medicine too? Sexual harassment and surgery. Bull R Coll Surg Engl. 2017.; 100: 16-19. <https://publishing.rcseng.ac.uk/doi/full/10.1308/rcsbull.2018.16>
- 14 Launer J. Sexual harassment of women in medicine: a problem for men to address. *Postgrad Med J* 2018;94:129-30. <https://pmj.bmj.com/content/postgradmedj/94/1108/129.full.pdf>. doi: 10.1136/postgradmedj-2018-135554 pmid: 29378917
- 15 Magnusson Hanson LL, Nyberg A, Mittendorfer-Rutz E, Bondestam F, Madsen IEH. Work related sexual harassment and risk of suicide and suicide attempts: prospective cohort study. *BMJ* 2020;370:m2984. doi: 10.1136/bmj.m2984. <https://www.bmj.com/content/370/bmj.m2984>. pmid: 32878868
- 16 Siad FM, Rabi DM. Harassment in the Field of Medicine: Cultural Barriers to Psychological Safety. *CJC Open*. 2021 Sep 23;3(12 Suppl):S174-S179. doi: 10.1016/j.cjco.2021.08.018 <https://www.sciencedirect.com/science/article/pii/S2589790X21002493#fig1>
- 17 Liang R, Dornan T, Nestel D. Why do women leave surgical training? A qualitative and feminist study. *Lancet* 2019;393:541-9. doi: 10.1016/S0140-6736(18)32612-6. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)32612-6.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)32612-6.pdf). pmid: 30739689