#MeToo in Medicine: Year in Review

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In the year since the #MeToo movement took off in the wake of the exposé in The New York Times on Harvey Weinstein that shook the entertainment world, emboldened women (and men) have come forward to shine a light on sexual harassment in other sectors of the workforce. In the tech and media industries, allegations of sex discrimination and sexual harassment have led to the resignations, and in some cases terminations, of prominent figures, including Uber CEO Travis Kalanick and National Public Radio (NPR) Chief News Editor David Sweeney. In fact, a recent New York Times analysis found that since that exposé was published, at least 200 prominent men have lost their jobs following public allegations of sexual harassment.

Just as healthcare surpassed manufacturing and retail in the last quarter of 2017 to become the largest job sector in the United States, sexual harassment allegations in hospitals and healthcare systems have emerged at the forefront of the news. In 2017, the founder of healthcare investment firm OrbiMed stepped down amid a barrage of sexual harassment allegations. Also in 2017, the University of Connecticut Health Center was found liable in a sexual harassment case, where a three-judge panel for the U.S. Court of Appeals for the Second Circuit unanimously upheld a jury verdict finding that the university should have known about its employee’s misbehavior and taken appropriate actions to prevent it.

Statistics on Sexual Harassment in Medicine

Earlier this year, Reshma Jagsi, professor, deputy chair, and residency program director in the Department of Radiation Oncology at the University of Michigan, published an article in The New England Journal of Medicine (NEJM) on her 2016 Journal of the American Medical Association (JAMA) study of workplace sexual harassment in medicine. The study found that 30 percent of high-achieving female physician-scientists reported experiencing workplace sexual harassment.

After publishing her initial study in JAMA, many reporters asked Jagsi whether medicine was different from other fields with respect to harassment and retaliation. She noted that her intuition is that it is at least as prevalent in medicine as elsewhere—and she concludes, on the basis of her research, that the problem for female physicians is bad enough that the whole profession must come together to solve it.

According to a 2018 National Academies of Science, Engineering, and Medicine (NASEM) report, studies comparing the sexual harassment experiences of female students in science, technology, engineering, and medical (STEM) fields to those of women in non-STEM fields found that female medical students were 220 percent more likely than non-STEM major to report sexual harassment by faculty and staff. The report also touched on the effects of this problem, finding that, of physicians who reported sexual harassment, 59 percent “perceived a decline in self-confidence” and 47 percent indicated that these experiences had an “impact on their career path.” According to the report, women who experienced sexual harassment reported three common professional outcomes: “stepping down from leadership opportunities to avoid the perpetrator, leaving their institution, and leaving their field altogether.”
Factors Increasing Prevalence of Sexual Harassment in Medicine

The NASEM report cited five factors that create conditions under which sexual harassment is likely to occur in medical programs: (1) a perceived tolerance for sexual harassment; (2) environments where either men outnumber women, leadership is male dominated, or the jobs are atypical for women; (3) environments with hierarchical power structures with strong dependence on those at higher levels; (4) a focus on “symbolic compliance with Title IX and Title VII”, including policies that may protect the institution but are ineffective in preventing sexual harassment; and (5) an uninformed leadership lacking the focus or resolve to take the necessary measures to address sexual harassment. Research that examined different specialties in medicine found that female surgeons and physicians in historically male-dominated specialties were more likely to have experienced harassment while in training than those in other specialties.

Speaking to the power structure of many healthcare systems, the NASEM report noted that when power is highly concentrated in a single person (perhaps because of that person’s success in attracting funding for research), students or employees are more likely to feel as if revealing the harassing behavior will have a negative impact on their lives and careers. Earlier this year, a professor of medicine at the Yale School of Medicine was removed from an endowed chair after being found to have sexually harassed a young researcher. However, the cardiologist was quickly awarded another endowed chair. In response to protests, the university noted it “had no intention to confer a new honor” with this transfer, and that it “shared the community’s strong and unflagging commitment to uphold standards of conduct essential to the maintenance of a safe, respectful, and inclusive campus.” His case reflects the tensions that arise when researchers who bring millions of dollars to their medical schools are given what some feel are insufficient penalties for sexual harassment.

Recently, the Media Lab at the Massachusetts Institute of Technology (MIT) awarded its $250,000 “Disobedience Award” to two women who have advanced the #MeToo movement within science, along with another #MeToo advocate. One of the award winners, BethAnn McLaughlin, launched a petition urging NASEM to eject proven harassers from lifetime memberships. NASEM leaders said they would explore this option.

Shifts in the Prevalence of Women in Medicine

While women have made up the majority of the healthcare workforce for many years, most of those women are not in positions of power or leadership in their respective places of business. Many have noted, however, that the number of women serving in executive roles in the industry has been steadily on the rise, albeit slowly.

Nationally, medical schools made major gains in diversifying their 2018 entering classes, according to data released this month by the Association of American Medical Colleges (AAMC), including an increase in the number of women enrolling this fall. For the first time since 2004, more women than men applied to the nation’s medical schools, comprising 50.9 percent of applicants.

Strategies for Improvement

On the heels of the #MeToo movement, new research from the Society for Human Resource Management (SHRM) revealed that in a study of 1,034 executives, nearly one-third reported changing their behaviors to a moderate, great, or very great degree to avoid the appearance of sexual harassment, and about one-fourth of 1,022 managers reported changing their behaviors. Employers have reported cutting back on alcohol at company parties and patrolling party venues for suspicious activities.

The #MeToo movement has also had legal repercussions, as the number of sex discrimination claims and sexual harassment complaints filed with the Equal Employment Opportunity Commission (EEOC) has risen. Organizations must be proactive in dealing with sexual harassment, including clearly disseminating and strictly enforcing policies against harassment. Jagsi, in an AMA panel focused on the #MeToo movement, encouraged the implementation of anonymous reporting technologies. Other panelists encouraged interactive sexual harassment trainings rather than “canned” programs, which allow employees to multitask and disregard the material. The panelists also noted the importance of the role of the engaged bystander, who can distract the harasser, remove the target from harassment, and report the incident.

Employers can begin to address potential problems by auditing their policies, training materials, and investigation procedures. After making any necessary updates or revisions, they may want to also provide employees with resources and direction both on the law and the company’s expectations for employee behavior and review the efficacy and accessibility of their complaint systems.


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