AUSTRALIA: Hospital hierarchies are fostering sexual harassment against young doctors

In a stressful workplace where life-and-death decisions are taken, blatant sexual offensiveness can be dismissed as letting off steam

By Louise Stone, Christine Phillips and Kirsty Douglas

The Guardian (10.09.2019) – https://bit.ly/2lEN5YR – As issues of sexual harassment and toxic workplace cultures are gaining more coverage in the media, it has surprised people to read such accounts by doctors and surgeons.

People may wonder if these accounts could possibly be true, and if so, why highly trained professionals put up with being demeaned and sexualised at work.

We are three doctors who have studied the phenomenon of sexual harassment and abuse of doctors and medical students, by doctors. As clinicians we have worked with survivors of sexual abuse by fellow medical professionals.

The experience of being demeaned and sexually harassed while performing their work is commonplace for female health

professionals. Internationally, 59% of medical trainees experience bullying and harassment, with 33% experiencing sexual harassment. In a large survey by the Royal Australasian College of Surgeons, 30% of female surgeons reported experiencing sexual harassment, in most cases by a male surgical consultant. Junior doctors are over-represented among recipients of sexual harassment.

Surgery is a discipline which requires intensive training, feats of physical endurance and rapid and complex decision making. Neurosurgery is a particularly high-stakes profession where health and disability rely on millimetres of decision making and skill. In Australia, entry into this elite tribe is through an apprenticeship model that relies on senior staff selecting, training and mentoring junior staff. Training and mentoring can shade into “beneficial mistreatment”, the idea that hierarchy, harsh feedback and feats of physical endurance (like brutal hours) will prepare their junior doctors for the difficult life ahead.

Hierarchical hospital cultures which support high-profile specialists make it difficult to protest offensive behaviour, particularly when the progression of one’s career relies upon the support of one’s supervisor. In a stressful workplace where life-and-death decisions are taken, blatant sexual offensiveness can be dismissed as letting off steam, a professional coping strategy. For juniors that do choose to report there are confusing, unconnected and at times conflicting pathways via their employer, their training bodies and/or the legal systems.

Holding doctors to account for their behaviour has proven extremely difficult. Although some surgeons are remarkably

reflective about their humanness and vulnerability, many are not. Senior doctors can see themselves as invulnerable, and recent high-profile cases suggest they are correct. John Kearsley, a senior radiation oncologist convicted of drugging and indecently assaulting his registrar, pleaded guilty to this crime but his sentence was reduced to nine months imprisonment on appeal due to his “outstanding medical work”. Chris Xenos, a senior neurosurgeon, was required to pay damages to his registrar when the Victorian civil and administrative tribunal found he sexually harassed her. Despite this, he was promoted to acting head of department and continued to work at Monash Medical Centre because of his “exemplary record as an employee”. The complainant, Dr Caroline Tan, has not worked in the public sector again.

Clinicians who call out the behaviours of doctors at the peak of their profession are rarely embraced by their colleagues. Whistleblowers experience personal cost and risk their careers, even if they are senior in the hierarchy. For junior doctors who are victims of toxic behaviours, the risk of losing their careers after reporting harassment and bullying is high. In our research, we also found that doctors are also silenced by long-standing beliefs around professionalism. “Being professional” is equated by their colleagues – and sometimes by themselves – as keeping knowledge of the behaviours within the tight circle of the ward, the operating suite, the emergency room or the clinic.

Those who do report often suffer the indignity or being cast as villains themselves. Despite winning her case, some sectors of the media treated Dr Caroline Tan as the whipping girl for victim feminism. “Clearly, the surgical training system which has served Australians so well must be destroyed to advance the causes of gender feminism,” Miranda Devine wrote in the

Daily Telegraph. “Just pray you don’t get a brain tumour.”

If we are to manage the complexity of the dilemma of toxic cultures in our workplaces, we must grapple with some difficult realities. Hierarchical workplaces sometimes exist in places where hierarchy is necessary. There is no time for democracy when surgical dilemmas unfold rapidly in an operating theatre. Sexism and sexist power structures are not unique to surgery. The groundbreaking Operating with Respect program by the Royal Australasian College of Surgeons offers one model for other professions on a coordinated long-term approach to countering entrenched culture, but progress is slow.

These initiatives will not succeed without changes in hospitals. Unsustainable overtime and profoundly unhealthy working hours are encouraged by institutions, not just professions. Exhaustion makes doctors vulnerable, and we cannot expect the junior doctors to manage the complexity of entrenched bullying and harassment alone. Whistleblowers need to be protected, not by written policies, but by enacted processes that prevent harm to them and their families. And finally, we cannot expect our heroes to work in unsustainable jobs with little input from life outside of the artificial glare of the surgical lights. Their patients and colleagues deserve better, and so do they.