

#MeToo and the medical profession

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In the era of #MeToo, it is time for physicians to acknowledge that the medical profession is not immune to bullying, harassment and discrimination, and act to abolish these behaviours. Harassment and discrimination of female medical staff and trainees are well documented.^{1,2} So why, with the MeToo movement, has there been no complaint against a prominent male physician? Could the current culture of incivility and disrespect that is common in medicine be the reason?

Unprofessional behaviour in medicine affects not only women,¹ but also goes beyond the individual to cultural and organizational issues that enable these inappropriate behaviours. Organizational factors that lead to unprofessional behaviour in medicine include poor leadership, power imbalances and a culture of silence.³ Implicit (or unconscious) biases within us all, stemming from dominant stereotypes linked to various groups, also play a role.

A diverse and collegial work environment contributes to improved quality and innovation.² In contrast, a work climate that enables bullying, harassment, discrimination and micro-aggressions can negatively affect a person's health and career pathway, as well as limit their ability to be productive and advance, or even remain, within medicine.² Moreover, unprofessionalism in medicine affects patient care.

Medicine is a stressful career, and physician wellness is often neglected within the culture of medicine.⁴ The lines between health and professionalism can blur: unhealthy physicians find it difficult to be professional. Although beyond the scope of this editorial, harassment can be a criminal offense and, as such, there must be zero tolerance and improved accountability.²

Some Canadian medical schools and health care organizations have begun to promote respect in the workplace. The involvement of deans and chairs in the areas of professionalism, equity, diversity, wellness and mentorship within several Canadian medical schools is a welcome first step. Local and national awards related to professionalism and equity are also to be applauded. However, real change will require changes to current structures and procedures.⁵

A respectful workplace is one that is healthy, safe and supportive, and values diversity and equity. Interventions such as online and in-person education modules addressing respect in the workplace, which target the individual and attempt to address unprofessional behaviour, show promise.⁶ However,

few studies have looked at interventions addressing organizational structures and procedures. Despite this lack of evidence, steps should be taken to address organizational barriers to a respectful workplace.

Unconscious bias can contribute to power imbalance within the workplace and should be addressed in medicine.⁷ This should include training on unconscious bias for all medical leaders and for members of grant review, promotion and hiring committees. Additionally, formal job descriptions, as well as standardized and objective hiring processes, are essential for all recruitment, including medical leadership positions. Job descriptions must avoid gender-specific terms, and broad searches should be undertaken to identify and encourage all eligible candidates to apply. Evaluation criteria for hiring and promotion should also be defined clearly and applied universally to avoid discrimination and inequities. Simply said, basic human resource standards that exist in many industries must be applied in medicine.

Professionalism is a required competency for physicians and codes of conduct exist, including the Canadian Medical Association Code of Ethics. As a profession, we need to stop excusing unprofessional behaviour toward colleagues just because physicians are accomplished in clinical care or academia. Periodic review and promotion processes should have measures related to professionalism.

In medicine, it is important to encourage healthy debate and the expression of dissenting opinion. However, silently observing unprofessional put-downs and verbal bullying directed toward colleagues sends the message that this kind of behaviour is acceptable. Rather, allies need to be empowered to speak up. As such, medical workplaces need safe and transparent processes for reporting unprofessional behaviour and for investigations that are fair to all concerned, as well as adequate mechanisms to support those who experience bullying, harassment or discrimination. Finally, strategies to address the unprofessional behaviour, including remediation and changes to the work environment, should be available.

It is time that all Canadian medical schools and health care institutions implement and evaluate initiatives aimed at achieving a culture of respect within medicine. The medical profession — and ultimately patient care — will improve for all when we treat each other with respect, regardless of gender, age, race or stage of career.

References

1. Fnais N, Soobiah C, Chen MH, et al. Harassment and discrimination in medical training: a systematic review and meta-analysis. *Acad Med* 2014;89:817-27.
2. *Sexual harassment of women: climate, culture, and consequences in academic sciences, engineering, and medicine*. Washington (DC): National Academies Press; 2018. doi: 10.17226/24994.
3. Pattani R, Ginsburg S, Mascarenhas Johnson A, et al. Organizational factors contributing to incivility at an academic medical center and systems-based solutions: a qualitative study. *Acad Med* 2018 June 12. [Epub ahead of print]. doi: 10.1097/ACM.0000000000002310.
4. Wallace JE, Lemaire JB, Ghali WA. Physician wellness: a missing quality indicator. *Lancet* 2009;374:1714-21.
5. Pattani R, Marquez C, Dinyarian C, 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.
6. Tricco AC, Rios P, Zarin W, et al. Prevention and management of unprofessional behaviour among adults in the workplace: a scoping review. *PLoS One* 2018;13:e0201187.
7. Carnes M, Devine P, Manwell LB, et al. *Breaking the bias habit: a workshop to promote gender equity*. Madison (WI): WISELI — University of Wisconsin-Madison; 2015.

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