"Imagine a medical-school dean addressing the incoming class with this demoralizing prediction: ‘Look at the woman to your left and then at the woman to your right. On average, one of them will be sexually harassed during the next 4 years, before she has even begun her career as a physician.’" (Choo et al., 2018)

It should not surprise any of us that sexual misconduct is more prevalent in medicine than any other scientific field. Medicine, especially academic medicine, has the three ingredients that make the field ripe for this behavior: male domination, a tiered power structure, and historical tolerance for this kind of behavior. The data are staggering: 30% to 70% of female physicians and 50% of female medical students have reported being sexually harassed (van Dis et al., 2018).

In April 2020, the Journal of the American Medical Association published a research letter with accompanying editorial on this topic (Espinoza and Hsiechen, 2020; Freischlag and Files, 2020). What is the profile of a faculty person who serially exposes fellow faculty to unwanted sexual advances? The authors of the research letter (van Dis et al., 2018) investigated the publicly available Title IX investigations and files of the Academic Sexual Misconduct Database to identify these persons of interest. Sexual misconduct was divided into assault, harassment, consensual relationships, and exploitation (taking nonconsensual or abusive sexual advantage of another, including voyeurism or distributing sexual information). Assault was defined as unwanted/nonconsensual sexual contact and was identified at a frequency of 29.6% among the identified perpetrators. Harassment or sexual discrimination manifested by oral, written, or physical behavior was noted in 56% of reported cases. Over a >30-year period, the authors identified 125 offenders with >1668 victims.

What is the profile of the perpetrators?

- 33.6% were from the top 50 ranked institutions (per US News & World Report)
- 97.6% were male
- 91.5% targeted only women
- 72% targeted subordinates
- 19.2% targeted clinical trainees
- 51.2% were full professors
- 16.8% were department chairs, directors, or deans

The most frightening statistic was the frequency of recurrence of this inappropriate behavior over multiple years (87.2%) and the fact that most involved more than one target. Additionally, 50 of the 125 accused individuals remained in academia, although some needed to relocate to another institution. Finally, the consequences did not seem to fit the crime in most of the reported cases. Almost 50% of perpetrators resigned or retired, only 20.8% were terminated, and another 8.8% were sanctioned. Meanwhile, 40% remained working in academia either at the original institution or another academic center.

Obviously, this is the tip of the iceberg. The authors were only able to capture those officially accused, involved in legal proceedings, or reported in the media. How many never reached this level or were able to arrange nondisclosure agreements is unknown and suggests that much more work and transparency is needed. A study by the Association of American Medical Colleges Medical School in 2019 demonstrated that 23.2% of graduating medical students reported sexual harassment, mistreatment, or discrimination (Association of American Medical Colleges, 2019; Freischlag and Files, 2020).

What can we do to change this?

1. Establish academic departments with zero tolerance for not only sexual misconduct but also bullying or exploitation due to race, ethnicity, religion, and sexual orientation. This should include written policies, significant ramifications for infractions, and education for faculty, staff and trainees.
2. Those of us who are senior need to mentor the next generation of female physicians to ensure that future leaders in academia reflect the number of women in our specialty. There are still few women who are full professors despite our growing numbers in medical schools, and <20% of chairpersons and deans are women (Redford and Boyle, 2020).
3. Empower women to not be afraid to defend themselves without fear of retaliation. Additionally, empower men and women who observe this behavior to speak up without fear of retaliation.
4. Empower all to defend and support the targets of this kind of misconduct.
5. Educate all members of a department about respectful relationships and ethical behavior that applies to interactions with patients, colleagues, staff, and students.

6. Establish significant consequences for offenders so that they will not repeat their behavior. This should not only include punitive actions but also educational activities.

7. Because women will not be able to fix this problem alone, create strong allyships and support with our male colleagues. This is already happening with the initiation of a program named #heforshe (UN Women, 2019).

8. Recognize that this is not only an individual problem, but also an organizational institutional problem. The institution has created an environment that has tolerated and allowed this behavior to transpire. Therefore, this requires not only individualized consequences but organizational consequences as well. Historical organizational attitudes have filed this kind of misbehavior as a nonurgent issue, which has allowed these attitudes to smolder.

Now is the time to eradicate this fire!

Conflicts of Interest

None.

Funding

None.

Study Approval

The author(s) confirm that any aspect of the work covered in this manuscript that has involved human patients has been conducted with the ethical approval of all relevant bodies.

References

Association of American Medical Colleges. Medical school graduation questionnaire: 2019 all schools summary report [Internet]. 2019 [cited 2020 August 1]. Available from: https://www.aamc.org/system/files/2019-08/2019-gq-all-schools-summary-report.pdf.

Choo EK, van Dis J, Kass D. Time’s up for medicine? Only time will tell. N Engl J Med 2018;379:1592–3.

Espinoza M, Hsiechen D. Characteristics of faculty accused of academic sexual misconduct in the biomedical and health services. JAMA 2020;323(15):1503–5.

Freischlag JA, Files K. Sexual misconduct in academic medicine. JAMA 2020;323(15):1453–4.

Redford G, Boyle P. AAMC launches new initiatives to address and eliminate gender inequities [Internet]. 2020 [cited 2020 August 1]. Available from: https://www.aamc.org/news-insight/aamc-launches-new-initiative-address-and-eliminate-gender-inequities?utm_source=newsletter&utm_medium=email&utm_campaign=AAMCNews&utm_content=01152020.

UN Women. HeForShe [Internet]. 2019 [cited 2020 September 18]. Available from: https://urldefense.com/v3/__https://www.heforshe.org/en__;!!N0rdg9Wr_TbLBj0tCb41uA1BujfNahVcSFNNWTCXAV73WFlcKCheMq7n7RiCVCg7tCXDJQK;.

van Dis J, Stadum L, Choo E. Sexual harassment is rampant in health care. Here’s how to stop it [Internet]. 2018 [cited 2020 August 1]. Available from: https://hbr.org/2018/11/sexual-harassment-is-rampant-in-health-care-heres-how-to-stop-it.

Jane M. Grant-Kels MD, FAAD
Department of Dermatology, University of CT Health Center, Farmington, CT, United States
Department of Dermatology, University of Florida, Gainesville, FL, United States
E-mail address: grant@uchc.edu

Received 3 August 2020
Received in revised form 18 September 2020
Accepted 20 October 2020