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Introduction

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Tolerance of sexual harassment must not continue to be the price that women pay for a career in medicine.

The Lancet. Time's up for sexual harassment in medicine. The lancet.2018;391(10140):2576.

APPROACH

At the start of this book, we wanted to ensure that readers have the opportunity to familiarise themselves with current thinking about sexual harassment, gender in medicine, and the historical context of sexual harm and its prevention, regulation and management. We are aware that readers will come to this book with particular learning needs and particular areas of expertise. We are expecting that some readers will be survivors; others will have policy responsibilities for managing sexual harms in the workplace or responsibilities. Some may have advocacy roles in teaching, research or policy, and many will come from other disciplines or contexts different to our own.

Medicine is not unique in its respect for hierarchy, and sexual harassment did not begin with the #MeToo movement. We are often asked why we chose to focus exclusively on medicine, given the contemporary emphasis on interprofessional learning and practice that is common in contemporary health care. We have attempted in this part to demonstrate the way medical culture has developed and is maintained, focusing on its history, current challenges and sociocultural contexts around the world. Like any profession, it has its own cultural expectations, and these impact the way sexual harassment is experienced, discussed and managed.

In each chapter, we have asked authors to provide an overview of the field, so that readers can address areas where they need to update their knowledge and understanding. Although these chapters are brief, we have provided appropriate readings to assist those new to the field to explore the problem in greater depth.

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STRUCTURE

In chapter two, Phillips provides an overview of the issues around gender in medicine. Medicine has a highly gendered history, and although women are well represented in medical school, medical leaders are still predominantly men, particularly in disciplines of high prestige, such as surgery. The author considers medicine as a hegemonically masculine institution, and reflects on the complex embodiment of a woman doctor in such an environment. They describe how sexual discomforting of women – patients and clinicians – can become routinised under hegemonic medical masculinity. Performing gender in a professional way often involves women doctors distancing themselves from the troubling fact of their own bodies. The authors propose that this contributes to heightened sexual risk in the medical workplace.

In chapter three, Roberts and Ahluwalia bring their expertise in education, management, policy and leadership to examine the role of men. Although the evidence suggests that the perpetrators of sexual harassment are usually male, survivors are from all genders. Male survivorship is not well represented in the literature, and their voices are rarely heard. The role of men in allyship, leading and supporting teams in the prevention and management of sexual harassment is highlighted in this chapter, and the authors emphasise the critical role of bystanders in preventing and managing sexual harms.

In chapter four, Waldron and Stone tackle the difficult challenge of outlining changing concepts and approaches to sexual harassment in the workplace, beginning from a historical position where sexism tended to be normalised, to a much more challenging and complex sociocultural environment where workplaces are expected to provide a psychologically safe environment. This chapter attempts to capture how workplace harassment, gender-based violence and gender-based discrimination have been challenged in different global contexts and in different times in history.

Chapter five outlines the variety of medical workplaces in which doctors work, from relatively solitary situations (e.g. primary care in remote communities) to highly institutionalised large companies, such as tertiary hospitals. Medical work is also diverse, ranging from clinical roles, to teaching, education, research, policy and leadership. Some medical workplaces are highly hierarchical, while others promote interdisciplinary working, where health professionals work in partnership with individuals and the community. The diversity in the nature and structure of medical work changes how misconduct can be prevented and managed.

In chapter six, a team of medical educators, academics, clinicians and doctors in training collaborate to describe how doctors are trained around the world. Although there is significant variation in the approaches to medical training, there are also significant similarities. In this chapter, the team explore the way hierarchy is managed, the approach to teaching the science, art and craft of medicine, the

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choices around making curriculum globally consistent or locally relevant, and the management of learning environments to ensure doctors in training are safe. This chapter pays particular attention to the hidden curriculum, and how learners are enculturated into the social world of medicine, shaping who they are as doctors, not just what they do.

In chapter seven, Botha and Bismark explore the impact of sexual harassment on colleagues, on the workplace as a whole and on patients. In the past, there has not been a particular focus on the behaviour of professionals towards other professionals, as professionalism has tended to be more concerned about behaviour towards patients. However, it is now known that interprofessional communication and relationships have an impact on patient safety. This chapter explores that impact.

Finally, the team of authors for chapter eight look at what is known about the type of workplace interventions that have been used to prevent, reduce the impact and minimise the harms of sexual harassment. This chapter summarises the evidence behind potential strategies using the framework of primary, secondary, tertiary and quaternary health promotion.

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