

#MeToo and Academic Medicine

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What seemed to start as an entertainment industry closet cleaning, the #MeToo movement has crossed over into politics, journalism, finance, and several other professional sectors, increasing awareness of the pervasiveness of sexual harassment and misconduct in the workplace. This phenomenon has also, perhaps predictably, generated a large number of “Are We Next?” pieces in a variety of segments of the workforce, including academic medicine.

Academics point to data indicating that gendered harassment and misconduct are common in universities and medical centers. These data include, but are not limited to, Karen Kelsky’s nonscientific but eye-popping crowdsourced survey of bias,¹ harassment and discrimination in academia, the Jagsi et al study² revealing significant and serious sexual harassment reported by 30% of female National Institutes of Health-funded medical researchers, and data from the annual Association of American Medical Colleges’ Graduation Questionnaire³ (AAMC GQ) documenting US medical students experience moderately high rates of sexually harassing behavior (and often do not subsequently report them). These reports paint a stark picture of gender relations within US academic institutions (including academic medical centers). What’s more, recent data indicate that this is not just a US problem. Medical students in the United Kingdom⁴ describe similar issues in their learning environments to those reported in the AAMC GQ.

Commentators often invoke words like “alarming” to describe the data, and explain gender-based misconduct as “still an issue” on US campuses. We find the alarm and consternation that the problem persists to be somewhat surprising. Of course, in an age where

teaching evaluations sometimes take on the flavor of Yelp reviews, it is not unreasonable to be anxious about public exposure of misconduct. But why shouldn’t sexual harassment and misconduct still be an issue? What has been done to address these pervasive and widespread problems? Schools are required to have policies to address them, but policies themselves do not change culture, and make no mistake: the problem here is cultural. The existence of sexual misconduct on campuses should be neither surprising nor alarming to people who have worked, studied, or taught within US academia during the past several decades—unless they have not talked or listened to their female colleagues about their experiences.

Academic medical centers and faculty would be well served by using the #MeToo movement as an impetus for self-analysis at the institutional and individual levels. What would that look like? At the institutional level, universities and medical centers should review their policies, make sure they are compliant with Title IX requirements, and ensure that the individuals administering those policies—whether they are academic or human resource professionals—have appropriate training for their roles. Our own institution has an effective and long-standing (20+ years) policy,⁵ but a recent internal review highlighted several areas for improvement. Do an institution’s policies recognize differential status of students, staff, residents, and faculty in how the policies are implemented? Fear of retaliation is one of

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the biggest factors inhibiting recipients of harassing behavior (especially trainees) from reporting it. Are there adequate protections for students concerned about retaliatory behavior after making a complaint? Concern that a harasser might be summarily fired for any type of misconduct is also a deterrent to making official complaints (many victims of harassment want behavior to stop, but are reluctant to permanently damage the careers of those who are harassing them). Are policies written so as to protect the rights to due process of accused individuals? Are punishments proportional? Institutional policy reviews can identify answers to these questions and lead to corrective actions (eg, revised policies, training for investigators), if necessary.

Institutions must also identify exactly what kind of work climate is most desired. The national pendulum appears to be swinging, understandably, in the direction of forbidding sexual conversation, flirting, or other behaviors that can easily (and sometimes correctly) be viewed as inappropriate or oppressive. However, many people meet their future spouses and partners at work, and began their relationships with conversations (and flirting, presumably) in the workplace. Two recent studies^{6,7} found that 15%-18% of people meet their partners at work, and many others describe feeling comfortable with some level of flirtatious behavior in the workplace. Some institutions try to address this issue by setting seemingly arbitrary rules about social behavior in the office (“you may ask a coworker on a date exactly one time, but never more than once or else it is harassment”). Such rules seem sensible in the abstract, but the clarity of such number-focused policies may come at the price of a relaxed and comfortable work environment. Instead, we recommend policies that mandate professionalism and/or mutual respect at all times. Though these concepts are subject to interpretation, organizational culture and training can remove ambiguity and make them meaningful standards. #MeToo presents academic medical centers with ample opportunities for self-analysis and improvement.

#MeToo is also an opportunity for individual-level self-reflection. Every person has needs for achievement, affiliation, intimacy, and esteem. To what extent do we need our jobs to help us meet those needs? The work environment is an important source of fulfillment for many people, but work is not an ideal environment to get all of our various needs met. Another salient question concerns how those of

us who are not engaged in inappropriate behavior should respond when we become aware of inappropriate conduct. If, in the course of your career, you have never been aware that a coworker/colleague was behaving inappropriately, you are the exception. If you have taken action to curtail that behavior, you are also the exception. This speaks to the issue of cultural change. What should we do to support our colleagues and students who are experiencing harassment and misconduct? There are ample reports of vocal support and solidarity among victims and their colleagues in the wake of #MeToo. But some critics suggest that efforts by others to protect women from harassment are inherently patronizing⁸—women, after all, have agency and can speak for themselves. There is some merit to both perspectives on this issue. Female victims of sexual harassment don't need men to save them, but both men and women need to accept responsibility for speaking up and speaking about acceptable behavior. We also agree strongly with the Bates and colleagues⁹ recommendation regarding the punishment of retaliatory behavior following charges of harassment by professional societies. Several membership organizations, including the American Astronomical Society and the American Association for the Advancement of Science, have adopted antiharassment and antiretaliation rules within their professional guilds. Although sexual harassment has to be addressed at the individual and institutional levels, making such behavior unacceptable across professions is a welcome step.

There is no question that #MeToo has had an impact on the national discourse regarding workplace culture. No segment of the workforce is, or should be, exempt from grappling with the challenges this heightened awareness has inspired. But rather than approach it from a perspective of circle-the-wagons fear, academic medical centers—and the individuals who work and train in them—must embrace the opportunity for self-reflection and move toward a meaningful cultural shift in how our multidisciplinary environments embody mutual respect. This is going to mean doing things differently. Processes must be fair to the complainants and the targets of complaints; investigations must be competent and thorough; sanctions for misbehavior must be significant, yet proportional; prestige and earning potential must be irrelevant to the outcome of investigations; and everyone needs to shoulder his or her part of the burden of changing our work and educational culture.

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