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Editorial

Dermatology residents in the era of #MeToo: Ethical considerations of appropriate responses to inappropriate patient behavior☆,☆☆

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Case scenario

Dr. Prince Charming (PC) is a single, young, attractive male resident working in a dermatology clinic under the supervision of a female university attending. During a patient encounter with a 75-year-old woman, the patient becomes increasingly interested in the most cost-effective cosmetic treatment for multiple seborrheic keratoses. Dr. PC and the attending discuss therapeutic strategies with her, and after a few minutes of deliberation, the price-conscious patient decides that freezing five lesions will be the best deal. As the attending physician looks away to file paperwork, the patient swiftly spanks Dr. PC on the buttock, winks, and says, "We have a deal." The attending witnesses the gesture out of the corner of her eye. The stunned Dr. PC silently returns to working on his patient in the room.

What should the attending do?

A. Laugh it off. The patient is elderly and probably meant no harm. Not embarrassing the patient and risk her evaluating the clinic with low scores on the patient satisfaction survey would be best.
B. The attending should let the resident handle the situation on his own because he needs the experience managing these types of patients.
C. Immediately call the university police to escort the patient out of the office and terminate the patient from the practice.
D. Remind the patient that all clinical staff are professionals and need to be treated in a respectful manner, emphasizing that the act constitutes a form of sexual harassment and is not tolerated. The incident should be documented. After exiting the patient room, the attending should discuss the incident with Dr. PC privately, including his right to report the incident.

Discussion

After the recent national coverage of sexual harassment by high-profile men, physicians are—not surprisingly—also feeling empowered to publically share their personal experiences with harassment (Peters, 2018). The #MeToo movement provides a socially acceptable platform to discuss sexual harassment, as well as the current and historical difficulties of reporting this unacceptable, inappropriate, and humiliating behavior. In medicine, the harassment of physicians is unfortunately common, and women are undoubtedly the most frequent targets (Fnais et al., 2014; Jagsi et al., 2016; National Academies of Sciences, Engineering, and Medicine, 2018).

A 2016 cross-sectional study survey of 1066 academic physicians showed that 30% of female and 4% of male faculty respondents reported experiencing some form of harassment by a superior or colleague. Sexist remarks were the most commonly reported (92%), followed by unwanted sexual advances (62%; Jagsi et al., 2016). Interestingly, the survey did not explore harassment by patients. In a 2014 meta-analysis, Fnais et al. reported that patients and patients' families were significant sources (21%) of any form of harassment or discrimination experienced by medical trainees. Again, female trainees were more likely to be victims (Fnais et al., 2014).

There are myriad reasons why victims of sexual harassment have remained silent until now. The notion of being a victim is culturally associated with weakness and disgrace. In medicine, there is still a rampant mentality that the hierarchical mistreatment of trainees, especially residents, is commonplace (National Academies of Sciences, Engineering, and Medicine, 2018). Additionally, patient satisfaction surveys have been tied to matrices, such as physicians' academic advancement and financial reimbursements, which further complicates reporting and confronting patients who behave inappropriately.

Understandably, physicians strive to preserve their professional reputations in front of patients and colleagues and fear being perceived as weak or scandalous. Concerns of not being believed, appearing too sensitive, repercussions to career advancement, and retaliation from the perpetrator are all reasons that may keep physician victims from reporting. Furthermore, victims may be unsure if the act was serious enough to warrant reporting (Freischlag and Faria, 2018; Recupero, 2018). Even more disturbing are anecdotes from physicians whose institutions discouraged them from formally reporting harassment to the police using erroneous arguments, such as the physician would inevitably lose in court (Peters, 2018). These issues highlight the importance of continuing efforts to eliminate cultural and professional stigmata of reporting sexual harassment. Every victim or witness has the legal right to report sexual harassment to institutional or external governmental authorities.

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Having a chaperone during clinical encounters is one way to protect both patients and physicians from unwanted advances or facilitate reporting as a witness. Although clinical resources may not allow for chaperones to be available for every single visit, doing so should be strongly considered when performing skin examinations that involve sensitive body parts.

To the best of our knowledge, no literature describes the sexual harassment of dermatology attendings or residents specifically. Although the story discussed may seem fairly innocent and even humorous, the age and sex of the patient or the victim as well as the degree of seriousness of the gesture are irrelevant when deciding the necessity of taking action against an act of harassment. As a mentor, witness to the gesture, and authority figure, the attending should support Dr. PC and uphold a standard of zero tolerance of such inappropriate patient behavior. Most institutions advocate a policy of anonymous reporting that encourages any bystander to address a witnessed act of harassment without fear of retribution. Typically, the office of human resources or institutional equity handles such reporting when the incidents involve employees. In situations when the perpetrator is a non-employee, such as a patient, different institutions may have different reporting policies. For example, at our institution, an incident report would be filed through the public safety office as a first step.

Analysis of case scenario

A. Laugh it off—Unacceptable. Although patient satisfaction surveys are increasingly used as a metric for academic promotion and financial incentives, fear of receiving a low patient satisfaction survey result should not stop the attending from taking the appropriate action to protect her colleagues. In this case, choosing the patient's satisfaction over addressing harassment to the resident violates the ethical principles of justice and beneficence. All workers, including residents, are entitled to a safe and professional working environment. The old age of the perpetrator is another common reason why witnesses or victims decide not to report, with the justification that the perpetrator meant no harm. However, dismissing such behavior further breeds a culture and organizational reputation of underreporting harassment (National Academies of Sciences, Engineering, and Medicine, 2018).

B. Let the resident handle it—Unacceptable. There is no ethical or educational principle that suggests the resident should be left alone to handle difficult or inappropriate patients. The attending has a responsibility to immediately take action in this scenario. Sadly, many residents still report that they view any form of harassment as part of the continuum of harsh conditions they are expected to endure at this career stage (National Academies of Sciences, Engineering, and Medicine, 2018). Physician educators have the responsibility to ensure that residents have a safe and professional workplace that is free of any form of harassment. Additionally, modeling the appropriate way to handle uncomfortable situations such as this also serves as a teaching opportunity for the resident should another incident happen again to himself or a colleague in the future.

C. Call university police—Although the patient's action was inappropriate, immediate police involvement is only warranted if there is an imminent threat to the safety of clinic staff or other patients. However, both the witness and victim have a legal right to report the incident to local or federal authorities without fear of retaliation or discrimination. The Accreditation Council for Graduate Medical Education requires that each institution have a policy that allows residents and fellows to report and resolve any form of harassment in a safe and nonjudgmental environment. Additionally, any employment contract legally provides an avenue for reporting harassment in the workplace. This usually involves a verbal or written report through human resources or office of institutional equity. As discussed, when the incident involves a non-employee, such as a patient, the reporting avenue will vary depending on the institution. Readers are encouraged to explore their institutional policy on such reporting. Should the resident or attending feel that it is necessary, they can also report externally to state or federal organizations, including state commissions on human rights and opportunities or the U.S. Department of Education Office for Civil Rights.

D. Immediate attending intervention—Most appropriate. The most appropriate way to confront the patient is to engage her in a respectful, objective discussion immediately after the incident and explain which behaviors were inappropriate and why. The patient should be reminded that the patient-physician relationship should be professional and conducive for clinical care and that her act is a form of sexual harassment, which is illegal and will not be tolerated. The attending should also privately discuss the incident with Dr. PC and inform him of both of their rights to report the incident through proper channels. The attending should not assume that the resident will address or report the situation at a later time, especially because nonreporting is multifactorial, as discussed. Details of the incident should be kept on a need-to-know basis to protect the parties' privacy and the integrity of any investigations (National Academies of Sciences, Engineering, and Medicine, 2018).

Bottom line

Patient satisfaction is important, but physicians and medical trainees have a right to work in a safe and professional environment that is free of any harassment. Inappropriate gestures or comments from patients or colleagues are not tolerated under any circumstances. We discussed this real-life, seemingly harmless incident to emphasize that all physicians should feel empowered to report any gesture, witnessed or perceived, that crosses professional boundaries. Every victim or witness has the legal right to report any form of harassment.

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References

Fnais N, Soobiah C, Chen MH, Lillie E, Perrier L, Tashkhandi M, et al. Harassment and discrimination in medical training: A systematic review and meta-analysis. Acad Med 2014;89:817–27.
Freischlag JA, Faria P. It is time for women (and men) to be brave: A consequence of the #MeToo movement. JAMA 2018;319:1761.
Jagsi R, Griffith KA, Jones R, Perumalswami CR, Ubel P, Stewart A. Sexual harassment and discrimination experiences of academic medical faculty. JAMA 2016;315:2120–1.
National Academies of Sciences, Engineering, and Medicine. Sexual harassment of women: Climate, culture, and consequences in academic sciences, engineering, and medicine. Washington, DC: National Academies Press; 2018.
Peters AL. A physician's place in the #MeToo movement. Ann Intern Med 2018;168:676–7.
Recupero PR. The notion of truth and our evolving understanding of sexual harassment. J Am Acad Psychiatry Law 2018;46:23–30.