

A PIECE OF MY MIND

Olivia J. Killeen, MD
Kellogg Eye Center,
University of Michigan,
Ann Arbor.

Laura Bridges, DO
Department of Physical
Medicine and
Rehabilitation,
University of Michigan,
Ann Arbor.

Solving the Silence

Early in our training, we found ourselves talking in the call room late at night. As we reflected on challenging moments during our training, we realized that both of us had encountered inappropriate sexual comments from patients during medical school and internship. One story about such behavior led to another and another, and before long we suspected that our experiences were reflective of a larger trend.

One of us (O.J.K.) recalls these encounters: "We will be back to check on you this afternoon," said the attending physician on morning rounds. The patient, an elderly man, gave a sneer. "Why don't you just leave the pretty girl here until you get back?" he asked. "I'm sure I could find plenty of things to do with her all day." I was the medical student and the only woman in the room. Neither I, nor the resident, nor the attending physician acknowledged his words. Fast forward a few years. I was an intern, and I stepped into an exam room with a senior physician in an outpatient clinic. An older man was sitting on the exam table, and as soon as he saw me, he shot me a lascivious smile and told me that the senior physician "is a very lucky man because he always has gorgeous ladies following him around. You, my dear,

Unequal treatment and even harassment of female physicians is a long-standing problem that is not confined to one particular practice setting or level of training.

are no exception." I felt anger rise within me. I did not know how to respond. Despite having experienced this numerous times since I began my training, I still retained hope that this time, this attending physician would say something to discourage these inappropriate remarks and establish that I too am here as a physician, not as eye candy. Instead, the attending physician ignored the comment entirely and queried, "So how has the cough been since you were last here?"

And one of us (L.B.) recalls a similar encounter: I walked into a patient appointment alongside a senior physician and was greeted with, "Hey, are you even a doctor?" I responded calmly, "Hello, and yes, I am one of the resident physicians working here today." The patient scoffed, "I would never have guessed that looking at your blonde hair." The air swelled with silence—from the patient's wife, the senior physician, and myself—until the patient breached it once again. "That's right girl...you hold your tongue." The visit then proceeded without pause.

Female trainees, and we suspect some male trainees, frequently experience sexist, sexualized comments from patients. These dialogues can occur unobtrusively

and often in the presence of superiors. In the comfort of solitude or in discussions with peers, we have racked our brains for the most tactful rebuttals. We could tell the patient directly, but respectfully, that their statements are not welcome. We could help them understand that it is inappropriate by gently asking them, "What do you mean by that?" But as these scenarios unfold in real time, we are reticent.

Why is it so uncomfortable to confront patients about inappropriate comments? Perhaps, it is because as trainees, we are guests in the clinical setting. These are not truly *our* patients, and we feel intrusive in disrupting the time-honored patient-physician relationship. Perhaps it is because such comments are often made when we are meeting the patient for the first time and trying to establish rapport. Perhaps the stringent hierarchy of medicine expunges our defense skills, for it is unsettling to correct a patient's behavior when the attending physician ignores the situation. Regardless of the specific scenario, there are often many factors at play.

Who is responsible for ensuring that trainees are not verbally harassed by patients? The onus does not fall on any one individual, and it certainly does not land solely on the trainee. We agree with Freischlag that both male and female physicians must be empowered to speak up when they witness harassment.¹ Attending physicians must play a role in advocating for residents, and residents must feel confident that they have license to defend themselves. Each time these situations are met with silence, it sends several powerful messages: such sexual comments are acceptable, the problem is too big to solve, individual actions are inconsequential, and that overseeing physicians and the medical community at large do not value trainees enough to stop this harassment.

Unequal treatment and even harassment of female physicians is a long-standing problem that is not confined to one particular practice setting or level of training. Conley's book *Walking Out on the Boys*, published in 1998, reflects these same issues of both subtle and overt discrimination against female practitioners.² In her memoir, Conley details the story of her decision to resign from Stanford University to protest the medical school's unflinching gender discrimination, despite having been the first female professor of neurosurgery in the country to attain tenure. A poignant quote in the book speaks to the importance of addressing verbal harassment: "language is a profound indicator of value." Now, 20 years later, as powerful cultural movements shape our dialogue around issues of gender equity and discrimination, there is no better time to take definitive action and arm ourselves with concrete tools to combat these injustices.

Corresponding

Author: Olivia J. Killeen, MD, Kellogg Eye Center, 1000 Wall St, Ann Arbor, MI 48105 (okilleen@med.umich.edu).

Section Editor: Preeti Malani, MD, MSJ, Associate Editor.

What does the medical community need to do to end the verbal harassment and sexualization of female and male trainees? We believe that to address these deeply rooted injustices, each episode of harassment must be addressed in real time, immediately after the offending comment is made. To do so, residents and attending physicians, both men and women, must be trained to handle such situations. One potential solution is to include role-playing scenarios into orientation for residents and faculty. As Cowan has found, practicing this type of confrontation can better prepare one to handle the emotions that may arise in real life and develop some go-to responses to redirect the encounter.³ A second approach should involve department chairs—men and women—in setting expecta-

tions for “no tolerance” policies within their departments; they should empower faculty and staff to advocate for those who experience such harassment, whether the targets be faculty, trainees, front office staff, or other health care professionals. A third piece would be to create a pamphlet or training module on what is *not* harassment to avoid undue fear or apprehension in addressing female colleagues or patients.

Overall, these situations are difficult to face and gender discrimination cannot be eradicated overnight. Although we do not know exactly what it will take to end gender-based harassment of trainees, we do know that holding our tongues is not the answer. We hope we have the courage to speak up.

Conflict of Interest Disclosures: Both authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

1. Freischlag JA, Faria P. It is time for women (and men) to be brave: a consequence of the #metoo movement. *JAMA*. 2018;319(17):1761-1762. doi:10.1001/jama.2018.4059

2. Conley FK. *Walking Out on the Boys*. New York, NY: Farrar, Straus & Giroux; 1998.

3. Cowan AN. Inappropriate behavior by patients and their families—call it out [published September 10, 2018]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2018.4348