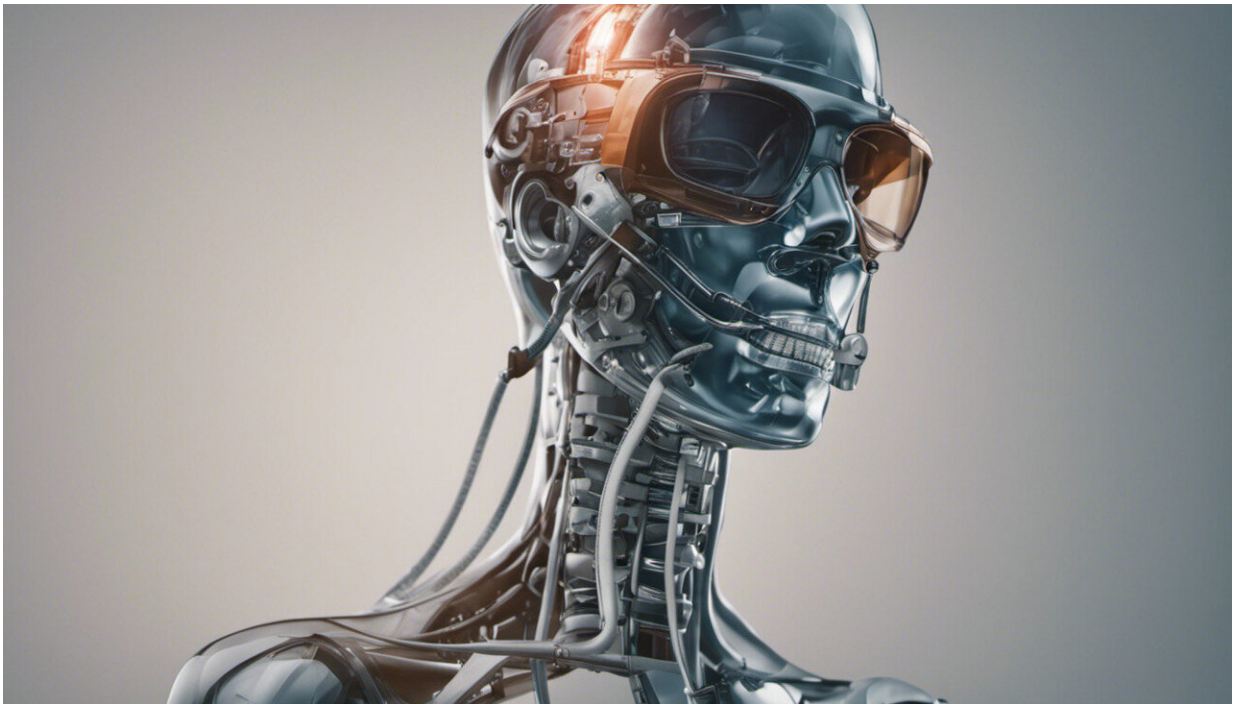


Surgery is facing its #MeToo moment—Here's what needs to be done now

September 18 2023, by Sarah Steele



Credit: AI-generated image ([disclaimer](#))

As the NHS seeks to heal and care, it now faces a challenge of introspection, driven by alarming revelations. [Research released this week](#) has shone a harsh light on the widespread issue of sexual misconduct within the surgical profession, causing ripples of shock and outrage throughout the UK.

Harrowing accounts of female doctors being sexually harassed, assaulted and even raped by their colleagues, highlight an urgent issue that must be addressed.

The study, published in the *British Journal of Surgery*, revealed that an astounding 63% of [female surgeons](#) have been sexually harassed, while 30% have been sexually assaulted by colleagues in the past five years. Even more disturbingly, 11% reported forced physical contact tied to career progression opportunities.

Beyond these stark statistics, [accounts have surfaced of](#) women being inappropriately touched under their scrubs, and male surgeons demeaning female colleagues by using their breasts to wipe away sweat. Such degrading acts have been openly shared across various platforms, notably on X (formerly Twitter), emphasizing that they were not isolated occurrences.

The narratives shared across [social media](#) and news outlets underscore the fact that such [misconduct](#) is not limited to operating theaters. They extend beyond hospital walls, permeating conferences, other professional spaces and even everyday life.

This mirrors findings reported earlier this year, published in the Guardian, which identified [many instances of sexual misconduct](#), [expensive NHS settlements](#) and [wide under-reporting](#).

While many were shocked at the prevalence reported, and professional organizations from across health care roundly condemned [sexual misconduct](#), [a statement from a retired doctor labeling](#) complaining female surgeons as "snowflakes" and urging health care professionals to "toughen up" only added to the public's understanding of the depth of the issues faced.

While this comment was quickly condemned, it pointed towards an ingrained culture of dismissing sexual "banter", harassment and assault. The [General Medical Council](#), which regulates the medical professions, has widely implemented and announced zero-tolerance policies, but it is clear this has not eradicated the problem.

In light of the troubling revelations about widespread sexual misconduct, the imperative is clear: decisive and immediate action is needed. But what steps are essential to transform this culture of harassment and impunity?

Concrete decree

Foremost, the emphasis has been on firm zero-tolerance policies. Critically, this should not just be a buzzword but a concrete decree. Trusts must make sure that they have policies in place, publicly available, which ensure that even the slightest misconduct will incur repercussions, ranging from suspension to legal consequences.

Alongside this, it is paramount to establish transparent reporting systems. These must ensure that complaints are neither ignored nor lead to any backlash against those reporting. Protection for whistleblowers and victims are of utmost importance. The [NHS's new Sexual Safety Charter](#) begins this work.

However, beyond these policies, the culture itself needs a foundational shift. While the condemnation of misconduct is widespread, the broader response underscores the significance of collective responsibility. In a setting where every person, regardless of their role or experience, is driven by a commitment to upholding mutual respect and professional decorum, the probability of inappropriate behavior dwindles.

It is essential to understand that battling harassment is not a solitary

pursuit, but a joint endeavor. Creating a culture where people feel empowered to report incidents, backed by the assurance of collective support, is vital.

Active intervention

Yet a glaring question remains: how can one challenge such behavior, particularly during critical operations or procedures? The answer lies in [active intervention training](#). The persistent prevalence of many misconduct incidents is often linked to the silence of onlookers, stemming either from uncertainty about appropriate responses or fear of consequences.

By arming people with the strategies to [intervene constructively](#), we can thwart harassment early on. This stance shifts the narrative from passive witnessing to options for action, ensuring a comprehensive approach, involving everyone, not just victims or perpetrators. Used across other sectors like the military and [higher education](#), such training offers an opportunity for empowerment and better team culture.

It involves educating people to recognize inappropriate behavior, feel empowered to act, adopt strategies to intervene constructively, shift from passive observation to active prevention, and foster a wider collective responsibility culture.

Indeed, the recent disclosures, while alarming, also present an opportunity for change. The combined force of such training, alongside collective responsibility and unwavering zero-tolerance policies, can create a new blueprint for professional conduct, ensuring that the NHS and related sectors become havens of safety, respect and dignity for all.

Such training, though, also offers every member of society relevant skills. It can empower every one of us to identify and challenge

inappropriate behavior, fostering safer and more respectful communities for all.

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