

## Editorial

# We Are Not Immune

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#MeToo have finally brought to the surface issues of sexual harassment that we all know exist yet have stayed buried for time immemorial. The press has widely reported on offenses, among others in the entertainment world, government, the financial world, industry, education, sports, legal firms and finally, if with less fanfare, healthcare [1-3]. The very mention of the name Larry Nassar brings chills up and down our collective spines. And it has been acknowledged that in the past twenty years, 2400 doctors have been sanctioned for sexual misconduct with patients of both sexes. That may only be the tip of the iceberg! We all have been aware of such activities, albeit less blatant than those of Larry Nassar in our own communities but rarely have we addressed them adequately. Let me recall two such episodes from my own long experience although there have been more, where actions were taken and the memories of how they were dealt with remain gratifying.

The first episode took place when I was Chairman of the Grievance Committee of our local County Medical Society. A patient of a local, newly arrived in town Ob/Gyn filed a complaint of inappropriate sexual behavior: the physician asked her to come to his office after hours when no chaperone was present and his exam was far from routine or like any she had ever experienced before. We found that the practitioner had been investigated while still a Resident and in another city where he had been in practice but no definitive actions had been taken beyond raps on the knuckles. Soon after the first complaint a second, then a third were received and eventually our thorough hearings led to permanent loss of license, Today, it might have progressed to incarceration.

The second event was in an academic setting where a promising junior faculty member was reported to me by a female medical student for repeatedly approaching her inappropriately despite her requests not to do so. He did not respond when I related the complaints to him and he did not change his behavior. Therefore, it led to immediate dismissal from that teaching assignment. After investigation confirmed this was not an isolated incident, his faculty appointment was terminated. To

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Submitted: 27 February 2018

Accepted: 28 February 2018

Published: 28 February 2018

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this day, I admire the student who reported a person who had power to negatively impact her career for her courage. I wish that more such risks had been taken by others and am so pleased that #MeToo has finally brought these despicable acts to the fore.

Let us remember that sexual harassment need not be as overt as it was in the first instance which bears such similarities to the ones recently in the press but, as in the second case may be simply unwelcome pressure for dates, unwelcome jokes, teasing, suggestive looks and conversations of a sexual nature. This behavior may well have made the student apprehensive about how she might be evaluated if she did not respond to the overtures but she was brave enough to react and report whereas others had not. Such conduct more often presents itself in the workplace but is certainly also prevalent in academic settings. Wherever it takes place, it must not be tolerated.

It is not enough to just applaud the efforts of #MeToo and others including the LGBTQ persons who have spoken. As physicians, we are recognized as community leaders in charge of health and well being. We must take a strong position in ensuring that we will not tolerate any form of sexual harassment wherever we encounter it, in our professional lives, our personal ones, indeed, any place where we may become aware of it and speak and act forcefully when we do.

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