

## LETTERS

### Considering context within #MeToo and the medical profession

Having addressed issues of harassment and discrimination as clinicians and educators, we read the *CMAJ* editorial<sup>1</sup> on the #MeToo movement with interest. We recognize that respectful and safe environments in medical schools and in clinical settings are critical to promoting patient safety, ensuring learners' success and enhancing physicians' productivity.

Although we appreciate the difficulties inherent in eliminating unconscious bias, it is also important to acknowledge the changes within Canadian medical schools and health care institutions in the last 25 years. When we were young physicians, no one ever discussed sexual abuse, harassment, equity or unconscious bias in medical settings. Too often, bullying and harassment were not addressed appropriately.

Today, we know of many examples of prominent physicians being sanctioned for unacceptable behaviour: bullying of trainees or nurses in operating rooms is no longer tolerated; academic physicians have lost their status for engaging in sexual relationships with learners; and physicians have been reprimanded publicly for demeaning comments on social media.

Inspired academic and clinical leaders have led many initiatives to promote respect and civility within the profession, such as developing formal codes of conduct, creating leadership positions with the mandate to address inappropriate behaviour or encouraging learners to speak about challenging situations encountered with peers or with their teachers.

Like others, we are saddened and dismayed when we hear of egregious behaviour toward patients, learners or colleagues. But it is important to recognize

the changes in attitude and language that have occurred and to see how such changes provide a foundation for ongoing initiatives to address bullying and harassment in the medical profession.

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#### **Reference**

1. Holroyd-Leduc JM, Straus SA. #MeToo and the medical profession. *CMAJ* 2018;190:E972-3.

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