LETTERS TO THE EDITOR

Creating the conditions for gender equality to end sexual harassment in neurosurgery

TO THE EDITOR: We read with great interest the article by Benzil et al.1 (Benzil DL, Muraszko KM, Soni P, et al. Toward an understanding of sexual harassment in neurosurgery. J Neurosurg. Published online November 10, 2020. doi:10.3171/2020.6.JNS201649), in which the authors report that according to the results of the survey they created and administered, most neurosurgeons have experienced harassment during their careers, a finding that highlights the need to assess the depth of this issue.

Harassment strongly affects the lives and work effectiveness of victims and the functioning of the institutions where the harassment occurs.2,3 Sadly, studies have shown a high prevalence of harassment during medical school and residency, where the primary sources of harassment were attending surgeons.4 During their clinical training, medical students are not only exposed to sexual harassment from colleagues but are also vulnerable to other forms of mistreatment, such as gender and racial discrimination for which the principal sources may even be patients and their families.5 There is a multifactorial pattern, whereby a hierarchical structure exists and the student/trainee is under the supervision of a “superior” who feels dominant over the student,5 in a setting where long work hours mean long periods of exposure.6 In addition, social stereotypes create environments conducive to sexual harassment and gender discrimination.5

Hu et al.4 surveyed 7409 residents of all surgical residency programs across the United States to examine the association of harassment and burnout syndrome. These authors found that 31.9% of residents reported discrimination based on their self-identified gender, 16.6% reported racial discrimination, 30.3% reported verbal or physical abuse (or both), and 10.3% reported sexual harassment.4 Rates of all mistreatment measures were higher among women and were strongly associated with burnout and suicidal thoughts.3

Because harassment is a problem that is rarely discussed, we should encourage the medical community to foster education among students, trainees, and surgeons about each phase of harassment to be able to identify it and to have clear protocols when harassment occurs.6 New strategies are needed to promote the reporting of incidents of harassment and to assess the treatment of those who are willing to openly talk about it, creating a whole new support network that not only supports victims but also engenders vigilance on the part of work teams.7 We must change misconceptions of what constitutes “being professional” after harassment has occurred.8 We should do our best to create new convivence pathways where the boundaries of intimacy are far away from the professional area. But most of all, to prevent the feeling of supremacy in the perpetrators of harassment, we must alter conditions that foster acceptance of cultural stereotypes and stigmas and create conditions for women’s gender equality.5,6

Mónica Patricia Herrera-Martinez, MD1,2
Ezequiel García-Ballestas, MD1,2
Ivan Lozada-Martinez, MS2–4
Daniela Torres-Llínas, MS3
Luis Moscote-Salazar, MD1–4
1Center of Biomedical Research, University of Cartagena, Colombia
2Latin American Council of Neurocritical Care (CLaNi), Cartagena, Colombia
3Medical-Surgical Research Center, University of Cartagena, Colombia
4Colombian Clinical Research Group in Neurocritical Care, University of Cartagena, Colombia

References

Disclosures
The authors report no conflict of interest.

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Correspondence
Ivan Lozada-Martinez: Medical-Surgical Research Center, University of Cartagena, Colombia. ivandavidloma@gmail.com.

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Response
We thank Dr. Herrera-Martinez and colleagues for their thoughtful Letter to the Editor following the publication of our article. Their letter further highlights critical aspects of the problem of sexual harassment in neurosurgery as well as the negative impact on individuals and the healthcare system. We are in full agreement with this statement: “Because harassment is a problem that is rarely discussed, we should encourage the medical community to foster education among students, trainees, and surgeons about each phase of harassment to be able to identify it and to have clear protocols when harassment occurs.”

The published data will certainly help to make all aware of the extent of this issue. Already, new policies have been written to address the issue, and organized neurosurgery has clearly shown they will face the problem and find effective solutions.

Deborah L. Benzil, MD
Cleveland Clinic, Cleveland, OH

Karin M. Muraszko, MD
University of Michigan, Ann Arbor, MI

Pranay Soni, MD
Cleveland Clinic, Cleveland, OH

Ellen L. Air, MD, PhD
Henry Ford Health System, Detroit, MI

Katie O. Orrico, JD
Washington Office, American Association of Neurological Surgeons/Congress of Neurological Surgeons, Washington, DC

James T. Rutka, MD, PhD
The Hospital for Sick Children, University of Toronto, ON, Canada

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