



Letter to the Editor

#PatientsToo. Sexual harassment by medical professionals



Recent articles have pointed the fact that sexual harassment is not uncommon between medical professionals [1]. Unfortunately, it seems that this harassment by faculty and staff members (that is, university/hospital professionals) is not limited to the students themselves, but also affects the patients. It is as if the medical profession was in itself a risk factor for sexual harassment. No doubt the necessary (sometimes imposed) nudity may represent the very cause of this increased risk of harassment, unless it is a psycho-pathological drift from a significant portion of carers and/or or trainers.

In France, physicians have launched a petition demanding the Minister of Health to publish a decree allowing the addition of an article to the *Code of Medical Deontology* (CMD): "The doctor must refrain from all sexual relations with the patients for whom he is responsible" [2]. Initially, the Hippocratic Oath included a paragraph mentioning this taboo ("In any house I enter, I will enter for the benefit of the sick, protecting me from any willful and corruptive mischief, and especially from the seduction of women and boys, free or slaves") [3], but this prohibition has disappeared from its updated version by the French National Council of the Order of Doctors. Similarly, the CMD, legally enforceable against physicians as part of the Public Health Code, does not contain any explicit prohibition on physician/patient sexuality.

Yet sexual misconduct is not uncommon in France: almost 70 cases recorded between 1998 and 2018 (but how many ignored?) [4]. In case of prosecution, the abusing doctors rely on this legal vacuum to escape the sanctions (since no article of the CMD can be retained against the practitioner!). Yet, a medical office must be a place of care and trust, not of sexual abuse (abuse of weakness aggravated by an abuse of authority).

In a statement, the Order of Doctors expressed a negative opinion on this approach, indicating that the CMD already takes a stand against such "sexual abuse": the doctor "carries out his mission in respect of the person and his dignity" (Article 2), "must, in all circumstances, respect principles of morality, probity and dedication" (Article 3), "must never depart from a correct and attentive attitude to the person examined" (Article 7), and "shall refrain from any act likely to bring his profession into disrepute" (Article 31) [5]. But are these regulatory provisions sufficiently explicit? Such a position can appear particularly reactionary, since considers this clarification of the law as "an intrusion into the private life of free and consenting people". A position of pseudo-neutrality that seems unbelievable if we consider the patient not as a

mere adult free of his choice, but as a vulnerable individual. In the course of justice or liberation of speech launched by the Weinstein affair and #MeToo campaign [6], it is a question of being able to punish a minority of sexual predators. Perhaps it should even be extended to other health professionals (nurses, pharmacists, psychologists, etc.) and diffusely to other countries?

Funding

None.

Conflict of interest

All authors declare that they have no conflict of interest relative to the subject of this article.

Ethical approval (humans)

This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent

Non applicable.

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