

#MeToo – a concern for general practice?

The Harvey Weinstein scandal, with over 50 women accusing the film producer of sexual assault and harassment, has led to a worldwide movement. The #MeToo hashtag is now a global phenomenon. Now women in many professions are unfolding their experiences of sexual harassment and violence. Women, not only within the film industry but politicians, scientist, artists and female doctors have come forward with stories about how they have been violated or exposed to sexual abuse at their workplace. Swedish female doctors have recently started a Facebook group with over 500 doctors already participating, willing to come forward with stories but also prepared to act [1].

Even within the National Health Service (NHS) of England, Scotland and Wales female doctors are revealing how male colleagues, often those who are supervisors, are responsible for these misdemeanors [2]. Indeed, some claim that there are mostly two types of sexual harassment: first, someone with more authority behaves badly on a woman in an inferior position and second, a silly man just behaving stupidly. The first scenario being worse with supervisors acting on female in a repressing and humiliating manner. In the latter case, the situation is most embarrassing to the man himself, although that actually applies to all these cases. This behavior has almost certainly been around for many centuries but that does not make it better. It is humiliating for male to behave like that and men must respond to this movement in a sensible and civilized way. Recognizing their role in this misconduct and irresponsible behavior.

What about general practitioners? What about female medical students? Is there a reason to be of concern over sexual abuse within our discipline? The answer is definitely yes! There is no reason to believe that we are in anyway different with this respect. We should open a discussion about the situation within our working groups and we should also be concerned about the possible involvement of our patients.

In a very interesting paper recently published in the SJPHC: Do patients consult their GP for sexual concerns? Audun Vik and Mette Brekke report on how often general practitioners deal with patient's sexual

concerns. Their result suggests that just over 4% of consultations are on sexual concerns with a wide spectrum of things brought up, ranging from erectile dysfunction to sexual assault or rape [3]. Although this study is not primarily about sexual violations or harassment it gives an indication of how these problems are in the usual working day of GPs.

#MeToo is a wakeup call for all people and it should be a challenge for GPs as well. GPs play a key role as a primary health care provider and as such have the opportunity to assist women who have been the victim of sexual assault. GPs know that there are many social determinants of health and this certainly is one of the more influential. It is important to notice that many women are reluctant to step forward and tell their story, some are even thinking if what they have suffered is bad enough. We should encourage women to step forward, all stories must be told, and we should even urge the abusers to step forward and acknowledging their role. Voices from female GP's must also be heard. A forum for them should be established and they supported in every conceivable way. Taking into consideration the vital role GP's play in the society both as health care workers and as a role model, it is crucial to undertake actions. All the five Nordic colleges of general practitioners share a responsibility and should listen to these women and launch and participate in a comprehensive program aiming at eliminating or at least minimizing the magnitude of this problem.

The sexual assault and harassment is an embodiment of a male–female powerplay, a play that should not be part of our culture anymore and should never have been. We should grow up, mature and move on showing each other dignity and respect, all individuals alike, men and women. We should show zero patience for empowerment and humiliating behavior in the wake of women. Here as often before GPs are in fundamental position.


To silence over violence is a way to maintain violence.

Disclosure statement

No potential conflict of interest was reported by the author.

References

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