



Intersectionality & Sexual harassment as a Minority Ethnic Female Surgeon

A Personal Perspective of

ABSTRACT

As a trainer, I have even taught women from certain cultures (who may find this level of contact difficult), that this is 'normal' in surgery. After reading the editorial and letter of response, in the Royal College of Surgeon's Bulletin, [1] I have to think again about what I teach. I have taken for granted that surgeons have some sort of moral standing. Maybe I should be explaining also what they should not be tolerating.

Even as a female surgeon, often at cultural gatherings, I feel I am perceived differently by women from my cultural or ethnic background, even if they are medical professionals themselves. I feel ostracised as being the woman who is playing with the men at their game. The younger generations however do applaud it, and I see more and more young women have a fervour for surgery. I feel now I want to protect them from this misogyny and sexual harassment more than ever.

Key words Sexual harassment, surgery, Female surgeons

My only experience of sexual assault was at the age of 13 when I was on holiday abroad. I was touched inappropriately in a large crowd coming off a busy train. I couldn't tell who it was and my parents didn't even see it happen. I never told them about it as I felt I was in the wrong.

Nothing like this has ever happened to me in surgical training. I have never felt personally unsafe. Surgery is such a specialty that body contact with colleagues happens regularly, and is seen as part and parcel of working around an operating table. Indeed I hold sacred the bond one develops as an operating team during each operation. In no other specialty would it be common place to touch your boss' hand, or stand up close to them so you can hold a laparoscope for an operation. As a trainer, I have even taught women from certain cultures (who may find this level of contact difficult), that this is 'normal' in surgery. After reading the editorial and letter of response, in the Royal College of Surgeon's Bulletin, [1] I have to think again about what I teach. I have taken for granted that surgeons have a high moral standard. Maybe I should be explaining also what they should not be tolerating.

I have had comments made about my boots being 'kinky' or having nice legs when in high heels, but never really read much into it or felt this was a form of sexual harassment. Surely, then these comments are only harassment when the receiver feels it is so, and this happens repeatedly. As a woman in surgery, one sometimes has to become 'one of the lads'. It did not bother me as I love fast cars and motorbikes. This however meant I would be privy to lads chat. Often my male peers would gloat over which nurse they had taken to the roof, or how they flirted with the physiotherapist. I'd have feel the need to (awkwardly and hiding my discomfort) giggle at these stories, because I didn't want to rock the boat or be excluded. I didn't want anyone to tell the bosses that I wasn't a team player.

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Even as a minority female surgeon, we are not homogenous as a group. Some are migrants, and first and second generation offspring of immigrants. We all have vastly different values, have been brought up with diverse cultural and social norms. All of these intersectional subtleties add different meaning to our perception and experiences. Some may find certain comments lurid, whereas others may brush these off as merely 'banter'. What is perhaps common is the experience of misogyny, even in surgery. [2]

The misogyny I have been subjected to in surgery, are by two groups of people. Firstly the 'old school' demigod-like surgeons who believe a woman cannot be a surgeon, wife and mother. I have had comments made to me, such as '*You need a wife at home*', or '*You'll never be a consultant with children*' and being made to work a 48-hr surgical on call when 34 weeks pregnant, despite having a sick note from Occupational Health.

The second group of men, I am sad to say, are those of the same minority cultural background as me. I have been asked what makes me 'so good' that I would get trained over a man? I have been asked, if I am sure even love my children cause I am a surgeon. One particular surgical colleague, mockingly laughed at me while I (dared to) operated.

As a senior female surgeon, I find that it is often hard for such men to take instruction from me and have had to on occasion, remove their hands from the operating table for not listening and potentially causing harm to patients. Fortunately, such instances are rare but I am sure will be recognised by senior female surgeons anywhere in the world. In my experience, majority of surgeons (including international medical graduates who may come from cultures with different social norms or experiences from women) are usually polite and considerate to women.

I once did make a formal complaint for being bullied. My consultant had an informal chat with the perpetrator (a manager) about his behaviour, while I was sent to formal counselling. Raising concerns is not without stress and inherent risk for young and female surgeons. In surgical specialities, reputation and word of mouth is a key factor in progress and the nepotism can be pervasive and deep-rooted. The repercussions for raising concerns or not accepting the misogyny as the norm - may result in having to extend training, being punished or torn apart at career progression reviews, and a battering to one's self-confidence or being excluded from future consultant jobs. Why would any young surgeon make a complaint when they know they risk being unpopular and the cost to career devastating? Unfortunately, such mistreatment or misperception of women professionals is not the exclusive preserve of surgeons or in the professional arena.

Even as a female surgeon, often at cultural gatherings, I feel I am perceived differently by women from my cultural or ethnic background, even if they are medical professionals themselves. I feel ostracised as being the woman who is playing with the men at their game. The younger generations however do applaud it, and I see more and more young women have a fervour for surgery. I feel now I want to protect them from this misogyny and sexual harassment more than ever.

Name and Address supplied

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- 2 Agnes Arnold-Forster: Sexism in surgery— little has changed. The BMJ. 2019.<https://blogs.bmj.com/bmj/2019/01/24/agnes-arnold-forster-sexism-in-surgery-little-has-changed/> (accessed 8 Jan 2022).