

Mentoring women in the era of #MeTooMedicine

Written by Dr. Kathee Andrews and Dr. Bev Johnson on October 17, 2018 for CanadianHealthcareNetwork.ca



Dr. Kathee
Andrews



Dr. Beverly
Johnson

According to research cited in a [recently published](#) commentary in the *New England Journal of Medicine* by Sophie Soklaridis et al, male academic physicians are expressing a reluctance, if not outright fear, of engaging in mentoring relationships with women because of the possibility of false accusations of sexual misconduct.

These fears of men are unfounded and represent yet another barrier to the advancement of women in medicine.

To be clear about the numbers: It is estimated by the FBI that only 35% of victims report a sexual assault. Between 2-8% of these reported allegations are false. The typical false accuser is a teenage girl trying to get out of trouble, or someone with a history of poor mental health, not a medical student or professional woman on the cusp of her career. False accusations are given disproportionate media attention, in large part due to the extraordinary nature of their occurrence.

According to the FBI's numbers, 65% of women do not report sexual assault or misconduct. One of the reasons they do not report is for the chilling effect it will have on their careers, a result of retaliation from unsupportive superiors and colleagues in the work environment. The myriad reasons women have are well-documented under #BeenRapedNeverReported.

Using change theory to understand this phenomenon, Soklaridis et al point to a collective male fear of losing status, position and privilege, a fear reinforced by the current anti-feminist or anti-women discourse that relies heavily on negative and stereotypical narratives of women, with perhaps the most pernicious being that women lie about sexual assault, that women use dishonest means to advance their careers. This last myth is hard to reconcile with cultural behaviours; the main reason women don't report sexual assault or misconduct is their fear of not being believed and of being re-traumatized every time they recount their experience. They fear retaliation in attempts to silence or coerce complicity.

Despite the steady, and indeed, marked increase in the number of women in medicine over the last 150 years, women's path to medical leadership has not kept up to their numbers in academic and clinical practice. For example, out of 17 medical schools across Canada, only five have ever had a women dean. There are currently only two, Dr. Margaret Steele (Memorial University) and Dr. H el ene Boisjoly (Universit e de Montr eal). Women are moving up and into leadership positions, but their absence at senior leadership tables is troubling.

The issues are complex as to why women leak out of the leadership pipeline: family responsibilities can take more attention; priorities can change over the lifecycle and throughout the demands of a robust and fulfilling career.

Both barriers and detours mark the leadership journey for women. Subtle, but seemingly pervasive, are lingering misogynist attitudes fed by negative stereotypes of women as vindictive, dishonest, emotion-driven and, intellectually or physically unsuitable for medicine. These biases are centuries old and despite the growing participation of women in civil society and their continued advocacy for equal rights, negative stereotypes remain stubbornly in place through generations. They emerge explicitly via decisions to deny women equal access to opportunities as well as implicitly via a whole range of behaviours that begin with the assumption that women bring less to the health care table than their male counterparts, from clinical expertise to personal connections in the political, academic, social and medical communities, aka "the old boy's network".

The lack of engaged, interested and invested mentoring opportunities for women medical students and physicians exposes a gap in their learning and professional landscape; a missing rung on their ladder to leadership. It can put them at a disadvantage they may never overcome no matter how hard they work, a cumulative disadvantage as opportunities denied or connections never made ripple through the years. It impacts patient care in its inability to nurture and grow the next generation of health care providers in an environment of scientific inquiry and devoid of gender discrimination.

What is to be done?

Physicians who are committed to excellent patient care and to the furthering of medical science owe it to their practice and scholarship to examine the ways in which fear of change influences gender biases in their mentoring relationships. What steps do they take to ensure that gender discrimination does not creep into mentoring decisions? Male physicians are encouraged to find female mentors to assist them in their mentoring relationships with women.

And importantly, more women should be encouraged to step into the gap and become mentors to the next generation. Women can see themselves as ill-prepared or inexperienced for the position when in fact their mentorship is exactly what's needed, particularly for the next generation of women physicians.

Dr. Kathee Andrews is the national president of the Federation of Medical Women of Canada (FMWC) and Dr. Bev Johnson is the chair, gender, equity and diversity committee for FMWC.

**Reference: Soklaridis, Sophie et al, Men's Fear of Mentoring in the #MeToo Era – What's at Stake for Academic Medicine? The New England Journal of Medicine Oct 3, 2018
 DOI:10.1056/NEJMms1705743**