



Misogyny – a silent epidemic in the health service

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Misogyny is rife in medicine, but we don't discuss it. It is time to call a halt to this.

Sexual harassment is prohibited. According to Section 13 of the Equality and Anti-Discrimination Act, it is defined as 'unwanted sexual attention that has the purpose or effect of being offensive, frightening, hostile, degrading, humiliating or troublesome'.

Sexual harassment is a form of misogyny, which is a hatred of, or strong prejudice against women. Such attitudes are undoubtedly part of everyday life for women in general and occur at all levels in the population and in all workplaces. The petition #utentaushetsplikt (#not bound to secrecy) signed by Norwegian women doctors and medical students serves to emphasise that this is also a problem in the health service (1).

A search in the electronic archive of the Norwegian Medical Association resulted in no hits for 'misogyny', ten hits for 'sexual harassment' and 86 hits for 'gender equality and doctors'. Several articles discuss problems that may be defined as misogyny: women's lack of career progression in academia (2, 3), the possibility for pregnant women to obtain a permanent position (4), sexual harassment of Danish medical students (5) and concerns that in the future there will be too many women doctors (6).

Stereotypical perceptions of gender and prejudice against women are frequently implicit. It may be that there is not much talk of this in Norway, the land of gender equality. Even though Norway was ranked number two (after Iceland) in *The Global Gender Gap Report 2017*, according to the report we have a long way to go on many subindexes (7). The high ranking must not lead to complacency.

A view of misogyny from 'Down Under'

The first author lives in Australia, where gender equality has not been formalised to the same extent as in Norway. There Scandinavia is presented as a role model. Misogyny has

nevertheless been a topic for many years, as illustrated by former Prime Minister Julia Gillard's parliamentary speech in 2012 (8).

What is the situation in the health service? In one case, a young female neurosurgeon blew the whistle on sexual harassment (9). She won her case, but despite having outstanding references she was unable to continue her hospital career, and now works as a neurosurgeon in private practice. No one in the public health service wanted to hire a woman 'troublemaker'. Gabriella McMullin, a vascular surgeon who has written a book about misogyny, has stated that giving in to sexual advances was easier than reporting the perpetrator (10). Her advice to younger women colleagues was: 'Do not put yourself in that situation, treat everybody as a potential attacker, and that's a terrible thing to have to do.'

According to a member survey from 2016 conducted by the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, only one in four of those who had experienced sexual harassment reported the incident (11).

Consequences of misogyny

Contempt of women affects both doctors and patients. It may lead to differential treatment and poorer health services. The phenomenon is a serious one in all areas of medicine, but represents a particular challenge in specialties where the vast majority of patients are women, such as gynaecology and rheumatology.

We have both encountered and observed male chauvinism in various professional situations, clinical as well as academic. This has deep roots. In 1997, Christine Wennerås & Agnes Wold created an outcry with their article in *Nature* on nepotism and sexism in peer-review (12). The question is whether the situation has improved to any real degree.

Institutions are governed by laws and rules but are made up of people. Even though half of the doctors in Norway are women, male chauvinism permeates the working environment, and this affects the lives and health of Norwegian women. The Norwegian Medical Association should play an active role in combatting misogyny in the Norwegian health service.

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