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Stories of Sleazy Professors

By *Anna Reisman* | JANUARY 24, 2016



Gwenda Kaczor for The Chronicle Review

Back when I was a tiny cog — a medical student — in the giant machine of medical training, I encountered a professor who gave me a story that I wish I could have told many years ago.

My supervising doctor, Dr. Schwartz, and I had disagreed about the interpretation of a patient's X-ray, and so we'd jogged up a few flights of stairs to seek an opinion from an expert.

"She's a student?" The radiology professor eyed me up and down. "I thought she was your girlfriend."

Yep, it's one of those stories. I don't remember his comments about the X-ray and who was right and what the patient had; I just felt deeply embarrassed, angry, and relieved that the room was dark enough so nobody could see my flushed face or

my expression that I would have liked nothing more than to kick the radiologist square in the crotch of his well-made suit.

Then the radiology professor asked me what I planned to do after medical school. Internal medicine, I told him, my voice hoarse. "Back in my day," he leered, "you would be home with the kids."

Dr. Schwartz and I walked down the stairs in silence. Like many third-year medical students, I felt pretty clueless in clinical settings. And although I'd worked with some unpleasant people, nobody had let loose such blatantly sexist remarks.

The next afternoon, I was surprised to find a handwritten note from Dr. Schwartz:

"I was very upset about yesterday's episode. As I told you, it wasn't the first time — it's a pattern for him, and he's been called to task for this kind of behavior before."

He asked me to consider signing an accompanying letter and assured me he would not pursue the issue if I had any objections. In the letter, he described the incident in detail and his observation that I had been upset by how I had been treated. He also wrote that he was aware that others had observed similar behavior by this particular man.

"I think this behavior is particularly disturbing because it was directed toward a young female student, a relationship in which there is a large power differential," Dr. Schwartz wrote. "My presence apparently did not deter the behavior. It is my opinion that he abused this power differential and verbally abused this student."

I was surprised — and grateful — that a male attending physician in a position of power had such a visceral reaction to the episode. But I could not bring myself to sign the letter. The radiologist was a full professor, the chief of a department, a chum, most likely, of the other department heads, all of whom had power over my

grades and evaluations that could affect not only the next step in my career but even beyond. If he spread the word that I was a troublemaker, the repercussions could be long-lasting. I couldn't risk it. And so I shoveled the incident into my personal compost pile of untold and troubling stories.

Maybe in a few years, I told Dr. Schwartz.

That happened in 1992, and yet I remember it vividly, in part because I saved that letter, in part because I had never experienced a double whammy quite like that, but in larger part because similar scenes have played out a million times in the lives of students, of all genders, in all fields. And although it was G-rated — the guy didn't touch me, after all; he didn't fondle himself, or rub my shoulders, or ask me out to dinner — it was humiliating. I had come to him with a question, I had counted on him to teach me, and I had expected him to share his knowledge, not ogle me and tell me in so many words that I should be focused on finding a man and not wasting my time on a career.

The radiology professor had tried to rob me of my developing professional identity, and while he didn't succeed, he left me with a natural mistrust of male academic physicians in positions of power.

Medical training in 2016 may, at least on paper, seem like a kinder, gentler beast. Schools now identify ombudspeople, provide peer counselors, offer reflective-writing sessions, review sexual-misconduct policies with faculty members, encourage students to report such behavior, reward examples of positive uses of power, and set up support groups.

And yet in the big picture, little seems to have changed. One 2014 analysis of 51 studies of harassment and discrimination in medical training found that almost 60 percent of trainees had experienced them in one form or another.

A recent Association of American Universities survey on sexual assault and sexual misconduct at 27 universities indicated an alarming amount of reported sexual harassment at the graduate level by faculty members. At the graduate level at Yale, for example, 29.5 percent of female students and 18.2 percent of male students reported sexual harassment by faculty members.

Students still hesitate to report bad behavior — to tell their stories — for the same reasons that I did all those years ago, including fear of retribution. The reluctance to come forward lingers even beyond graduation. The world of academic medicine is tight. People talk.

But what's to be done with the many stories like mine, composting under the surface, the stories of harassment that don't seem worth reporting because of concern about a backlash? We need a safe way for students to tell those stories without having to wait for years to feel that it's safe.

A new website called Systemic Disease offers just that. It's all about sharing stories of bias and harassment in the medical-training arena, anonymously and broadly. Created by a group of health-profession students, the site has the goals of creating conversation, inspiring advocacy, and identifying more avenues of support. One student posted about a medical-school interviewer who had told her she could lose a few pounds; another student shared a story of being asked if he or she was a member of the cleaning staff, despite wearing a stethoscope; and another wrote about being asked, by an attending urologist with a "playful smirk," whether she'd ever seen an uncircumcised penis.

There are no names, no schools, and no time stamps. The point is not to identify and punish perpetrators; it's to allow students to vent about those situations, and to know that others — students, faculty members, administrators, and the public — will read, ponder, and learn.

I emailed Dr. Schwartz a few months ago and asked if he remembered whether he had sent the letter all those years ago. He had, he told me, but he didn't know if anything had changed, other than the fact that the radiologist never made eye contact with him again. Perhaps if I had signed the letter, it would have had more effect. Perhaps not. But if Systemic Disease had existed back then, I'd surely have posted my story and might have heard from other students at other schools about their experiences with sleazy professors. And maybe there would be so many stories out there that the old-boy network would get the message.

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