

Opinion on Ethics and Professionalism

Sexual Harassment

An AAOS Opinion on Ethics and Professionalism is an official AAOS statement dealing with an ethical issue, which offers aspirational advice on how an orthopaedic surgeon can best deal with a particular situation or circumstance. Developed through a consensus process by the AAOS Committee on Ethics and Outside Interests, an Opinion on Ethics and Professionalism is not a product of a systematic review. An AAOS Opinion on Ethics and Professionalism is adopted by a two-thirds vote of the AAOS Board of Directors present and voting.

The American Academy of Orthopaedic Surgeons promotes an environment of respect, professionalism, fairness, integrity, empathy and inclusiveness. These values are reflected in the AAOS Principles of Medical Ethics and Professionalism in Orthopaedic Surgery and Code of Medical Ethics and Professionalism.

Sexual harassment in any capacity by an orthopaedic surgeon is unethical, unacceptable, and frequently illegal. Sexually harassing behavior can occur in a variety of settings, including the workplace or in an academic setting or at a meeting or social event related to work. It may involve a colleague, supervisor, trainee or others in the allied healthcare space. Harassment may also involve a patient. The conduct may be directed toward a person of the same sex or a different sex. Examples of unethical conduct include, but are not limited to:

- Jokes, slurs or degrading comments of a sexual nature
- Offensive sexual flirtations
- Sexual advances or propositions
- Graphic verbal commentaries about an individual or his or her appearance
- Sexual innuendo or suggestive comments
- Sexually-oriented “teasing” or “joking”
- Unwanted physical touching of another person’s body
- Display in the workplace of sexually suggestive objects, pictures, or other visual materials
- Obscene or harassing use of telecommunications or other technology

No one should be subject to sexual harassment. In orthopaedic surgery, females comprise only 4% of AAOS Fellows and 13% of residents, further elevating the need for sensitivity to sex- and gender-related issues. Orthopaedic surgeons share in the responsibility of helping to create an environment that is safe, productive, and free from harassment. Orthopaedic surgeons should ensure that appropriate anti-harassment policies have been adopted and enforced in the workplace; appropriate training is provided; that the policies adopted provide a reporting mechanism for victims and prohibit retaliation; and that sexual harassment training is required for all employees.

Recommendation

The American Academy of Orthopaedic Surgeons urges that orthopaedic surgeons must be aware of and sensitive to issues of sexual harassment. It is essential that orthopaedic surgeons conduct themselves professionally and prevent any activities that may jeopardize patient care through sexually harassing behavior. The orthopaedic surgeon should conduct him/herself in a manner that promotes a healthy workplace environment. Orthopaedic surgeons should ensure that policies prohibiting sexual harassment are adopted, fully implemented and uniformly enforced to ensure that all members of the health care team may perform their professional duties without fear of sexual harassment. They should strive to stop sexually harassing behavior by others in the work environment whether they are witness to or the recipient of such activity.

References and Resources:

[AAOS Principles of Medical Ethics and Professionalism in Orthopaedic Surgery](#)

[AAOS Code of Medical Ethics and Professionalism for Orthopaedic Surgeons](#)

Code of Medical Ethics of the American Medical Association: Opinion 9.1.3, Opinion 9.3.2, and Opinion 9.4.2. Chicago: American Medical Association; 2017.

Van Heest AE, Agel J. The uneven distribution of women in orthopaedic surgery resident training programs in the United States. *J Bone Joint Surg Am.* 2012;94:e9.

Walsh MN, Gates CC. Zero Tolerance for Sexual Harassment in Cardiology. *Journal of the American College of Cardiology.* 2018;71(10):1176-1177.

Jagsi R. Sexual Harassment in Medicine — #MeToo. *New England Journal of Medicine.* 2018;378(3):209-211.

Association of American Medical Colleges. Medical School Graduation Questionnaire: 2017 All Schools Summary Report. July 2017. <https://www.aamc.org/data/gq/>. Accessed January 11, 2018.

Fnais N, Soobiah C, Chen MH, et al. Harassment and Discrimination in Medical Training. *Academic Medicine.* 2014;89(5):817-827.

Jagsi R, Griffith KA, Jones R, Perumalswami CR, Ubel P, Stewart A. Sexual Harassment and Discrimination Experiences of Academic Medical Faculty. *Jama.* 2016;315(19):2120.

Lowes R. Most Female Physicians Report Sexual Harassment at Job. *Medscape Medical News.* August 2016. https://www.medscape.com/viewarticle/866853#vp_1. Accessed January 18, 2018.

Feldblum CR, Lipnic VA. EEOC Select Task Force on the Study of Harassment in the Workplace: Report of the Co-Chairs of the EEOC. Federal Laws Prohibiting Job Discrimination: Questions and Answers. https://www.eeoc.gov/eeoc/task_force/harassment/upload/report.pdf. Accessed January 11, 2018.

Jablow M. Zero Tolerance: Combating Sexual Harassment in Academic Medicine. *AAMCNews.* <https://news.aamc.org/diversity/article/combating-sexual-harassment-academic-medicine/>. Published April 4, 2017. Accessed January 16, 2018.

About Respect: Addressing bullying and harassment. Royal Australasian College of Surgeons. <https://www.surgeons.org/about-respect>. Accessed May 15, 2018.

©February 1993 American Academy of Orthopaedic Surgeons®. Revised February 1997, May 2002, September 2005, December 2012, July 2018.

This material may not be modified without the express written permission of the American Academy of Orthopaedic Surgeons.

Opinion 1201