

# Constance Stone Oration 15/9/2018

## Dr Lorraine Baker

### Personal background

The Victorian Medical Women's Society has a proud history and I take pride in being part of it.

I was introduced to it by Dr Lorna Lloyd-Green in 1981. I had worked with her at Queen Victoria Medical Centre, but our connection began with a shared history of education at Lowther Hall Anglican Grammar school of which she was a founding pupil. In 1968 she was the guest speaker at Speech night and an inspiration to the twelve-year-old me. I was not conscious of her connection to the medical profession. However, I saw her obvious capacity to be an independent woman and thinker and to have made a career at a time when most women did not have careers.

My own career has been different, more conventional for its times at one level, but there were few young women who founded general practices back in the 1980's. I take pride in the fact that the thirty-fifth anniversary of the date I opened the clinic in vacant rooms, is coming up on 26<sup>th</sup> September. I am conscious that no 26-year-old doctor, male or female would be in a position to start a general practice today and that when I relate that story, it demonstrates how much has changed in medical training during that time.

However, some things have not changed as much as they could or should have, around women in any workforce, including the medical workforce. Gender bias and sexual harassment are issues that were defined during the 20<sup>th</sup> century but existed without name throughout history and through most cultures.

Today I will give you my particular personal perspective on these issues, informed by insights gained from my own life experience and the experience learned from others; sisters, friends, patients and colleagues. This is not an academic presentation but an account of one woman's point of view.

I acknowledge that some of my exposure to these issues has been through the political experience of being both President of AMAV (Australian Medical Association, Victoria) for two years until May 2018, serving on its Board for six years. Also my involvement with VDHP (The Victorian Doctors Health Program).

My experience has shown me that good policies do not always drive good practice. There is a confusing complexity to these issues. I would be preaching to the converted if I expanded on unconscious bias but let me acknowledge some potential biases of which ***I am conscious***:

- I am the youngest of four girls of a working-class British migrant background. I attended a girls-only private school for my secondary education on an academic scholarship.
- I read "The Female Eunuch" in 1970 at the age of fourteen, which gave me a lifelong skepticism of Freudian theory and other psychoanalytical and psychological theories written by men about women's behavior and responses.
- I attended the University of Melbourne for my undergraduate degree in a year where there was a historical increase in women students (to approximately one third of the cohort)
- I applied for and was accepted for internship at Queen Victoria Medical Centre (A hospital established in 1896 by women doctors for women- but by 1980 – a general hospital with maternity and paediatric focus).
- I married a medical colleague.
- I have been a GP for 36 years, 35 in my own practice.
- I have three children – two female one male.
- My youngest child, a female, is a doctor-in-training

### Sexual Harassment

If we use the issue of "**gender female**", as a leading example of the influence of bias, the experience of "**sexual harassment**" as an example of any form of harassment, I contend that all can gain greater insight of the experience of being "**other**" and have a better chance of meaningfully overcoming harassment in general.

It is difficult to ignore the law. I look at the Sex Discrimination Act 1984, not as lawyers might, but with awe that legislation written 34 years ago (one year after I started my practice, before many of you were even at school, some unborn) has been unable to prevail, in order to change our culture significantly.

Let's look at the parts of the Act: -

Constance Stone Oration 15/9/2018  
Dr Lorraine Baker

- The ***Sex Discrimination Act 1984*** gives effect to Australia's obligations under the Convention on the Elimination of All Forms of Discrimination Against Women and certain aspects of the International Labour Organisation (ILO) Convention 156. **Its major objectives are to:**
- **promote equality between men and women,**
- **eliminate** discrimination on **the basis of sex, marital status or pregnancy;** also with respect to dismissals, family responsibilities,
- eliminate **sexual harassment at work, in educational institutions,** in the provision of goods and services, in the provision of accommodation and the delivery of Commonwealth programs.

**“equality”** - has not been achieved yet.

**“eliminate”** - that was a bold ambition, if we reflect on the currency of the issues today in so many workplaces, notably during the past year with the #metoo movement; no doubt there is despondency among those who drafted the legislation, if they are still alive.

Work and educational settings are still rife with forms of discrimination and harassment and assumptions being made about women and childbearing. It is possible the medical workplace is more accommodating than many others.

The article referenced in the slide below, is focused on gender issues in engineering and is an example of the widespread experience of women; they earn less than men for performing the same work.

## The medical profession is not alone

- <https://www.theage.com.au/politics/victoria/engineering-an-equal-workplace-is-a-long-way-off-chief-engineer-says-20180622-p4zn42.html>
- **Engineering an equal workplace is a long way off, chief engineer says (Dr Collette Burke)**
- [Clay Lucas](#) 22 June 2018 — 2:07pm

- Just 13.6 per cent of engineers in Australia are women, the last census showed. That's up from 10.6 per cent a decade earlier, though that increase is largely due to overseas migration.
- Female construction engineers start off being paid 0.5 per cent less than their male counterparts. Soon after, a gaping chasm opens up with male engineers on average earning almost a quarter more than females doing the same job.

Another article recently published examines the statistics related to film critics. The figures do speak for themselves.

## Male critics are harsher than women on female-led films

By Cara Buckley  
18 July 2018 — (The Age)

- There are more than double the number of male film critics than female critics, and that, according to a new study, has a demonstrable impact on how films starring and directed by women are reviewed.
- According to research by Martha Lauzen of the Center for the Study of Women in Television and Film at San Diego State University, female critics tend to give higher ratings to films with women in leading roles than male critics do.
- Female writers gave an average rating of 74 per cent to films starring women, whereas male writers gave those films an average rating of 62 per cent. (The study converted stars and other rating systems to percentages.)
- Those figures levelled off more when men were in leading roles; female critics gave those films an average rating of 73 per cent, and men on average rated them 70 per cent.
- Female critics are also more likely than their male counterparts to review films directed by and starring women and more likely to mention the names of female directors and make exclusively positive remarks about their skills and vision.

## Male critics are harsher than women on female-led films (cont'd)

- "For decades, many male directors have benefited from reviews in which they have been described in larger-than-life, almost mythic ways," Lauzen said.
- "Few women, with the possible exception of Kathryn Bigelow, have enjoyed this same kind of critical treatment."
- The researchers used data from the aggregator site Rotten Tomatoes, and examined some 4111 recent reviews written by 341 critics from print, online and broadcast outlets. Men made up 68 per cent of those reviewers and women 32 per cent. More than four out of five of those critics, male and female, were white.

I was not blind to these articles because I have been sensitized to be aware of them.

*But I wonder what news I notice and then skim over to avoid confronting issues that make me uncomfortable.*

### Let's move on to the medical profession

Forgive my bias toward general practice. There was much social media and then general media publicity around a general practice in Eltham (private billing) where there was a differential fee higher for women GPs versus the male GPs working in the clinic. I will emphasise that our health system allows for practitioners to set their own fees.

Dr John Bethell – Wavelength medical recruitment

- "The recent [furore](#) over a medical practice in Victoria charging more to see a female doctor is alarming in its vociferousness and **surprising in its public interest given the fact that it is highlighting a favourable pay rate in favour of female over male doctors.**
- **Why should a 9% difference in cost in favour of female doctors spark such outrage in light of the overwhelming evidence that generally, their pay is routinely less than their male colleagues?"**
- A recent report in the [Australian Doctor](#), by Dr Chris Harrison, highlighted the fact that female GPs earn "on average, \$12.65 less per hour than males". About 13% less, in point of fact.
- **Female doctors may choose to spend more time with patients than their male counterparts**, which affects income. For example, [Medicare rebates](#) will pay out about \$175 for four, fifteen-minute consults, \$140 for two 30 minute consults but only \$105 for one, sixty-minute consult.

The manager of a medical recruitment company made his own comments:

This opens another line for questioning how we value time spent by different genders, are women GPs (or women doctors in general) inefficient? Too wordy? Too slow? Or, are they more thorough? Do they unconsciously allow themselves to be valued less? Consider your own specialty or way of practising. Do your male colleagues in general charge more than female colleagues for the same complexity of consultation or procedure? Is there an overall gender difference in time spent with patients in doctor-in-training settings? If so, why? Would you like to know?

## Back to the Sex Discrimination Act

For the purposes of this Section; a person sexually harasses another person (the *person harassed*) if:

- a) the person makes an **unwelcome** sexual advance, or an **unwelcome** request for sexual favours, to the person harassed; or
- b) engages in other **unwelcome conduct of a sexual nature** in relation to the person harassed;
- c) in circumstances in which a **reasonable** person, having regard to all the circumstances, would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated.

I ask - who defines “**unwelcome**” unless it is the recipient of the sexual advance?

How do you define “**reasonable**” in the context of an individual life experience which may be entirely unknown to the perpetrator?

For the purposes of this subsection, the circumstances to be taken into account include, but are not limited to, the following:

- a) **the sex, age, sexual orientation, gender identity, intersex status, marital or relationship status, religious belief, race, colour, or national or ethnic origin, of the person harassed;**
- b) the **relationship** between the person harassed and the person who made the advance or request or who engaged in the conduct;
- c) any **disability** of the person harassed;
- d) any other relevant circumstance.

In another subsection:

**conduct of a sexual nature** includes making a **statement of a sexual nature** to a person, or in the presence of a person, whether the statement is made orally or in writing.

The apparent failure of this legislation to significantly change sexual harassment prevalence, suggests that policy writing alone cannot achieve the necessary cultural change in the medical profession (and elsewhere).

How, without training specific to these issues can anyone “**reasonably**” expect you, me or any colleague to properly comprehend the range of life experience or cultural background that puts the victim at risk of **feeling** harassed and the person who engaged in the conduct deemed offensive at risk of **feeling** unfairly accused.

In 2015 there was a public exposure of sexual harassment in the profession. From discussions with AMA Victoria members and other conversations with female colleagues then and since, I gained many insights into women doctors of all ages and their experience with gender bias and sexual harassment in particular.

Constance Stone Oration 15/9/2018  
Dr Lorraine Baker

It is reassuring that the majority of experience for women working with men was positive and respectful yet all were conscious they were working in a male-biased culture where men had retained dominant representation in powerful positions.

Here are some of the experiences and comments reported to me coming from women who have worked in services and settings where there are well-written policies.

- “Why do you look better in your ID photo than you do in real life”
- “Are you single?” (First question in an interview)
- “Why would you have a kid if you don’t want to stay home and look after it?”
- “Men need to pick up the slack from women doctors”
- “Surgery is too hard for women”

I don’t believe many of you would challenge the offence caused by the first four remarks. The last remark however, depending on context, could be intended by the speaker to be caring or insightful of the workload of a surgical trainee and surgeon and its potential impact on making a woman’s life hard. But it assumes that the woman addressed intends to have children, or that if she has children, she will not want to continue the workload. I would have felt aggrieved if it had been suggested to me at the same stage.

More subtle impediments apply to women openly speaking out and the following observations illustrate this:

- To prosper in your career, you need to be liked, how does this fit in challenging sexual harassment, do you challenge it or do you accept it?
- Difference in men bringing children to work (smiles etc.) and women bring children to work (criticized),
- Negative comments are observed unchallenged by witnesses,
- Women are not “playing a gender card”. It is not a game!

This last observation demonstrates one of the impediments to challenging behavior that offends. Gendered remarks are the lower end of the spectrum. By accepting them, and comments made on appearance, makes a “boys’ club” mentality of telling of sexist jokes more difficult to challenge. Failure to challenge these at the outset leads to a tacit acceptance of the demeaning of women. Anecdotally, those women who have been able to draw attention to the potential for offence, report the behavior is generally not repeated in their experience. However, the impediment in a group setting, particularly when you are not at the top of the hierarchy, is the push to conforming to group behavior. Toxic environments ignore and normalize bad behavior.

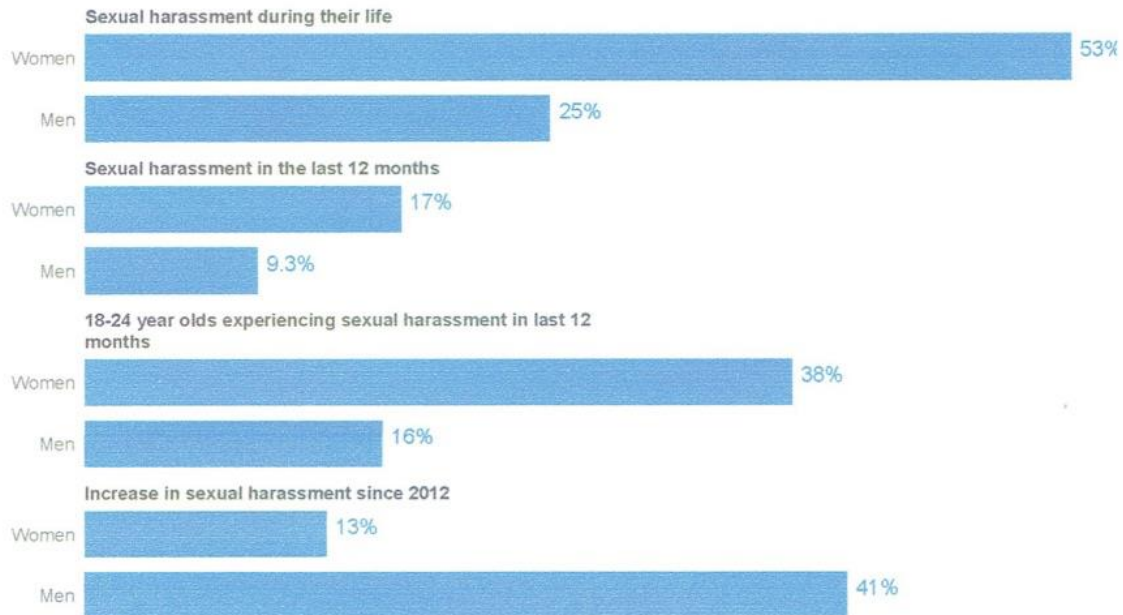
One group setting for medical practice in my opinion carries its own particular issues, the operating theatre. Why? In theatre, there are specialist proceduralists, doctors in training or other medical assistants, anesthetists and then nursing and technical staff all clothed in the relative anonymity of surgical scrubs and masked as well. How hard is it to read body language in that setting? How do you understand how you are making someone feel if the only expression you read is through someone’s eyes? Is the laughter with the joke-maker or is it the laugh of disgust? Is there a grimace behind the mask?

Does the offended person remain quiet because she doesn’t want to impair the progress of a procedure or distract from her own concentration on her role within the group? How does she address her concerns to the offender if she or he is immediately carried on to the next responsible task? If she does challenge it, will she be labelled “oversensitive”?

What is “oversensitive”? Can anyone tell you as an individual how you “should” feel? How can they know? Are you someone who has experienced some form of sexual abuse over time? Would you be sensitized by past lived experience? Have you been exposed directly or indirectly to sexual harassment before?

## Here are some statistics on sexual harassment

Proportions of men and women experiencing sexual harassment



Source: ABS, Personal safety 2016, cat. no. 4906.0

Credit: ABC

Although women to men, show higher proportions this demonstrates that sexual harassment in all its forms is a common experience for women **and** men.

If you had lived any of these experiences, perhaps repeatedly, would sexually explicit comments bother you?

**As I conclude I reiterate that this is a presentation of one woman's point of view.**

My aim has been to draw attention to the ongoing persistent unconscious and conscious bias against the female gender not forgetting that race, age and social status discrimination are also important. It is this fundamental barrier to fairness and power for women across all strata and most cultures that we must aim to overcome. Let's look at gender bias and the disproportionate experience of sexual harassment, by women, as a path to examining our own personal experience and possible prejudices. I believe that we need to look deeper into what we say, how we say it, and understand better, how it can make someone feel. Engaging both women and men in education on how to recognise gender (and other bias), as well as the spectrum of sexual harassment; from demeaning remarks, sexually explicit jokes through to outright sexual propositioning and assault. Then agreeing ways to address this, should be part of training both pre- and post-vocational.

Through pushing for formal training and not written policy alone, although not dismissing the feelings of others or being mystified by their lack of resilience, we could go a long way to shifting the culture both within our workplaces and society in general to one of considerate collaboration.