



Time's up for sexual harassment in medicine



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A career in medicine can be a gruelling endeavour. Long hours, heavy workloads, and high responsibilities make the job physically and emotionally demanding. Yet a report released this month by The National Academies of Sciences, Engineering, and Medicine (NASEM) reveals often under-recognised additional challenges for women: a staggering 58% of female faculty and staff across academia have experienced sexual harassment, and female medical students experience sexual harassment at much higher rates than their peers in science and engineering.

Sexual harassment is a form of gender-based violence that violates women's rights, harms their health, damages their careers, and undermines the credibility and success of organisations. As Adrienne O'Neil and colleagues outline in today's *Lancet*, sexual harassment can result in anxiety, depression, and post-traumatic stress disorder. In the workplace, sexual harassment decreases productivity, damages team relationships, and can cause women to leave their position, institution, or profession.

NASEM found that sexual harassment is most likely to occur in environments where such behaviour is perceived as tolerated. For clinicians, it is most common in surgery and emergency medicine, which tend to be male dominated and value hierarchical working environments. In a culture that accepts, and even glorifies, the conquest of challenges at work, abusive and sexually degrading behaviour, particularly towards residents, can become normalised—part of what women are expected to endure to succeed.

Recommendations for preventing sexual harassment include zero tolerance, improved transparency and accountability, and increased representation of women at all levels. *The Lancet* is committed to publishing scholarship that addresses gender inequality across science, medicine, and global health, and today launches an online collection on gender in advance of a planned #LancetWomen theme issue in February, 2019. Tolerance of sexual harassment must not continue to be the price that women pay for a career in medicine. ■ [The Lancet](#)

For the **NASEM report** see <http://sites.nationalacademies.org/shstudy/index.htm>

For the **#LancetWomen hub** see <https://www.thelancet.com/lancet-women>



Gender-affirming care needed for transgender children



The Royal Children's Hospital Creative Studio

The number of children and adolescents seeking support for gender dysphoria—the distress caused by incongruence between gender identity and sex assigned at birth—has soared in recent years. On June 18, the first guidelines focusing solely on the care of transgender and gender-diverse children and adolescents were published by the Royal Children's Hospital Gender Service, Melbourne, Australia. Initiated to advocate for legal reform in Australia, where until recently anyone younger than 18 years needed to obtain legal permission to access hormone treatment, the guidelines outline a framework for provision of respectful, gender-affirming care of transgender and gender diverse children and adolescents.

Based on empirical evidence, clinician consensus, and results of non-randomised and observational studies, the guidelines were developed in consultation with multidisciplinary experts, support groups, and transgender children and adolescents, and their families. The guidelines stand apart from existing recommendations by suggesting that social transition—the process by which a person changes their gender expression to more closely

match their gender identity, for example, by changing one's name, hairstyle, or clothing—should be led by the child. They also move away from the idea that access to hormone treatment should be based on chronological age, instead suggesting that the transition to treatment should depend on an individual's ability to make informed decisions, duration of puberty suppression, any coexisting health issues, and the level of family support. Gaps in the evidence remain, however, and further research on development of gender identity and long-term outcomes after treatment is needed.

Spurred on by increasing acceptance of transgender individuals in society (and normalisation of the right for anyone to question their gender identity), the number of young people seeking support is likely to increase further. Children and adolescents with gender dysphoria often experience stigma, bullying, and abuse, resulting in high rates of mental illness, including depression, anxiety, and self-harm. But with supportive, gender-affirming management—as laid out by the Australian guidelines—these consequences can be minimised. ■ [The Lancet](#)

For the **Australian guidelines** see <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>