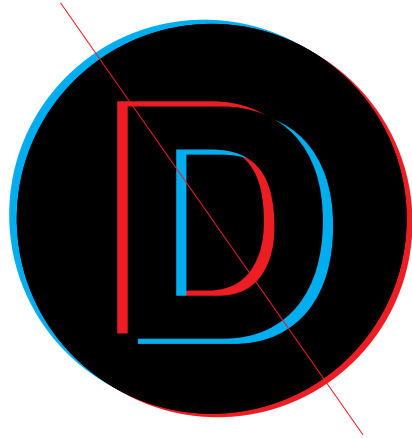




BY DR ALOK SARIN

# THE ELEPHANT AT THE WORKPLACE

IT'S TIME TO ACKNOWLEDGE ISSUES OF POWER AND CONSENT AND SET FIRM ETHICAL BOUNDARIES FOR SEXUAL BEHAVIOUR AT WORK



**Debates about sex**—its frequency, appropriateness, consensual aspect, morality and ethics—have been the source of endless fascination for humankind. Recent events that have sparked off allegations of sexual misconduct and harassment in pretty much all walks of life—from the entertainment industry to academia—have served to focus attention on the appropriateness of sexual conduct. The debates have put the spotlight on one of the main issues—an examination of the nature of consent.

A part of the debate has focused on the bravery of the survivor of sexual harassment in articulating the distress of the experience and making a public disclosure and, by corollary, an allegation. This has generated a discussion on the ways in which these issues should be addressed and the forms redress might take. A smaller section has talked about the need for substantiation of allegations, the fears that this may lead to 'witch-hunts' and the damage the allegations might cause. A still smaller section attempts to examine the change in the dynamic of the expression of sexual attraction.

These are complicated dialogues that any society must have, to examine and re-examine the way it views sexual conduct and misconduct. From it emerges a clear fact: the amount of sexual violence is a large—and often under-reported, underestimated—phenomenon. Talking about these events, as painful as this may be, is necessary.

It is in this context that INDIA TODAY attempts to look at sex in the workplace. Given that most individuals will spend a fairly large part of their adult lives at work, it is inevitable that sexual attraction, expression, and encounter will happen at work for many. The discussion on when it is appropriate to have sexual liaisons at work, and whether it is appropriate for it to happen with a senior or a junior colleague, will be complicated, and may not necessarily have easy answers. Perhaps, the best way to look at these issues might be to revisit the issue of consent.

Some relationships have an inherent power dynamic. Even accepting that sexual dynamics are, in many senses, complicated, and that sexual politics is certainly not simple, some relationships have an inbuilt power inequality. This inequality of power may render consent, even if articulated, meaningless. It is because of an appreciation of this inequality that all sexual intercourse with individuals below a certain age is considered problematic. So, while the age of consent may vary, consent given by what society considers the under-aged is clearly considered invalid. Thus, along with the very young, who are not considered able to understand the nuances of consent, the power dynamic with an older child may skew the understanding of what constitutes consent.

Another situation where consent, even if expressed, is considered complicated is the doctor-patient relationship. A sexual relationship that might on the face of it be consensual is considered wrong because of the inherent power inequality between the two. In a landmark study published in the *Indian Journal of Medical Ethics* in 2010, the nature of violations of the doctor-patient relationship, which is central to the healing process, were explored. By its very nature, and the facts of authority, control and trust, such a relationship becomes vulnerable to abuse. This is why the doctor-patient relationship is conceptualised as having clear boundaries.

The study, appropriately titled, 'Is There an Elephant

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in the Room?', was a survey of mental health professionals in Karnataka and conducted by Bengaluru-based psychiatrist Sunita Simon Kurpad and her colleagues from St Johns Hospital. It showed that a high number of respondents had knowledge of 'boundary violations' in the medical workplace. Boundary violations can be sexual or non-sexual. Sexual boundary violations can be across a spectrum of behaviours, ranging from but not limited to inappropriate or unnecessary questions, examinations, comments, jokes, or sexual relationships with patients. While it was not a prevalence study, it showed that a high number of mental health professionals were aware of these violations, and that some of the violators tended to be 'serial offenders'. These violations were not restricted to any branch or speciality of medicine—and, as in most uncomfortable professional discussions, there remains a hushed silence across the board. There also are no clearly articulated guidelines on how to address these violations.

In 2011, a group of diverse health professionals met and drafted the 'Bangalore Declaration', a document that requested the Medical Council of India to introduce the subject of boundary violations in the undergraduate medical curriculum, and to sensitise medical students to this. The background of these professionals ranged from medicine, surgery, gynaecology and paediatrics to medical research and medical ethics. The Indian Psychiatric Society is also in the process of formulating guidelines to regulate sexual boundary violations.

An understanding of boundary violations needs to be culturally sensitive and the nature of these may vary widely. Different societies will have to formulate their own rules on this. However, it needs to start from the acceptance of the 'elephant in the room', which is difficult. The available literature on the subject talks about the fact that it is prevalent but often denied, the need to make available safe and secure avenues for the articulation of it by those who have been victims, access to sensitive help, and even the acknowledgement that the perpetrators may have mental health issues.

It is clear that sexual connection between doctors and patients is inherently problematic, as even a seemingly consensual contact is not truly consensual because the power differential alters the nature of consent. Once we start thinking more about the nature of consent and the factors that influence it, we may perhaps come to a better understanding of what society thinks of as inappropriate or problematic sexual connect. ■

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