### **Acknowledgements**

The author thanks Mr Prasanna Saligram, Ms Anusha Purushotham and Dr Thelma Narayan for their constructive inputs.

#### References

- Eckersley R. Environmental pragmatism, ecocentrism and deliberative democracy. In: Reynolds M, Blackmore C, Smith MJ (eds). The environmental responsibility reader. UK: Zed Books; 2009, pp.138–49.
- European Environment Agency. Late lessons from early warnings: science, precaution, innovation [Internet]. Report No. 1. Copenhagen, Denmark: EEA; 2013 [cited 2014 Nov 3]. Available from: http://www.eea. europa.eu/publications/late-lessons-2
- 3. Hodgkin T, Hunter D. Agricultural biodiversity and food security. In: Connecting global priorities: biodiversity and human health [Internet]. Geneva: World Health Organization; 2015 [cited 2015 Aug 26]. Available from: https://www.cbd.int/health/SOK-biodiversity-en.pdf
- Reuters. Modi bets on GM crops for second green revolution [Internet].
  The Times of India; 2015 [cited 2015 Jun 23]. Available from: http://

- times of india.india times.com/india/Modi-bets-on-GM-crops-for-second-green-revolution/articleshow/46333970.cms
- Banerjee S. NDA government further eases environment clearances for projects [Internet]. Down To Earth; 2014 [cited 2014 Aug 5]. Available from: http://www.downtoearth.org.in/content/nda-governmentfurther-eases-environment-clearances-projects
- Sainath P. Very few specimens but a lot of bull. In: Everybody loves a good drought: stories from India's poorest districts. New Delhi, India: Penguin Books; 1996, pp.3–9.
- Singer P. All animals are equal. In: Kuhse H, Singer P (eds). Bioethics an anthology. 2nd ed. UK: Blackwell Publishing; 2006.
- 8. Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, de Souza Dias BF, Ezeh A, Frumkin H, Gong P, Head P, Horton R, Mace GM, Marten R, Myers SS, Nishtar S, Osofsky SA, Pattanayak SK, Pongsiri MJ, Romanetti C, Soucat A, Vega J, Yach D. Safeguarding human health in the Anthropocene epoch: report of the Rockefeller Foundation–Lancet Commission on planetary health [Internet]. *Lancet*. 2015;386:p.1973–2028 [cited 2015 Aug 25]. Available from: http://www.thelancet.com/article/S0140673615609011/abstract

## To believe or not to believe: the onlooker's role in cases of sexual boundary violations

#### **RAKHI GHOSHAL**

# Who would you believe? Director: Sunita Simon Kurpad. Supported by: The Institutional Ethics Review Board, St John's Medical College, Bengaluru, 18 minutes

Available from: http://sjri.res.in/hhResources

This triple-tiered 18-minute documentary explores the issue of sexual boundary violation (SBV) in the healthcare setting. SBV is a complex terrain and the evaluation of the incidents falling in its domain rely on the imperatives of objective, rational and legal decision-making as these incidents are often considered an individual's subjective perception of a gesture, an activity or spoken words. Consequently, it is not uncommon to find those acting as decision-makers and the jury getting caught in the slippage between *their* perception of the accuser's "perception" and the objectivity warranted by the law. In the process, the "reality"/"truth" of SBV gets lost.

It is this complexity that the documentary captures. It decidedly portrays rather "grey" character, ie it abstains from portraying a voiceless, meek victim against an obviously evil perpetrator. Instead, it makes use of a somewhat reverse characterisation, thus approximating to real-life situations as closely as possible.

Author: Rakhi Ghoshal (rakhi.ghoshal@gmail.com), Independent Researcher B-3, Spandan Apartments, Kalikapur, Kolkata 700 078, West Bengal, INDIA

To cite: Ghoshal R. To believe or not to believe: the onlooker's role in cases of sexual boundary violations. *Indian J Med Ethics*. 2016 Jan-Mar; NS1(1):60-1..

© Indian Journal of Medical Ethics 2016

In the first section of the film, a 20-year-old female patient narrates how her 62-year-old male surgeon came to check on her on the eve of her surgery, but without a chaperone. The doctor did not record this examination in the case notes either. The patient was left initially confused, and then shaken when he used "more hands than stethoscope" to palpate her chest. The conversation that follows takes place in an interesting mode, with the characters talking about themselves in the third person. It is a trialogue between the surgeon, the patient and a nurse (who forwarded the patient's complaint to the hospital authorities), and it acquaints us with certain facets of each character.

The surgeon has a very clean record, his female secretary has never reported having had any problems in working with him, and he argues that he is being targeted as he comes from a different state. The nurse allegedly holds a grudge against the surgeon for he had reprimanded her for her work some time ago; also, she is a local person. The patient is apparently vivacious and admittedly flirted with the ward boys, male patients and doctors. Having thus significantly "greyed" the characters, the first section of the film ends here, leaving the audience uncertain as to who to believe.

Taking this uncertainty regarding "who to believe" as the point of departure, the next section acquaints us with a "real life case". A close friend and colleague of the Canadian doctor, Dr Paul Garfinkel, had been accused of gross sexual misconduct by a female patient. However, Dr Garfinkel unquestioningly supported him, believing that he knew his friend thoroughly. When he eventually learnt that the sexual violation had indeed

taken place, he was left devastated. The accused had not only violated the trust of his patient, but also that of his friend, who felt that he had contributed to the violation of the woman by initially believing her to be a fabricator. In this case, Dr Garfinkel was an involved onlooker, and it is indeed easy for such people to get caught in the slippage between what an unknown victim claims and what they believe they know about their own friend(s).

The final section explores this emotional quandary through an interview with a clinical psychologist, Dr Tanya Machado, who speaks of a similar experience she had had. Dr Machado shares the plight of the involved onlooker, who is often fooled by the outward charm of the seemingly respectable perpetrator, and the former ends up re-victimising the victim by denying her/him even the benefit of the doubt.

The documentary examines the location of a very crucial player in cases of SBV – of the involved onlooker. S/he is an engaged party, who has the power either to strengthen the voice of victims by believing them or to make them feel doubly violated and let down. The involved onlooker is a microcosm of

society, which tends to commonly err even when something seems apparent, and is known for its inclination to reject claims made by women who are "too" lively, "too" friendly and who defy social stereotypes in any way.

So, who to believe? The documentary provides no definite answer, but serves its purpose well through its very openendedness. This film can be used as a potent tool in courses/ sessions on medical sensitisation and medical humanities. SBV is an alarmingly widespread malaise that is eating into the integrity of several professions, and the higher the power imbalance between the service provider and the recipient, the more intense it tends to become. It is much more a question of a display of power than of sexual gratification. The power relation between the two parties is clearly skewed, and it is the responsibility of society - commonly individualised and embodied by a few people who are close to either the accused or accuser, or both - to decide on action so that justice is delivered, the victims are not further abused, their rights are restored, and finally and most importantly, instances of such violations are reduced.

## If you are looking for India's finest medical journal, then here it is.

The National Medical Journal of India is a premier bi-monthly multi-disciplinary health sciences journal which publishes original research, reviews, and other articles relevant to the practice of medicine in India. The journal aims to instruct, inform, entertain and provide a forum for the discussion of social, economic and political health issues. It is included in the Index Medicus

SUBSCRIPTIONS				
	One year	Two years	Three years	Five years
Indian	Rs 600	Rs 1100	Rs 1600	Rs 2600
Overseas	US \$85	US \$150	US\$220	US\$365

(Pubmed), Excerpta Medica (EmBase), BIOSIS, Current Contents/Clinical Medicine and Science Citation Index.

Personal subscriptions paid from personal funds are available at 50% discounted rates

Bank draft/cheque should be made in favour of *The National Medical Journal of India*. Please add Rs 75 for outstation cheques. Journals can be sent by registered post on request at an added cost of Rs 90 per annum. Requests to be made at the time of subscribing.

Please send your subscriptions, queries to:

The Subscription Department, *The National Medical Journal of India*, All India Institute of Medical Sciences, Ansari Nagar, New Delhi 110029.

Tel: 91-11-26588802 FAX: 91-11-26588663 E-mail: nmji@nmji.in Website: www.nmji.in

