Responding to Bullying

A Perspective and opportunity

to respond

appropriately and effectively

About the Authors

Dr Gordon Atherley holds the British equivalent of a Canadian PhD and Medical Doctor degrees, and LLD (Honoris Causa) from Canada's Simon Fraser University. He has received many academic awards for the work he has accomplished on human interaction including a Fellow of the Royal Society of Arts, UK. Particularly relevant to the subject of this briefing paper, Dr. Atherley uses his medical specialties in occupational medicine and public health to support this new body of work aimed at assisting patients and caregivers manage through aggressive and abusive behaviour from physicians and other allied healthcare providers - everywhere. As the first President and Chief Executive Officer of the Canadian Centre for Occupational Health and Safety, the Canadian equivalent of the US National Institute of Occupational Safety and Health, Dr. Atherley led the creation of Canada's electronic information service in occupational health and safety, now used in more than 40 countries. He is an expert in the use of technology in health. He lives in Burlington, Ontario.

Mr. Marc Kealey is the Principal at K&A Inc., a noted Canadian public policy organization established in 2007. The company is noted for the work it does in regulatory affairs throughout Canada in cannabis, vaping, compounding pharmacy, gaming and energy. The company is developing health projects in USA, Mexico, Middle East, Europe and Asia He founded the company after an extraordinary career in healthcare management including as CEO of Canada's largest pharmacy organization during a tumultuous time in Canada – prescription drug reform, which has taken hold in every province in the country. Prior to that he was the General Manager of AECL working in Eastern Europe, Asia and Latin America. He was appointed to this role after an almost decade long career as a hospital administrator in Durham Region (east of Toronto). He began his career as an advisor to the former Prime Minister of Canada in the 1980's with a special interest in healthcare. He is a graduate of University of Waterloo with a degree in Political Science and attended Kent State University in Ohio. He has considerable experience in e-health having served on the Board of Ontario's Smart System for Health, the University of Waterloo's School of Pharmacy and McMaster University Board of Governors. He sits on the Boards of several Canadian and International organizations including the Jamaica Canada Initiative on Disaster Relief and Resilience and several publicly traded companies. He lives in Mississauga, Ontario with his family and is a proud native of the City of Niagara Falls, Canada.

To contact us for an interview or use our resource library contact Daniela at 905-625-3002 or by email at:
info@kealeyandassociates.com

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Introduction

Bullying is a term that in common parlance is recognized as *bad actions* on the part of bullies, OED[1]. The term is used in contexts such as mental illness, training of physicians and other healthcare providers, and in law enforcement. But the bad actions of bullying lack clear place in policies for prevention of bullying, protection against bullying, and support for the bullied.

This research paper was first drafted in 2016 and has been updated in early 2019. Sadly, little has been accomplished by way of legislative or regulatory initiatives since that time. In mid to late 2018 a media report on the release of an IPSOS poll (Canadian focused) suggested that 85% of those polled were aware that online bullying was an issue. But Michael Colledge of IPSOS was clear in his remarks that "…The worrisome thing is that we started [the poll] in 2011 to track [instances] and the numbers haven't moved down," Colledge said.[2]

Bullying and *cyber bullying*, which uses the Internet, comprise the bad actions of bullies towards other persons and has been the cause of many unfortunate incidents worldwide. The bad actions include insulting, frightening, and oppressing persons – usually from the perpetrator hidden from public view. The bad actions may be intended by the bully to drive, force or frighten persons into doing something that the bully wants them to do even though harm may be done to the persons who are being bullied. The bad actions' effects are especially troublesome for people living with mental health disabilities who are targets of these actions. One example current in 2019 is threatening voice mails and emails from someone claiming to be from the Canada Revenue Agency (CRA) or The Internal Revenue Service (IRS), the service of the United States federal government responsible for collecting taxes. Clearly, CRA and IRS do not harass citizens of their respective countries with legal action or arrest, but the unwitting recipient of these calls has no knowledge this nefarious "trolling" is simple bullying.

Troll and *trolling* are Internet slang. A troll is a person who spreads discord on the internet by starting arguments, upsetting persons, posting inflammatory messages in an online community with the intention of provoking readers, disrupting normal on-topic discussion, and amusing the troll. Trolling is increasingly regarded as online harassment. Trolls and trolling may be associated with bullying and cyber bullying.

Studies are well written and available about bullying and cyber bullying – many reports suggest that the action of bullying in of itself may be the result of a mental health disability, *narcissistic personality disorder*, that the bully lives with. This disorder manifests in individuals who

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[1] OED
bullying, ppl. a.
That bullies or acts like a bully; domineering, menacing.
bully, v.1
1.1 To act the bully towards; to treat in an overbearing manner; to intimidate, overawe.
2.2 To drive or force by bullying; to frighten into a certain course; with away, into, out of, to.
3.3 To bluster, use violent threats; to swagger.

[2] Global News Online report June 2018 "IPSOS Poll and online bullying" Maham Abedi reporting

overestimate their own abilities, inflate their own accomplishments, act boastfully, and devalue the achievements of others.

This research paper aspires to provide targeted individuals, schools, teachers and organizations with a resource for managing through the actions of bullies and the affect public policy in a more proactive sense.

Privacy Policy applied to this Discussion Paper

Contributors of information to this Discussion Paper who are identified by name herein have given explicit permission for their name or names to be disclosed in this Discussion Paper. We are grateful for their courage.

All others from whom information is obtained are anonymous or are authors of published writings. For sources in the public domain, such as websites and mainstream print media articles, the sources are identified in footnotes and available as a resource to those who seek assistance in managing cyber-attacks.

The purpose of this briefing paper is to enlighten and inform. It serves, too, as a reminder that we are not alone when targeted for bullying. Even the Authors of this paper have been targeted by bullies – particularly in health care – where targets or victims are often in a position as vulnerable, are the targets of a concerted effort perpetrated by a front. This Briefing paper purports to describe bullying and the actions of bullies, but also purports to provide information in the guise of a resource library and a voice for those who may be feeling helpless with seemingly nowhere to turn when they are targeted for bullying.

Experiences of Bullying, Cyber bullying, Cyber bullying Law and Cyber Safety

Rehtaeh Parsons

Bullying and Cyber bullying -- Rehtaeh Parsons was 17 when she was taken off life-support after attempting suicide. Her case attracted national attention when her family alleged she had been sexually assaulted in November 2011 at the age of 15 and then repeatedly bullied online after a digital photo of the alleged assault was shared among students at school.

Cyber bullying Law -- The Toronto Star of April 2016[3] reported that the province of Nova Scotia drafted new legislation to replace its cyber bullying law inspired by the death of Rehtaeh Parsons. The original law was passed in May 2013 in response to public outrage over her death.

Cyber Safety -- Supreme Court of Nova Scotia Judge Glen McDougall struck down the original Cyber Safety Act in December 2015, on the grounds that it violated the Charter of Rights and Freedoms. Nova Scotia Justice Minister and Attorney General Diana Whalen said that the province accepts that the act was too broad and will not appeal the decision.

Dr. Gordon Atherley

Atherley personally experienced bullying while providing services to a national Canadian organization, a registered charity, which provides some services to organizations involved with a serious mental health disability and to persons and families living with the serious mental health disability. Follow this link to listen to his March 29, 2016 broadcast 'Bullying People living with Mental Health Disabilities'. Click the highlighted title and run the player.
http://familycaregiversunite.org/erarchive/?p=2530

Marc Kealey

Kealey and his family personally experienced cyber bullying while he was CEO of the Ontario Pharmacists' Association, the largest professional organization serving the interests of pharmacists in Canada. Follow this link to listen to his March 22, 2016 broadcast, 'A Family Experience of being Bullied'. Click the highlighted title and run the player. Interesting to note that Kealey never referred to himself as a victim – his description is that of a "target".
http://familycaregiversunite.org/erarchive/?p=2523

[3] http://torontostar.newspaperdirect.com/epaper/viewer.aspx?noredirect=true

Fear

Fear is a major factor that complicates responses to bullying by physicians.

Fear among family caregivers arises from worries that the health or social services they and their family members depend on may suffer if family caregivers complain too vociferously about bullying by physicians. Family caregivers' fear is justified because fear is embedded in the healthcare system, according to the Toronto Star's article of March 27 2016, 'Fear and loathing stalk health-care reform'[4].

The article reported that in March 2016 a pervasive sense of fear dominated the closed-door talks that Ontario's health minister had been holding with health-care leaders. The article explains that the then health minister (under the previous government) and a team of senior bureaucrats were preparing massive reform of the health-care system that is predicted to impact the lives of every resident of Ontario. The article states that fear prevents many of the talks' participants from openly speaking their minds lest they face reprisals from agencies they rely on for funding. The article warns that the fears could even derail the entire process of reform.

Also there arises the question of the extent to which shame, embarrassment and repercussions on the part of bullied persons are comorbidities or complications of fear.

Structural Reasons for Bullying

One family caregiver, in considering an invitation to be a Guest for Atherley's radio talk show, Family Caregivers Unite, said that she would have to make sure that her son, who lives with a serious mental health disability, is out of the house because his actions can be unpredictable. She explains that there are times that, when she is on the phone, her conversations bother him. She expresses her needs as wanting to know; (1) how decisions are made in the mental healthcare system in allocating funds and in assigning accountability; (2) to what extent the decisions may result in substandard care or absence of care for persons with mental health disabilities; (3) how well family caregivers' needs are understood and responded to; (4) more about legislation that prevents or protects health care professionals from being harassed; and (5), the impact of workplace harassment and abuse, all of which she terms the structural reasons for bullying.

But this family caregiver's structural reasons contained no evident concerns about protection of persons living with mental health disabilities who have been bullied or who are vulnerable to being bullied, or their families and family caregivers.

Huronia: Publicizing the Suffering from Bullying

The Huronia Centre ("Huronia") opened in 1876 in Orillia, Ontario. Huronia was one of a network of developmental disabilities centers in Ontario that were shut down in 2009 by the provincial government of the day. During its life, it was variously known as the Ontario Hospital, Huronia Institute, and Huronia Regional Centre. In a class action lawsuit brought against Ontario by

[4] http://www.thestar.com/opinion/commentary/2016/03/27/fear-and-loathing-stalk-health-care-reform-hepburn.html

former residents of the Huronia Regional Centre, a settlement agreement was reached and approved in Superior Court on December 3, 2013. Among other outcomes was the reading of an apology by then Ontario Premier Kathleen Wynne.

In the summer of 1966, a young woman had just finished high school and needed money for continuing her education. The work at Huronia was well paid, she explains, so student summer jobs were highly sought after. At 18 years of age, the minimum age for employment at Huronia, she was accepted for work, which lasted two and a half months.

She described Huronia as many low- and medium-rise buildings on a beautiful hilly location overlooking Lake Simcoe. Many residents of Orillia worked full-time at Huronia as nurses, social workers, hairdressers, cleaners, groundskeepers, and food preparers, among other occupations. She recalled efforts at growing vegetables and even a small farm for animals. The economy of the town relied heavily on the work Huronia provided.

She worked in areas known as the 'cottages'. These longish, single-story units housed children from babies to about ten years of age. She had no contact with adult patients. She recalled children with Down syndrome, and children with large heads, small heads, strangely misshapen heads and other visible developmental disabilities, which at the time lacked clinical names. Many of them could not walk or talk. Most lacked toilet training. They slept on cots with high sides. For some of the children, even the top of the cot was barred; some were tied to the bars of the cots by lengths of cotton strips. One boy of about 8 years of age was placed on a potty for at least an hour every day because he stubbornly "wouldn't go", she was told. When he was finally allowed off the potty, she recalls that his bottom was red. She also recalls that the radio was on all day and that he learned to hum many songs, but not to talk.

Her shift started at 6 AM. In the locker room she would change into her uniform and dedicated shoes. Then she would wake up the children assigned to her. She fed them, bathed them, dressed them, took them out into the fenced yard for fresh air and playtime – she recalls that hardly any of them played spontaneously with the toys provided – brought them in for lunch and got them ready for the afternoon nap in their cots.

She explained that she fed the children as one would feed a baby: carefully with the spoon, allowing time to swallow, and wiping the face. "Don't do that it takes too long", she was told, "the kids aren't aware so basically just shovel it in to get the job done fast". She learned that everything was done to minimize the effort and maximize the convenience of the workers. She saw full-time workers eat the bacon from the food trolleys instead of giving it to the children. Much of the best food was eaten by the workers, she believed. Once a month, a trolley of new clothing arrived for the children. Much of it was stolen by the full-time workers for their own families, she recalled. It was easy to steal because of what she saw as limited supervision and accountability. She only had interface with a doctor when a child died. Occasionally some parents came on weekends for pre-arranged visits. She would get the child dressed and presentable. Sometimes she would accompany the parents to help them control their children. She recalls

how some children would go haring off down the hill towards the lake. She understood how these visits were so very, very sad for the parents.

She did not see anyone hit a child, but she noticed how the children were handled roughly by staff, with almost no human kindness.

She recalled a boy who 'lived' in a fully barred cot. She was told he had three heads but she could see that these were bony protrusions from each side of his skull. He rocked back and forth all the time. She was warned not remove his restraints when changing his sheet because he could be violent. She spoke to him while she attended to him. He never showed her any violence but he did look at her carefully from the eyes in his strange face.

Rough handling of children with developmental disabilities by staff with almost no human kindness, the suffering experienced by the children, staff stealing food and clothing intended for the children, and physicians who attended only dead children surely implies bullying, so what followed the class action?

Marie Slark and Patricia Seth[5] are working to educate others on the suffering that occurred at the now infamous Huronia. They launched a class action that ended with a $35-million settlement for survivors of Huronia. Former Huronia residents themselves, Marie and Patricia joined a new speakers' series to try to ensure that no one forgets and that everyone remembers the horrors they endured there. Marie, now 62, was institutionalized at the Huronia Institute in the late 1950s, at age 7. Patricia, now 57, was institutionalized at the Huronia Institute in 1964 at the age of 6 and lived there for almost 15 years. Patricia remembers overcrowded dormitories and what she calls "military" discipline. She's quoted as saying that "They would pull you out by the hair of your head, and you'd have to stand in the corner," and that "sometimes you'd be forced to scrub the floors with a toothbrush or be struck with a fly-swatter".

Concerned that their stories and those of hundreds of others were never aired in court, Marie and Patricia joined the Huronia Speakers Bureau. They'll tell their stories again and again.

Their stories are stories of suffering from bullying in the cruel environment of 1966 recalled by the 18-year-old student.

Appealing to a Regulatory Body and an Appeal Board

One Ontario family caregiver launched a complaint to the College of Physicians and Surgeons of Ontario[6]. This is the body to which the Ontario government delegates responsibility for protecting Ontarians against misbehaviors and bad actions by Ontario physicians. The complaint is about two psychiatrists. At early April, 2016 there were no outcomes to report. But as the

[5] http://www.thestar.com/news/gta/2016/02/10/former-huronia-residents-join-speakers-series-to-educate-others-on-horrors-endured.html

[6] http://www.cpso.on.ca/About-Us

pressure rises from other concerns, pressure on the College of Physicians and Surgeons of Ontario seems likely to rise.

After unsuccessfully applying to the College of Physicians and Surgeons of Ontario, Ontario pharmacist and methadone maintenance treatment clinic and pharmacy owner, William H. Brown, initiated a complaint about the behavior of a physician who runs methadone maintenance treatment clinics in Ontario towns to Ontario's Health Profession Appeal and Review Board[7]. At early April, 2016, the details of the complaints were confidential though, seemingly, in some respects the complaints could relate to bullying. The Board is expected to take three to four months to arrive at a decision. To what extent the decision bears on bullying remains to be seen.

Culture of Medicine

The National Post's September 1, 2015 article, "Canadian study sheds light on the hidden culture of medicine"[8] looks inside the culture of medicine, in which psychiatrists are dismissed as "flakes", senior doctors carry out "childish pranks on the students they teach", and "idealism withers away in the face of the culture of medicine's stark realities".

The culture of medicine's stark realities include government policy on autonomy for persons living with serious mental health disabilities. Under Ontario's Substitute Decisions Act, 1992[9], a person who is 16 years of age or more is presumed capable of giving or refusing consent in connection with his or her own personal care. In other words, the day persons turn 16 years of age they become autonomous, which means that they are automatically considered capable of making health-related decisions for themselves. And which also means that responsibility for decisions about care provided to the newly autonomous person abruptly switches from the family caregiver or other caregiver to the person living with a serious mental health disability.

The solution, says the Ontario government, is making a Power of Attorney to plan ahead so as to be confident that plans will be carried out. A Power of Attorney for Personal Care is a legal document in which one person gives another person the authority to make personal care decisions on the other person's behalf if he or she becomes mentally incapable. But with family members with serious mental health disabilities family caregivers experience problems with powers of attorney.

By way of example, the National Post's July 3, 2015 article is titled "The unexpected transformation of Aaron Pearlston: He is now Douglas Pearson, white supremacist"[10].

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[7] http://www.hparb.on.ca/scripts/english/default.asp

[8] http://news.nationalpost.com/news/canada/trash-talk-and-childish-pranks-canadian-study-sheds-light-on-the-hidden-culture-of-medicine

[9] http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/pgtsda.pdf

[10] http://news.nationalpost.com/news/the-unexpected-transformation-of-aaron-pearlston-he-is-now-douglas-pearson-white-supremacist

The article quotes a former member of a school board race relations committee who observes that the young man was an adult and thus his own agent, so he could not be controlled by his parents because he doesn't have to listen to his parents if he doesn't want to listen to them.

So a 16-year-old living with a serious mental health disability could choose street drugs over prescribed medications, which is known to happen. What kind of healthcare is this?

Needs of Family Caregivers and Family Members living with Mental Health Disabilities

With the deinstitutionalization of mental health care services following the closure in 2009 of Ontario government institutions such as Huronia as discussed earlier, many individuals living with serious mental health disabilities were turned out onto the street. And family caregivers increasingly shouldered the responsibility of primary care giving for their loved ones living with serious mental health disabilities. It is variously estimated that from 60 to 90 percent of people with serious mental health disabilities live with their family caregivers. And to add to family caregivers' challenges, at age 16 their family members living with serious mental health disabilities automatically become autonomous. All of which is why the needs of family caregivers and their family members who are living with mental health disabilities should be understood and addressed.

Where family caregivers can go for help is problematic when they or their family members have been bullied by physicians.

In the US, US Medicare.gov[11], the Official US Government Site for Medicare, provides information about filing a complaint about a doctor, hospital or provider. Searching this website produced no mention of bullying.

The American Medical Association's Doctorfinder[12] tool provides basic information about licensed physicians in the United States. Its database includes more than 814,000 Association members, non-member doctors of medicine and doctors of osteopathic medicine. It does not provide information about other professionals, such as dentists, nurses, or optometrists. Searching this website produced no mention of bullying.

In Ontario, one important responsibility of the College of Physicians and Surgeons of Ontario, mentioned earlier, is to respond to concerns and to investigate complaints from the public about doctors licensed to practice medicine in Ontario. In all that it does, the College is required to act first and foremost in the best interests of the public. Searching its website produced no mention of bullying. As yet unclear is whether complaining to the College of Physicians and Surgeons of Ontario produces any progress in providing help to families and their family members who are living with mental health disabilities and who have been bullied.

[11] https://www.medicare.gov/

[12] https://apps.ama-assn.org/doctorfinder/home.jsp

MedicineNet.com[13] adds that twenty-eight percent of students from grades six through 12 have been the subject of bullying; that teachers often underestimate how much bullying is occurring at their schools; that parents tend to be aware their child is being bullied only about half of the time; that bystanders of bullying tend to succumb to what they believe is peer pressure to *support* bullying behavior and also to the fear of being bullied themselves.

Awareness of Bullying and Cyber bullying

The website bandbacktogether.com[14] states that that being bullied by a bully was in the past seen as a rite of passage from childhood to adulthood. It stresses that nowadays bullying is recognized as widely prevalent and extraordinarily dangerous. It states that bullying targets not only children, but also teenagers and adults. It explains that persistent bullying can lead to low self-esteem, poor body image, social isolation, anxiety and even suicide and murder. It holds that, if the bullied person or someone loved by the bullied person is bullied by a bully or a pack of bullies, the bullied person is likely to struggle with what to do, how to cope, and how to take the power back. For these struggles the website provides tips.

The tips included Voice for people who have been bullied. "Voice" in the personal sense of speaking out for oneself, and "Voice" in the political sense of uniting with others who have been bullied, creating collectives, and getting collectives' political voices heard.

The tips included advising persons who've been bullied to find the things that make them feel powerful such as taking a kickboxing class, learning to fight, or finding a hobby that helps combat low self-esteem. But things like kickboxing and learning to fight have risks, of which persons need to be aware.

Donegan[15] describes cyber bullying as follows

> Certain children find an outlet for their frustrations through bullying others. In the past, these actions could be better controlled because they were limited to face-to-face interactions. However, in recent years, this age-old conflict has matched the pace of technological evolutions, making it more dangerous and harder to contain. Cell phones, social media sites, chat rooms, and other forms of technology have allowed bullying to expand into cyberspace.

This description highlights the impact of technology on the evolution of awareness of bullying.

Awareness evolved from the perception of a rite of passage from childhood to adulthood to the wide understanding of cyber bullying as widely prevalent, extraordinarily dangerous bad actions that target not only children, but also teenagers and adults. The starting point for research should therefore be the widespread appearance of the technology used for the bad actions of cyber bullying. Donegan identifies the appearance in the 1990s of the second generation of digital network phones. Support for this timing comes from the mother of a son who lived with

[13] http://www.medicinenet.com/bullying/article.htm
[14] http://bandbacktogether.com/bullying-resources/
[15] https://www.elon.edu/docs/e-web/academics/communications/research/vol3no1/04DoneganEJSpring12.pdf

schizophrenia. When asked whether she, her son or both of them had experienced anything that she would describe as bullying, she replied "No", adding "He died before cyber bullying".

The 1990s thus represent the starting point for future research provided that relevant knowledge relating to prior periods is taken into account.

Research Needs

Research needs, which are broad, include advances in understanding of relevant knowledge, programs and experience, and taking account of knowledge relating to prior periods.

The origins of bullying are explained in a Guest Blog authored by Dr. Hogan Sherrow, a researcher writing in the Scientific American[16]. He observes that bullying, which occurs in animals as well as humans, dates back to the birth of the human species, was inherited from humans' earliest ancestors, and provides advantages to individuals who bully. He explains that humans added the effects of language to bullying, which takes bullying beyond "individually advantageous" to "socially venomous". He underscores the ways in which social media brings to bullying devastating results by enabling anonymity for the bullies, and concludes that anti-bullying programs however well-meaning fail to get to the root of bullying.

The role of law enforcement[17] involves in the United States law-enforcement officers being increasingly requested to handle cases of cyber bullying among children and teens. This role is described in The National Center for Missing & Exploited Children and the International Association of Chiefs of Police joint production *Preparing and Responding to Cyber bullying: Tips*

[16] http://blogs.scientificamerican.com/guest-blog/the-origins-of-bullying/
[17] http://www.stopbullying.gov/blog/2015/04/15/how-should-law-enforcement-respond-cyberbullying-incidents

*for Law Enforcemen*t. Police, along with first responders, and military personnel are expected to show great mental toughness when faced with dangerous situations.

Mental toughness refers to resolve and strength of character. A person whose response to danger is perceived to be weak is viewed as lacking in moral fiber. But mental toughness is a controversial term because of its frequent use to refer to any positive attributes that helps a person contend with difficult situations. Over the past decade, scientific research has sought a formal definition of mental toughness especially in its application to sport. Moran (2012)[18], among others, warns that in sport caution is required in drawing conclusions about the nature, characteristics, determinants and development of mental toughness because of the theoretical nature of the definitions, which owe more to anecdotal plausibility than to empirical research. Nevertheless, toughness is seen as a desirable personal characteristic for police, first responders, and military personnel. Which leaves for research the question of whether mental toughness may be associated with bullying in law enforcement.

Canadian cyber bullying statistics published by *Stop a Bully*[19] include the following quantitative data

1) 90% of parents are familiar with cyber bullying; 73% are either very or somewhat concerned about it
2) 2 in 5 parents report their child has been involved in a cyber bullying incident; 1 in 4 educators have been cyber-harassment victims
3) 73% of educators are familiar with the issue and 76% believe cyber bullying is a very or somewhat serious problem at their school
4) Educators consider cyber bullying (76%) as big an issue as smoking (75%) and drugs (75%)

An individual's perspective is expressed by an adult male who has lived successfully with a persistent mental health disability, who has experienced bullying by physicians, and who urges others to stand up for themselves. But how such people should stand up for themselves needs good research aimed at understanding what good action is and what bad action is for individuals who have been bullied or who are vulnerable to bullying.

A qualitative perspective is expressed in the Canadian Medical Association Journal on March 15 2016[20] article 'Bullying still rife in medical training'. The article reports that, despite twenty years of policies, programs and procedures, rates of bullying in medical training remain high and that as many as 93 percent of junior hospital doctors reported at least one experience of intimidation and harassment. But the article reports nothing on the question of whether physicians bully patients, though the belief exists that some patients do complain of bullying by physicians.

The American Psychiatric Association[21], among other organizations, describes the mental health disability, *narcissistic personality disorder*. This is diagnosed when an individual excessively needs

[18] http://catalogue.library.ulster.ac.uk/items/1372584
[19] http://www.stopabully.ca/bullying-statistics.html
[20] http://www.cmaj.ca/content/188/5/321.full.pdf+html
[21] https://psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders

admiration, radiates a grandiose sense of self-importance, possesses a sense of entitlement, takes advantage of others, and lacks empathy for others. Narcissistic personality disorder leads individuals living with it to resist treatment because they refuse to acknowledge that they need treatment. More research is needed to find out how frequently it occurs in physicians and psychiatrists. More research is need to understand the association between narcissistic personality disorder and bullying, and how it leads to bullying. More research is need because bullying people living with mental health disabilities involves to two types of bad actions: bad actions against people living with mental health disabilities, and bad actions on the part of people, physicians included, who are living with mental health disabilities.

Good actions would be (1) helpfully responding to bullying by physicians of family caregivers and their family members who are living with mental health disabilities and who need to know what they can do when they or their family members have been bullied; (2) clearly identifying the ways physicians bully patients; (3) sensitively studying the effects of the bullying on patients and their families; (4) suggesting appropriate ways of reporting and resisting bullying; (5) successfully helping families and their children who are living with mental health disabilities and who have been bullied by physicians; (6) insightfully providing supports for children, teenagers and adults who have been bullied by physicians; and (7) seeking reliable understanding of the role of narcissistic personality disorder among physicians.

These good actions should be underpinned by good research

Good Research for Bullying and Cyber bullying

The research should explore medical knowledge relating to mental health disabilities by (1) making good use of epidemiology and biostatistics; (2) employing qualitative research for analysis of unstructured data, including open-ended survey responses, literature reviews, interviews, audio recordings, videos, pictures, social media and web pages, focus groups, in-depth interviews, content analysis, ethnography, medical science used in the interpretation of symptoms and print media; and (3) relying on qualitative data analysis to help manage, shape and interpret unstructured information; to classify, sort and arrange information; and to identify themes, glean insight and to develop evidence-based conclusions.

The research should involve listening to people describing their experiences of being bullied and cyber bullied. The research should (1) advance understanding of bullying in all its forms; (2) help in promulgating prevention, promoting protection, and providing support for persons who have been bullied or who are vulnerable to bullying; (3) include giving Voice to persons and collectives of persons who have been bullied or who are vulnerable to it; and (4) be capable of assuring interviewees that their requirements for privacy or anonymity will be met.

The research should involve analyses of behaviors of physicians especially when they have administrative authority as well as medical responsibilities. And the research should take account

of ethics. Registered charities are enabled to issue tax receipts for donations, which raises questions for research concerned with questions of ethics.

The research should link human insight with advanced, time-saving computer-based methods for qualitative research focused on individuals', narratives, experiences of mental and physical illnesses and persistent disabilities, family care giving, interactions with healthcare, social other major systems and services, and views on controversies.

The research should promote (1) understanding by physicians and their associations of the role of narcissistic personality disorder in bullying by physicians; (2) the message to the profession that bullying especially of people with mental health disabilities needs to be taken seriously because of the harm it causes; (3) policies that encourage the profession to seriously consider the role of narcissistic personality disorder as a cause of bullying by physicians, as a cause of bullying that occurs in the places where physicians work, and as a cause of bullying that is experienced by patients treated by physicians; and (4) awareness that narcissistic personality disorder is within the scope of practice of family doctors, is central to the work of psychiatrists and psychologists, and is therefore to be understood by all of them.

To be good, the research should inform hospitals of the need to (1) promote and provide care and supports for people who have been bullied by physicians; (2) view narcissistic personality disorder as a mental health disability that may affect physicians and other professionals, administrators and staff working in hospitals, and that may have been experienced by some patients treated by hospitals; (3) provide care and supports for patients and hospital personnel who have been bullied; and (4) recognize that the effects of bullying may create complications and comorbidities for individuals receiving care for other, better understood conditions.

Coda

In 1963 Soskin and John[22] described qualitative research as "Going forth to see what the jungle consists of rather than making one's way through a jungle to find a particular village".

Since the 1990s, cyber bullying has generated considerable awareness of information technology's role. Emerging technologies generate harm as well as benefits of historic proportions. Which is why the information technology sector should join with the research proposed in this Discussion Paper.

[22] Soskin, W.F. & John, V. (1963). The study of spontaneous talk. In R.G. Barker (Ed.), *The stream of behavior: Explorations of its structure and content* (p. 228). New York: Appleton-Century-Crofts.

Annex 1 Bios

Dr. Gordon Atherley's current and recent activities include host, founder, and owner of Family Caregivers Unite! - the Internet Radio talk show created in 2010 for empowering family caregivers by amplifying their voice, and publicizing their value; for providing them with information which is trustworthy, understandable and useful and for broadcast by VoiceAmerica with 425 episodes held in an Archive. He's founder and owner of EQualitative Research that links human insight with advanced, time-saving computer-based methods for qualitative research of individuals' narratives, experiences of mental and physical illnesses and persistent disabilities, family care giving, and interactions with healthcare, social other major systems and services. He holds the UK equivalents of the N. American PhD and MD degrees, and LLD, Honoris Causa, from Simon Fraser University. Prior to retiring from medical practice, his medical specialties were occupational medicine and public health. He's held tenured, full-time positions, including departmental chair, in university faculties of engineering, physics and medicine; and full tenured professor, epidemiology and biostatistics, University of Toronto.

Marc Kealey has 30 years' experience in healthcare management and advocacy; he is a leading voice for transformation in health care, most notably drug reform. He's the Chief Advocate at K&A Inc., a public policy and management consultancy with offices in Canada and abroad. His success results from many years of experience in governance, public policy development and health care management. Presently, the company has projects in Surprise, Arizona, Chetumal, Mexico and Asia. One critical focus for the company is on indigenous health – particularly with PURA (Rroviding Urban Amenities in Rural and Remote Areas) which is the legacy of his mentor, the late President Abdul Kalam of India whom Kealey knew well. Prior to founding K&A in 2007, he was CEO of the Ontario Pharmacists' Association, the largest professional organization serving the interests of pharmacists in Canada. At Whitby General Hospital he was President through the transition from community hospital to join the Lakeridge Health System. From 1984 to 1990 he was an advisor to the Rt. Hon. John N. Turner while working on Parliament Hill in Ottawa. He is a graduate of St. Jerome's University at the University of Waterloo in Ontario and attended Kent State University in Ohio. He is a frequent guest on Dr. Atherley's radio show and speaks globally on Canada's unique position worldwide in healthcare and prescription drug reform.

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