

# 從性平事件到制度改革： 臺灣醫師懲戒制度之 盲點、運作困境與改進方向

Blind Spots, Operational Challenges, and Reform Directions  
of Taiwan's Physician Disciplinary System: Reflections  
from Sexual and Gender-Based Misconduct Cases

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## 摘要

本文以近年醫界性平事件及其制度回應為起點，指出臺灣醫師懲戒之討論長期存在三項限制：過度聚焦正式領照後、過度限縮於醫病關係，以及將懲戒簡化為撤照與否。進一步言之，現行制度之核心困境，尚包括案件啟動困難、教學醫院雙重身分下之權責切割、專業共同體內部封閉性，以及公開資訊零碎分散。本文並比較英、美、日與臺灣懲戒公開及查詢制度，主張改革方向應著重於建立單一整合入口、補足舊案回

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關鍵詞：性平事件（sexual and gender-based misconduct）、專業自治（professional self-regulation）、資訊公開（information disclosure）、醫師懲戒（physician discipline）

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溯與地方公報串接、揭露多層次處分及其履行情形，並提升委員組成與利益迴避之外部可檢驗性。

This article takes recent sexual and gender-based misconduct cases in the medical profession and the institutional responses to them as its starting point. It argues that discussions of physician discipline in Taiwan have long been constrained by three limitations: an excessive focus on licensed practice, an over-narrow emphasis on doctor-patient relations, and a tendency to reduce discipline to the question of license revocation. The article further shows that the system's deeper problems lie in difficulties in initiating disciplinary procedures, fragmented authority in teaching hospitals, the closed nature of professional self-regulation, and the fragmented disclosure of disciplinary information. By comparing the disclosure and search systems of the United Kingdom, the United States, Japan, and Taiwan, the article proposes reforms centered on an integrated public portal, retrospective linkage to older cases and local gazettes, clearer disclosure of layered sanctions and their completion status, and more verifiable external oversight in committee composition and recusal.

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## 壹、前言

近年臺灣醫師懲戒問題，因國立臺灣大學醫學院附設醫院（下稱臺大醫院）婦產部性平事件及其後續調查，再度成為公眾關注焦點。監察院於2026年1月就該案提出糾正，明白指出臺大醫院未能正視部內性騷擾事件並謹慎妥處，姑息風氣已形成不良組織文化。同時亦指出，國立臺灣大學（下稱臺灣大學）與臺大醫院長期未明確劃分具教師與醫師雙重身分者之行

本檔案僅供試閱，完整內容請見本刊。