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Abstract

SEXUAL PARAMETERS IN DOCTOR-PATIENT RELATIONSHIP

by Judith Adams Perry, M.D.

A survey to determine the attitudes and practices of physicians regarding touching (erotically and non-erotically) their patients was conducted with 164 female physicians. The results were compared with a previous study (from the University of California, Los Angeles) of male physicians. As compared with the UCLA sample of male physicians, more female physicians believe in and engage in nonerotic touching; but fewer female physicians believe in and engage in erotic touching. None of the female physicians reported sexual intercourse with their patients as compared with 33 or 11% of the UCLA sample of male physicians.

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SEXUAL PARAMETERS IN DOCTOR-PATIENT RELATIONSHIP

by

Judith Adams Perry, M.D.

A Publishable Paper in Partial Fulfillment
of the Requirements for the Degree Master of Science
in the Field of Psychiatry

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Each person whose signature appears below certifies that this paper in his opinion is adequate, in scope and quality, as a research project for the degree Master of Science.

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INTRODUCTION

For 24 centuries ethical standards have prohibited doctors from indulging in sexual intercourse with patients (1-7). Generations of experience support the rule of abstinence while only a few authors openly refute this guideline (8,9).

A study entitled "A Survey of Physicians' Attitudes and Practices Regarding Erotic and Nonerotic Contact with Patients" was reported by Kardener, Fuller, and Mensh at the University of California, Los Angeles--UCLA (10). Briefly, 460 male physicians in five specialty groups (general practice, internal medicine, obstetrics-gynecology, psychiatry, surgery) responded to an anonymous one-page questionnaire. Results revealed that most physicians did not believe in the efficacy of or engage in nonerotic touching. Psychiatrists and obstetrician-gynecologists believed in and practiced nonerotic contact significantly less than internists and general practitioners. Five to 13 percent of the total sample engaged in some kind of erotic behavior with their patients.

Kardener's UCLA study stimulated thought regarding female physicians. Women physicians account for approximately 7.1 percent of all active M.D.'s (11). The rate of increase of active physicians is greater for women than for men (11). The role of a woman as a

physician appears to have unique qualities which distinguish her from her male colleagues (12-21).

Are there significant differences between the sexes in belief and practice of touching patients? What are the attitudes of women to this delicate area of the doctor-patient relationship? The following study was designed to parallel Kardener's survey, and the results from the two investigations were compared.

METHOD

A 24 item questionnaire was designed. Eight questions inquired about beliefs and practices regarding nonerotic contact with patients (defined as hugging, kissing and affectionate touching). This was followed by an open-ended question asking, "Under what circumstances might such behavior be utilized in treatment?" Similarly, nine questions inquired about erotic contact with patients (defined as behavior primarily intended to arouse or satisfy sexual desire) that was followed by the identical open-ended question as above. Respondents were requested to specify the actual number of patients involved in erotic contact excluding and including intercourse. They were asked to indicate the extent to which they attempted to treat sexual problems in their practice. Finally, demographic data gathered included age, marital status, area of specialty and years in practice. The items pertaining to erotic and nonerotic beliefs and practices, as well as the item regarding frequency of treating sexual problems requested ratings on the following scale: "0" (never), "1" (rarely--defined as less than five percent of professional experience or opinion), "2" (occasionally--less than 25 percent), "3" (frequently--more than 50 percent), or "4" (always).

A total of 500 female physicians were selected by systematic random sampling from the Directory of Women Physicians in the U. S. 1973, 250 each from the states of New York and California (22). The questionnaires were entirely anonymous. Each was mailed with an explanatory cover letter and a stamped, addressed return envelope. The physicians' responses were tallied and the data analyzed by means of contingency tables. Chi-square tests were used to determine significant group differences.

RESULTS

General Data

Thirty-three percent of the physicians responded (N=164). One letter of protest against this type of research was addressed to Loma Linda University. Two questionnaires indicated wildly exaggerated erotic patient contacts and were patently invalid. Six respondents gave demographic data but did not complete the questionnaire because they had no direct patient contact.

Eighteen percent of the respondents (N=150) were under 30 years of age, 30 percent were 30-39, and 38 percent were in the age bracket of 40-59. In contrast, 75 percent of the UCLA male physicians were age 40-59. Thus, the women respondents in the present study were significantly younger than the male respondents ($p < .01$).

Fifty-six percent of the female physicians (N=150) were married, which is significantly less than the 86 percent of the UCLA male respondents ($p < .01$). Twenty-seven percent of the women were single, which is significantly more than the 3 percent of the male sample ($p < .01$). Eleven percent of the female respondents were divorced or separated and 5 percent widowed.

Seventeen specialty groups were represented in the sample, in the following order of decreasing frequency: pediatrics (Ped) N=40, psychiatry (P) N=30 including

child psychiatry N=3, general practice (GP) N=20, internal medicine (IM) N=19, anesthesiology N=12, obstetrics-gynecology N=6, family practice N=5, pathology N=4, radiology N=4, dermatology N=3, surgery N=3, administration N=2, neurology N=1, ophthalmology N=1, orthopedic surgery N=1, public health N=1. No specialty indicated N=4. There was no attempt to select the sample by specialty since the study concerned itself with attitudes regarding touching and eroticism generally. For each item studied, results were tabulated by total physician response and by subdivision into the four leading specialty groups--pediatrics, psychiatry, general practice and internal medicine. Due to the small numbers of subjects, thirteen specialty groups were not compared.

Women (N=150) indicated 53 percent had been in practice 1-10 years; 9 percent 11-15 years; 21 percent 16-24 years; and 17 percent over 25 years. Compared with the UCLA male sample, more women were in practice 1-10 years ($p < .01$) and fewer women were in practice 11-15 years ($p < .01$). There was no significant difference in the two groups practicing 16-24 and over 25 years.

Treatment of Sexual Problems

In response to the question "Do you attempt to treat sexual problems in your medical practice?", 43 percent of the female physicians indicated occasionally, frequently

or always compared with 62 percent of the UCLA male physicians (Table 1). Thus, women less often attempted to treat sexual problems ($p < .01$). Within the four leading specialties of the women, general practitioners and psychiatrists attempted to treat sexual problems significantly more often than internists and pediatricians ($p < .01$). Also, female internists attempted to treat sexual problems less often than their male internist colleagues ($p < .01$). In responding to the above question, women were uniform (with no significant differences) when compared as follows: residence in California vs. New York State; married vs. single marital status; and under 30 vs. 50 and over age bracket.

Nonerotic Behavior

Table 2 presents the data obtained in response to two questions regarding nonerotic behavior. The female physicians more often believed (52 percent) and engaged (54 percent) in nonerotic touching (occasionally, frequently or always) than the UCLA male physicians (38 and 26 percent respectively) ($p < .01$). The male and female psychiatrists also responded in significantly different ways, with more female psychiatrists believing in and engaging in nonerotic touching than male psychiatrists ($p < .01$). Two questions were asked regarding nonerotic contact with male and female patients to determine

whether the physician was more comfortable touching someone of the same or opposite sex. The women showed no significant differences in response to these questions. The women physicians under 30 years of age believed ($p < .01$) and engaged ($p < .05$) in nonerotic touching more than the women physicians ages 50 and over.

Female physicians showed no significant differences in belief or practice of nonerotic touching when compared as follows: four leading areas of specialty; residency in California vs. New York State; married vs. single marital status.

A subjective open-ended question asked under what circumstances nonerotic physical contact (holding, hugging, kissing) might be beneficial. Sixty percent of the survey sample ($N=150$) replied to this question. The most common circumstance described (39 percent) was to "reassure, console, comfort, empathize." Two circumstances were described with equal frequency (20 percent each)--one was "crises" such as "bereavement," "cancer," "termination," "congratulations," "job;" the other was treating "young children" and/or "elderly" patients. Psychiatrists added another dimension to the responses (6 percent) by specifying "schizophrenic," "regressed psychotic," "agitated," "depressed," "passive-dependent" patients. One psychiatrist specified, "When patient initiates physical contact,

nonresponsiveness would be read as rejection and a positive response is therapeutic." Eight percent felt there were no circumstances in which nonerotic physical contact would be beneficial. For example, an ophthalmologist replies, "I'm too busy to even think about such things. My practice is confined between the upper and lower lids."

Erotic Behavior

Table 3 data indicate responses to several questions regarding erotic behavior with patients. The female physicians less often believed ($p < .01$) and engaged ($p < .05$) in erotic behavior than the UCLA male physicians. Most of both groups of female and male physicians indicated that erotic behavior should never include intercourse with a patient (98 and 95 percent respectively).

A separate question asked for the actual number of patients involved in erotic behavior with the physician, excluding intercourse. One physician responded affirmatively by indicating one patient. Eleven percent ($N=33$) of the male physicians responded affirmatively to this question with 70 percent indicating that the erotic behavior occurred with fewer than five patients.

With regard to patient-doctor involvement in erotic behavior including intercourse, none of the female physicians reported any such involvement. Of the male physicians, eleven percent ($N=33$) acknowledged sexual intercourse behavior.

Thus, in erotic activities excluding and including intercourse, fewer female physicians are involved than men.

Sixty percent of the respondents (N=156) replied to the open-ended question "Under what circumstances might erotic behavior be utilized in treatment?" Of those responding, 77 percent reported that it is never of benefit. Twenty-three percent gave a variety of explanations for the usefulness of erotic practices including such statements as "wise teaching, never by indulgence," "specific sexual problems," "treatment of sick M. D.'s," "Masters and Johnson-type situation with doctor him- or herself at most demonstrating areas of sensitivity to someone very ignorant. . .preferably a surrogate technician," "extreme feelings of inadequacy," "if patient requires illustration to overcome inhibitions or emotional blocks," "I do get a fair number of women referred to me who have been sexually involved with prior male therapists, and feel that in these cases sexual involvement ended the therapeutic effect and contract," "I do believe in sex education involving two partners, such as Masters-Johnson," "not unless willing to continue rest of life," "undecided."

DISCUSSION

This questionnaire survey focused on a unique parameter of the doctor-patient relationship--that of touching. Half of the physicians (52 percent) believed in nonerotic touching in their practice whereas only one percent believed in erotic touching. This is in contrast to a previous UCLA study of male physicians where it was found fewer men believed in nonerotic touching and more believed and engaged in erotic touching.

Women under the age of 30 believed and engaged in nonerotic touching more than women ages 50 and over. Attitudes and practices regarding touching were not affected by the sex of the patient nor the physician's state of residence, marital status, and area of specialty.

Fewer female physicians than male attempted to treat sexual problems in their practice.

In conclusion, touching appears to be a viable component of the doctor-patient relationship and an area deserving more study in order to increase scientific application.

TABLE 1

Responses, in Percentages, to the Question "Do You Attempt to Treat Sexual Problems in Your Medical Practice?"

Category	N	Never	Rarely	Occasionally	Frequently or Always
Female					
GP	18	11	6	67	17
IM	18	33	33	22	11
Ped	37	41	32	27	0
P	27	0	26	48	26
Total	138	34	23	33	10
Male - Total	445	11	27	36	26

TABLE 2

Responses, in Percentages, to Two Questions Regarding
Nonerotic Behavior with Patients

Category	N	Never	Rarely	Occasionally	Frequently or Always
"Do you believe nonerotic hugging, kissing, affectionate touching of patients may be beneficial to their treatment?"					
Female					
GP	19	21	26	32	21
IM	19	26	47	11	16
Ped	38	16	26	32	26
P	30	17	20	53	10
Total	150	21	26	33	19
Male - Total	447	32	30	28	10
Male P	112	30	43	25	3
"Do you engage in such practices?"					
Female					
GP	19	53	11	21	16
IM	19	42	37	11	11
Ped	38	16	26	32	26
P	30	27	30	33	10
Total	147	22	25	34	20
Male - Total	446	42	33	20	6
Male P	110	45	41	13	1

TABLE 3

Responses, in Percentages, to Three Questions Regarding
Erotic Behavior with Patients

Category	N	Never	Rarely	Occasionally	Frequently or Always
"Do you believe erotic contact with a patient may be beneficial?"					
Female					
GP	18	94	6	0	0
IM	19	95	5	0	0
Ped	36	92	8	0	0
P	30	87	10	3	0
Total	147	88	10	1	1
Male - Total	450	80	15	3	1
"Do you engage in erotic practices?"					
Female					
GP	18	100	0	0	0
IM	19	100	0	0	0
Ped	36	100	0	0	0
P	30	100	0	0	0
Total	142	100	0	0	0
Male - Total	443	95	4	1	0
"Would this include sexual intercourse with a patient?"					
Female					
GP	17	100	0	0	0
IM	15	100	0	0	0
Ped	34	100	0	0	0
P	27	100	0	0	0
Total	128	98	1	0	1
Male - Total	358	95	4	0	1

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