



Sexual Boundaries, Part I

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This month, I want to explore a rather difficult subject that is not often publicly discussed—sexual boundary issues. Even among ourselves, we do not often talk about this issue. It's time to bring it out in the open so that we can address it in an atmosphere of trust and honesty.

What are sexual boundary issues?

Sexual boundary issues can best be defined as a form of behavior that exploits the physician-patient relationship in a sexual way. It is always non-diagnostic, may be physical or verbal and is a violation of the patient's trust. Physician sexual misconduct can seriously damage or end a physician's career. Although a mental disorder may be the basis for sexual misconduct, I have not found an underlying mental illness in most of the cases of physician sexual misconduct I see through the Physician Health Program.

Sexual boundary issues may include physician-patient sex but is not limited to such. Physician-patient sex is always a violation of the physician-patient relationship, no matter who initiates it. Boundary issues may also include behaviors, expressions or gestures that are sexually suggestive or demeaning to patients, or show a lack of respect for a patient's privacy. Inappropriate sexual comments to a patient or about a patient in front of office or hospital staff constitute serious violations of the boundaries between physicians and patients.

Protecting Physicians and Patients

Next month, I will review some of the professional consequences of physician sexual misconduct as well as the importance of physician education on the subject. The BME has some specific recommendations that are helpful for all physicians:

1. Be alert to feelings of sexual attraction with patients and consult colleagues for feedback. When sexual attractions manifest themselves with certain patients, transfer those patients to the care of another physician and seek counseling. Never act on the attraction as a means of resolving the feelings of sexual attraction.

2. Be alert for, and maintain boundaries with, patients who may encourage a sexual relationship. (Then follow step 1 above).
3. Respect a patient's dignity at all times, and provide appropriate gowns and private facilities for dressing, undressing, and examination. Avoid being present in the room when a patient is dressing or undressing.
4. Have a chaperon present during patient examinations involving sensitive body parts. Do not conduct such an examination if the patient sexualizes the examination (or appears to).
5. To minimize misunderstanding or misperceptions, always explain the need for each examination, test, or procedure component.
6. Choose words carefully so that communications are clear, appropriate and professional.
7. Seek information and education about sexual misconduct, and educate other health care providers and students.
8. Never discuss your own intimate personal problems/lives with patients.

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