Physician sexual misconduct has made national news recently due to horrific events involving physicians in Michigan and California. As outlined in the Hippocratic Oath, the fundamental relationship in health care is between the patient and the physician. This relationship fosters the therapeutic alliance; it is the keystone to quality care, the healing process and optimal clinical outcomes. The therapeutic alliance promotes optimal outcomes; by contrast, a sexual boundary violation devastates clinical outcomes and is emotionally harmful and traumatic to the patient.

A boundary violation occurs any time the physician-patient relationship becomes about anything other than patient welfare; in many cases a physician misuses their power to exploit the patient for tangible or intangible benefit or gain. It is inappropriate for the physician to receive sexual gratification for their professional services or for any other reason.

Disparity of Power

Inherent in the physician-patient relationship is a disparity of power. The physician holds most, if not all the power: controlling the diagnosis, treatment and follow-up. When that disparity of power is used for sexual gratification, it is called physician sexual misconduct. Physician sexual misconduct exploits the physician-patient relationship and can happen irrespective of gender. Sexual behavior between a physician and a patient is never diagnostic, therapeutic or consensual, because of the disparity of power. This behavior may be verbal, physical or emotional, can occur in person or virtually, and may include expressions of thoughts and feelings, or gestures that are of a sexual nature or may reasonably be construed as sexual. This misconduct sometimes begins with the act of “grooming." In and of itself, grooming may not constitute sexual misconduct but is a precursor to other behaviors that will qualify, such as spending extra time with the patient, moving appointments to a time when there may be less staff or moving them offsite, or sharing health information of another patient.

At times the sexual behavior is completely initiated by the patient, usually to transform the disparity of power to get the upper hand. Once consummated, the patient can make demands under the threat of a medical board complaint. The duped physician will have significant expensive legal problems to deal with as the Board of Medical Examiners and the DEA take aim. The bottom line is the physician is always held responsible for their conduct, no matter who initiated it.

Always Unethical

The American Medical Association (AMA) considers a sexual relationship between a treating physician and a patient to be unethical; that includes treating their own spouse. If a physician wants to pursue a romantic relationship with a patient, they should first discharge the patient and document that in the chart. The American Psychiatric Association more explicitly states, "Sexual activity with a current or former patient is unethical – once a patient always a patient."

Share your thoughts with Dr. Baron at michaelb@e-tmf.org.

IN MEMORIAM

We offer our prayers and deep gratitude for all passing members. Their positive impact on their patients and profession will last forever.

John Bernard Dorian, MD, age 95, of the Memphis Medical Society on July 2, 2021.
Charles G. Graves, MD, age 96, of the Chattanooga-Hamilton County Medical on July 20, 2021.
Thomas E. Hayes, MD, age 85, of the Chattanooga-Hamilton County Medical Society on July 13, 2021.
Robert Clark Jones, MD, age 103, of the Sullivan County Medical Society on January 4, 2021.
O. L. Merritt, MD, age 91, of the Lakeway Medical Society on May 31, 2021.
Robert L. Simpson, MD, age 96, of the Upper Cumberland Medical Society on June 26, 2021.
Eugene Joseph Spiotta, Sr., MD, age 95, of the Memphis Medical Society on June 24, 2021.