Medical Students' Attitudes Toward Sexual Contact With Patients and Supervisors

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We surveyed 297 medical students regarding their attitudes toward sexual relations between physicians and patients and between physician supervisors and junior colleagues. Significantly more female than male medical students would intervene in a situation involving sexual contact between a physician and a patient, and male students would intervene significantly more often in the circumstance of sexual contact between a colleague and physician supervisor. Four percent of the students considered it acceptable to have sexual relations with patients. Forty-two percent felt that sexual contact would be acceptable immediately after the professional relationship ended; 80% approved of sexual contact with ex-patients after two years. The responses of both sexes indicated a naive understanding of the unequal power dynamics inherent in these types of relationships. We recommend specific discussions with medical students about the dynamics of unequal relationships and sexual exploitation to help prepare them for some of the difficult ethical issues in medical training and practice.

Sexual contact between physician and patient and between physician-educator and student (resident or medical student) is an area that has been addressed recently in the literature. Gartrell et al. (1) conducted a national survey of 1,423 practicing psychiatrists and reported that 7.1% of the male and 3.1% of the female respondents acknowledged sexual contact with their patients. In another survey, Gartrell et al. (2) questioned 548 fourth-year psychiatric residents and found that 0.9% acknowledged having been sexually involved with patients, and 4.9% reported sexual contact with their psychiatric educators. Less than 1% of the residents reported that educator-resident sexual contact had been addressed thoroughly in residency training, and only 12% felt adequately knowledgeable about patient-therapist sexual contact. It was the authors' recommendation that curricula be developed "for both residents and faculty on the dynamics of sexual exploitation and the psychological consequences of inequality" (2). The American Psychiatric Association (APA) specifically states that "sexual activity with a patient is unethical" and "sexual involvement between a faculty member or supervisor and a trainee or student may be unethical" (3).
ciation (AMA) recently addressed exploitation of others by physicians in the Report of the Council on Ethical and Judicial Affairs (4). This report, approved by the AMA House of Delegates on December 4, 1990, states, "Sexual contact which occurs concurrent with the physician-patient relationship constitutes sexual misconduct. Sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship [and] are unethical if the physician uses or exploits trust, knowledge, emotions or influence derived from the previous professional relationship" (see Tables 1 and 2).

Sexual contact between trainees and teachers appears to be increasingly prevalent in and pertinent to psychology training programs. Pope et al. (5,6) described the results of a national survey of psychologists in which 10% of the respondents reported sexual contact with educators as students. Of note was the finding that sexual involvement between faculty and students in psychology training programs appears to be increasing, with the concern that sexual contact between psychology educators and psychology graduate students may serve as a model for later exploitation of patients. Glaser and Thorpe (7) found that 22% of recent female doctorate recipients in clinical psychology had been sexually involved with their psychology educators.

In the absence of data on the attitudes of medical students toward sexual contact with patients or supervisors/educators, we conducted a survey of medical students at a major university medical center about their attitudes toward sexual behavior with patients and between supervisor and trainee. This survey was done in April of 1987 before

**TABLE 1. Medical ethics especially applicable to psychiatry**

The APA Ethics Committee states in the Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry (1989 Edition) that:

1) The patient may place his/her trust in his/her psychiatrist knowing that the psychiatrist's ethics and professional responsibilities preclude him/her gratifying his/her own needs by exploiting the patient. This becomes particularly important because of the essentially private, highly personal, and sometimes intensely emotional nature of the relationship established with the psychiatrist.

2) Sexual activity with a patient is unethical. Sexual involvement with one's former patients generally exploits emotions deriving from treatment and therefore almost always is unethical.

3) Sexual involvement between a faculty member or supervisor and a trainee or student, in those situations in which an abuse of power can occur, often takes advantage of inequalities in the working relationship and may be unethical because: (a) any treatment of a patient being supervised may be deleteriously affected; (b) it may damage the trust relationship between teacher and student; and (c) teachers are important professional role models for their trainees and affect their trainees' future professional behavior.

**TABLE 2. Sexual misconduct in the practice of medicine: Report of the American Medical Association Council on Ethical and Judicial Affairs**

The AMA Council on Ethical and Judicial Affairs states that:

1) Sexual contact which occurs concurrent with the physician-patient relationship constitutes sexual misconduct. Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being.

2) If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact.

3) At a minimum, a physician's ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient.

4) Sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship.