ABSTRACT: The physician–patient relationship is damaged when there is either confusion regarding professional roles and behavior or clear lack of integrity that allows sexual exploitation and harm. Sexual contact or a romantic relationship between a physician and a current patient is always unethical, and sexual contact or a romantic relationship between a physician and a former patient also may be unethical. The request by either a patient or a physician to have a chaperone present during a physical examination should be accommodated regardless of the physician's sex. If a chaperone is present during the physical examination, the physician should provide a separate opportunity for private conversation. Physicians aware of instances of sexual misconduct have an obligation to report such situations to appropriate authorities.

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Sexual Misconduct*

icians 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.

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. 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.

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.

The Council provides clear guidelines (7):

- Mere mutual consent is rejected as a justification for sexual relations with patients because the disparity in power, status, vulnerability, and need make it difficult for a patient to give meaningful consent to sexual contact or sexual relations.
- Sexual contact or a romantic relationship concurrent with the physician–patient relationship is unethical.
- Sexual contact or a romantic relationship with a former patient may be unethical under certain circumstances (9). The relevant standard is the potential for misuse of physician power and exploitation of patient emotions derived from the former relationship.
- Education on ethical issues involved in sexual misconduct should be included throughout all levels of medical training (10–13).
- Physicians have a responsibility to report offending colleagues to disciplinary boards.

The Society of Obstetricians and Gynaecologists of Canada has adopted a similar statement that “acknowledges and deplores the fact that incidents of physicians abusing patients do occur” and finds that “these incidents include ‘sexual impropriety’ due to poor clinical skills, chauvinism, or abuse of the power relationship, and outright systematic sexual abuse” (14). The Society also supports the right to “informed, safe, and gender-sensitive” care and the right of victims of abuse to receive “prompt treatment.” “Identification, discipline, and, where possible, rehabilitation of the perpetrators” is recommended.

Although much discussion of sexual misconduct by health care professionals has centered around the particular vulnerability that exists within the relationship a woman has with her mental health care professional (15, 16), sexual contact between patients and obstetricians–gynecologists also has been documented (3, 4). Physicians themselves acknowledge that there is a problem, but the extent of the problem is difficult to determine because information relies on self-reporting, which carries the potential for bias in response.

The Committee on Ethics of the American College of Obstetricians and Gynecologists endorses the ethical principles expressed by the American Medical Association and the Society of Obstetricians and Gynaecologists of Canada and affirms the following statements:

- Sexual contact or a romantic relationship between a physician and a current patient is always unethical.
- Sexual contact or a romantic relationship between a physician and a former patient also may be unethical. Potential risks to both parties should be considered carefully. Such risks may stem from length of time and intensity of the previous professional relationship; age differences; the length of time since cessation of the professional relationship; the former patient’s residual feelings of dependency, obligation, or gratitude; the former patient’s vulnerability to manipulation as a result of private information disclosed during treatment; or physician vulnerability if a relationship initiated with a former patient breaks down.
- Physicians should be careful not to mix roles that are ordinarily in conflict. For example, they should not perform breast or pelvic examinations on their own minor children unless an urgent indication exists. Children and adolescents are particularly vulnerable to emotional conflict and damage to their developing sense of identity and sexuality when roles and role boundaries with trusted adults are confused. It is essential to ensure the young individual’s privacy and prevent subtly coercive violations from occurring.
- The request by either a patient or a physician to have a chaperone present during a physical examination should be accommodated regardless of the physician’s sex. Local practices and expectations differ with regard to the use of chaperones, but the presence of a third party in the examination room can confer benefits for both patient and physician, regardless of the sex of the chaperone. Chaperones can provide reassurance to the patient about the professional context and content of the examination and the intention of the physician and offer witness to the actual events taking place should there be any misunderstanding. The presence of a third party in the room may, however, cause some embarrassment to the patient and limit her willingness to talk openly with the physician because of concerns about confidentiality. If a chaperone is present, the physician should provide a separate opportunity for private
Sexual misconduct on the part of physicians is an abuse of professional power and a violation of patient trust. It jeopardizes the well-being of patients and carries an immense potential for harm. The ethical prohibition against physician sexual misconduct is ancient and forceful, and its application to contemporary medical practice is essential.

References
