

# IS SEDUCTION A TWO-WAY AFFAIR?

— A humorous reply  
to Dr. Michaelides' survey



The October 1980 issue of *Southern African Family Practice* contained an article entitled "The Sexually Seductive Patient in General Practice" by Dr. B. Michaelides.

Here, a female patient who calls herself merely 'Medusa' makes a light-hearted reply to the article, so doctors beware.....

I'm the very first to admit that you guys really have a problem. After all, it can't be easy to make the decision whether or not to 'take advantage' of your female patients. In fact, the lay public (to introduce a rather uneasy pun) ought to be eternally grateful to you for your forbearance.

In a recent survey, ('The sexually seductive patient in general practice'.) only seven percent of your 'bedevilled' number actually admitted to having had erotic contact with patients who asked them.

I hate to do this to you but what about the ones that you asked first?

The first time a doctor embarrassed me, I was sixteen, a virgin, overweight and made puffy by mumps.

The only seductive thing about the atmosphere in that house was presumably that it was deserted but for the aforesaid doctor and me.

I have no doubt that the gentleman in question later described me as 'the hysterical personality' type (1). I admit that I screamed at the top of my voice. This approach was so effective that I recommend it to you without reservation. It even beats

praying...

Shortly after the unfortunate incident, a mole above the eye occasioned a visit to a G.P. who had been described as well over 70 and therefore unlikely to pose similar problems. The mole, he felt, necessitated the total removal of my clothing, and I trustingly complied.

Gazing into my eyes (a bad sign, I discover now, too late, alas), he said 'You have a lovely pair of eyes'. Then, meaningfully, with downward glance 'And that's not the only lovely pair you have either...'

Then of course, there was the time that I burnt myself cooking. Because I was at that stage breast feeding a baby, I was most concerned about the damage I had done to my right nipple. The conversation with my doctor went something like this:

Me, briskly: 'Doctor, I have inadvertently burnt my nipple while cooking 'What must I do?'

Doctor, chuckling: 'You cook in the nude? What you must do is give me your address so I can come and watch you some time'...

On being informed that I found it difficult to locate the strings of my new copper T with my fingers to ascertain whether it was still there, the same charmer suggested that I come in regularly, so that he could feel them for me.

What we girls must bear in mind is that the last thing to have regarding these onslaughts is a judgemental attitude. It's a hundred to one that the doctor who ap-

proaches his trusting patient with that kind of seductive attitude is one that suffers from sexual disfunction and, what is even more likely under the circumstances, a wife that doesn't understand him.

He may be depressed as a result of some personal loss. Chances are that he simply needs to be reassured that he is a thoroughly sensuous man. The latter reassurance should, where possible, be conducted over a telephone.

Doctors have their problems as well. They have, apparently, to beware the patient who bats her eyelashes. Particular care must be taken with chronic bronchitics. A husky voice is an absolute index of the need for intimate contact.

Patients who stroke their hair, and smoke their cigarettes in time with their doctors, have to be dealt with very firmly indeed. When a patient is sitting opposite you and a brief creeping about on all fours has shown that under the table she has a tilted pelvis, this is an occasion for extreme alarm.

We women patients at risk have similar signposts to warn us of impending danger. If you ask a doctor where to put your clothes, and he answers 'Right there, on top of mine', you have problems. If, after that, you notice that he is standing more erect, I think that you can safely take it that he is indulging in quasi-courting behaviour.

Few doctors with whom I have come into contact habitually wear see-through clothing, even late in the afternoon, but we

have all heard news of bottom-pinchers in the medical fraternity, and a kisser at the lift or two... I have a friend whose gynaecologist examines her breasts with eyes reverentially closed.

There are weapons to be used against the seductive doctors. Let a male friend go into the consulting room ahead of you. That way, he will be in a position to warn you if the medico is a Ken doll type. Avoid his eyes, only complain about your husband if he is present. Never stroke your wrist. Visits late in pregnancy are to be abjured. You never know if your contorted posture might remind him of a tilted pelvis.

Doctors, it seems, are turned on by the most subliminal of messages, and we are warned that the Council may even feel sympathetic to the doctor whose patient displays any of abovementioned provocative behaviour.

Last of all, be sympathetic to your doctor. Tell him: It's a woman you need, not a patient'.


If all else fails, and you find yourself being taken advantage of by your doctor, remember that in their replies to the questionnaire previously mentioned, very few doctors indeed felt that their relationships with their patients were at all jeopardised by a little hanky panky.

**Medusa**

## References

1. South African Family Practice, October 1980 Vol. 1 No. 10

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