The sexually seductive patient in general practice

By Dr. B. Michaelides

Sexual seduction by or of patients has bedevilled doctors since Hypocrates, when he states "Into whatsoever houses I shall enter, I will go for the benefit of the sick, abstaining from all voluntary wrong and corruption and from lasciviousness with women or men — free or slaves".

A survey of 430 American doctors conducted by Dr Scheldon Kardener and psychologist Ivan Mensh of the University of California, stated that 13 per cent admitted to erotic contact with female patients.

When five specialities were ranked by frequency of erotic contact with female patients, gynaecologists were first, followed by general practitioners, psychiatrists, physicians and surgeons.

In another survey reported in Human Sexuality magazine (1), 72 per cent of 500 psychiatrists questioned stated that they had experienced attempted seduction by a patient.

STATISTICS

A confidential questionnaire was sent during June, 1979, to about 250 practising doctors in the Port Elizabeth area and 128 replies were received (51,2 per cent). Of these 128, 52 married and seven single doctors reported incidents of attempted seduction by patients, i.e. a total of 46 per cent.

There were 23 attempts of seduction of doctors this year and 43 last year; and a total of 197 seductions, this figure boosted by one doctor who stated that he had 40 attempts but never succumbed.

Age of the doctor at the time of the incident

25 - 30 years	37 doctors
35 - 45 years	26 doctors
45 - 55 years	13 doctors
55 - 65 years	2 doctors
65 or over	nil doctors

Reactions of the doctors to the attempt

6 Made a joke to pass it off.
42 Ignored the attempt.
9 Got embarrassed.
16 Took a firm non-judgmental attitude.
9 Married doctors took advantage of the patient i.e. 7 per cent.

When questioned as to what

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happened to the patient/doctor relationship, replies were: better 1, fine 2, no problem 2, impossible 2, good 1, uneventful 1.

Other reactions employed to deal with this difficult situation were two patients were referred to a psychiatrist, one doctor spoke about his children and wife, and one doctor prayed with the patient.

OF WHAT SORT OF PATIENT MUST THE DOCTOR BE WARY?

1. The Hysterical Personality

A common and overt one is the hysterical personality.

This is the type of woman who has always been "daddy's little girl" and through manipulation has invariably achieved what she wanted.

This is a learned behaviour which has been incorporated and reinforced through time and success into her personality and this is how she copes with life.

Why does she use it on the physician?

It could be she wants more "love" or friendship from a father figure; or control over the doctor.

Usually the flirtatious "sexy" hysterical female is frigid and only needs the affirmation of the doctor that she is a truly sensuous woman.

Danger signs of this patient

She is quickly on to first name terms; wants to meet the doctor socially; while lighting her cigarette she steadies his hand; she thrusts her breasts out; appointments are usually the last of the day; she wears revealing, see-through clothing; decollete styles; she has a prolonged handshake, her eyes not lowered — direct and sustained eye contact; there is fluttering of her manner and eyelashes; she has a breathless and husky way of talking, and a knowing smile; double entendres in her conversation.

Ask her to get undressed to listen to her chest and the doctor finds she is stark naked with one knee raised, he tries to cover her genitals with a sheet and she will remove it.

She compares the doctor with her husband "You understand me, but he does not understand me". She flatters his medical knowledge compared to her previous doctors. She calls after hours and asks for a massage for a painful shoulder.

Hollander and Shevits (2) state "The seductiveness of the hysterical personality is clearly the coyness or fetching behaviour of the little girl. What she really needs is attention and nurture, mothering and not sex".

2. The Dissatisfied and Lonely Female

This is the unhappily married woman who is distressed and bored with her lot in life and may be suffering from marital disharmony and often, sexual disfunctions. Added is a lack of attention from an equally bored and long-suffering spouse.

Then there are the lonely widows and divorcees of any age who are also often depressed.

These two groups may come into contact with a warm, sympathetic doctor and comparisons and fantasies are engendered. The doctor unwittingly fulfills the role of father/husband/confidante, all rolled into one, and problems can arise if the doctor is unaware of how dependent the patient is becoming.

3. Body Language and Quasi-Courting Behaviour

There is the covert sexuality of body language, or quasi-courting behaviour, as stated by Albert and Scheflen (3). They describe the preening behaviour between patient and doctor. The woman patient may stroke her hair, smooth her skirt, hand on hip with pelvis tilted forward, tongue on lips, exposes her wrist and or palm; slow stroking movements of fingers on thighs or wrists.

The doctor unconsciously responds by preening himself, e.g. adjusting his tie, pulling up his socks, holds himself more erect, buttons his jacket. If the doctor and patient are smoking in the interview, they can draw on the cigarettes in perfect unison.

The doctor must be aware of this unconscious behaviour on the part of the patient and must always be in control of the situation. He must be conscious of his own feelings and he must start de-courting if quasi-courting is too intense, e.g. he must stop preening in return, as he can reinforce the situation.

If she continues to smile very attractively he can nod back politely and also curtail prolonged eye contact.

WHICH DOCTORS ARE AT RISK?

Doctors are a rather unusual profession in that people pay to expose themselves physically and mentally, to the practitioner.

General practitioners are body, mind and soul doctors, unlike a gynaecologist where it is mainly the physical examination, and in psychiatrists, where it is only the psyche.

The family physician is in a very responsible position and thus is more vulnerable and exposed to seduction.

The GPs at greatest risk are those who are unsure of their own sexuality, especially those getting to middle age and needing reassurance. Maybe their marriages are not too happy and this appears like a golden opportunity.

There is the doctor with the "notches on his gun/crutch" syndrome. Another doctor at risk is the good-looking "dreamboat" type.

How do we handle this situation?

Prevention

May and Dayringer (4) state "One must be aware that in any helping situation there exists some component of sexuality", and their medical students are taught to recognise and handle sexuality in the doctor/patient relationship.

Treatment

The doctor should never be judgmental or censorious. Ignoring the sexual overture may be misinterpreted as a delaying tactic or as rejection or anger by the doctor, further infantalising the patient.

She may think he is either dumb or sexless or both. She is really crying out for help and attention. Firm, gentle confrontation is the best approach.

Acknowledge the seductive behaviour and learn to parry it. He should admit to the patient that he finds her attractive, but her suggestion or manner makes him feel uncomfortable. He should emphasise that he would like to keep the interview on a doctor/patient level only as that is the best way he can help her. Stress the "Dr Kildare" role.

Other suggestions are wide-awake nursing staff who tip the practitioner off that he is going to see a real "baby doll" next. He must be suspicious of recurring late appointments and not be without staff at those late appointments.

If the patient has marital problems, get the husband involved in the discussions. Domena Renshaw states to patients "you need a doctor not a date; dates are easy to find, good doctors a bit more difficult". He must refer the patient to a psychiatrist if all else fails, and especially if he succumbs, then the doctor should go to a psychiatrist himself, as he will be guilty of statutory rape.

The psychiatrists evidence may help with the S.A. Medical and Dental council.

Quote from a medical student: "In summary it is normal for the doctor and the patient to experience sexual feelings in the doctor/patient relationship. I will not hide from such feelings but will recognise that I am having them, ask myself why I am having them, deal with them and return to my objectivity. My office will never be my bedroom but it will be a controlled environment, with a definite element of sensitivity for my patients".

'Maybe the best advice is in the words of the immortal Mark Twain:

"The surest protection against temptation is cowardice".

References

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