Physician Education in Human Sexuality

Gary N. Matteson, Maj US MC, Robert Armstrong, Maj US MC, and Howard M. Kimes, Maj US MC
Fort Gordon, Georgia

Satisfaction with sexual function has become increasingly emphasized in American culture. The popular press, television, and movies encourage patients with sexual problems to seek assistance, and physicians are often identified as the source of professional help and information. In a survey done at the authors' family practice residency, over 75 percent of patients indicated they would expect advice or therapy for sexual problems from their family physicians, and 98 percent of the family physicians agreed that they should be expected to give it.

There has been general agreement over the past two decades as to the validity of human sexuality as a discipline in medical education. Despite this consensus, the percentage of medical schools offering instruction in human sexuality fell from 95 percent in 1974 to 81 percent by 1977.[1,2]

When faced with actual patient needs, many of the family practice residents and faculty in this program have expressed confusion and lack of confidence in dealing with sexual problems. To explore the area of physician counseling in human sexuality, a study was undertaken to determine what sexual education physicians had received in medical school and residency training, whether they felt their training had been useful, how often physicians ask patients about their sexual concerns, and what proportion of physicians' time is spent dealing with sexual dysfunction.

Methods

The study group consisted of the family practice residents and faculty at Dwight D. Eisenhower Army Medical Center and at the Medical College of Georgia, plus the faculty and the external faculty fellows from the University of North Carolina at Chapel Hill Family Practice Residency. Self-administered questionnaires were distributed by mail eliciting information on age, location of and years of graduation from medical school and residency, attitudes toward content and quality of sexual education training received in medical school and residency, and professional comfort in dealing with sexual dysfunction. Finally, physicians were requested to state the percentage of patients' visits they spend dealing with sexual dysfunctions. The questionnaire was administered between November 1982 and January 1983. The respondents were grouped according to (1) year of graduation from residency, (2) faculty vs residents, and (3) sex, for subgroup analysis. Frequency of response to questions was calculated, and chi-square analysis of subgroups was done.

From the Family Practice Center, Dwight David Eisenhower Army Medical Center, Fort Gordon, Georgia. The opinions or assertions contained herein are the private views of the authors and are not to be construed as official or as reflecting the views of the Department of the Army or of the Department of Defense. Requests for reprints should be addressed to Maj Gary N. Matteson, Family Practice Center, Dwight David Eisenhower Medical Center, Fort Gordon, GA 30905.

Results

Of the 86 questionnaires distributed, 74 (86 percent) were returned. The respondents, which included 33 faculty and 41 residents, consisted of 13 women and 60 men with a mean age of 31 years. The faculty:resident ratio was identical for men and women. Fifty-two medical schools and 19 residencies were represented.

Quality of sexual education in both residency and medical schools received low scores. Most respondents said they were present at all or most sexual education offerings, but experiences were average to poor, and there was not enough time spent on the topics. The physicians estimated that 13 percent of their patient visits deal with a sexual dysfunction. Responses that demonstrated statistically significant difference ($P = .05$) are discussed below.

The respondents fell into three groups according to year of graduation from residency. Group 1 (16 respondents) graduated before 1980. This group reported fewer educational experiences offered and ranked the offerings less valuable than did the other two groups. Group 2 (16 respondents) graduated in 1980, 1981, or 1982. The number of offerings listed and the rankings given by this group were the highest of the three. Group 3 (42 respondents) were current residents. They received slightly fewer offerings than did group 2.

Faculty and residents were compared next. Eighteen percent of the faculty and 5 percent of residents reported that their medical schools and residencies offered no training at all in sexual dysfunction, although those who were trained reported almost identical types of educational offerings. Residents reported seeing slightly more sexual dysfunction in practice than did faculty, but this was not statistically significant. Seventy-three percent of residents said they rarely asked patients about sexual dysfunction on their review of systems, whereas 56 percent of faculty ask 50 percent of the time or more. The faculty felt better able to handle sexual dysfunctions and more comfortable discussing sexual problems than did residents.

Women differed from men only in their estimate of the percentage of patients that present to them with a sexual dysfunction; women estimated 27 percent and men 9.5 percent. Ninety-two percent of the women felt poorly trained to handle the sexual problems of their patients vs 78 percent of the men.

Comment

Although the results of a small pilot study should be interpreted with caution, several important points are apparent. Sexual dysfunction constitutes a very significant portion of outpatient practice, yet physicians almost unanimously reported being unhappy with the utility of their medical school sexual education and indicated that deficiencies were not corrected during residency training.

The findings of this study strengthened the feeling that there is a decreasing emphasis on sexual problems in medical school since the peak in the early 1970s. The decline in residency offerings was even more dramatic and was not shown to improve with duration of time spent in residency. It is of concern that the emphasis placed on sexual education has not and does not offer appropriate information to deal with common sexual difficulties.

That female physicians estimated they saw much more sexual dysfunction than did the men suggests that more people with sexual problems come to female physicians. Physicians, especially men, need to be more aware and to learn to overcome patient reluctance by asking about sexual problems and offering assistance. The considerable physician reluctance to approach sexual problem is evidenced by the admission of 60 percent of the physicians that they rarely ask about sexual problems. Perhaps these physicians are not asking because they do not know what to do about the problems once they come to light.

It appears that medical education is inadequately preparing physicians to deal with common sexual dysfunctions. Improvement in training must be made if physicians are to provide the expert help that patients need and expect.

References

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