

UCSD Research Ethics Program

TOUGH CASES

A lunch time ethics discussion series

“Don't Ask, Don't Tell”

Balancing Medical Training and Patient Privacy

Tuesday, June 28, 2005

11:30 - 1 p.m.

UCSD School of Medicine, Stein Bldg. Room #148

Moderators:

Ellen Waldman, J.D., LLB, Professor, Thomas Jefferson School of Law

Marybeth Herald, J.D., Professor, Thomas Jefferson School of Law

June's TOUGH CASE

Ms. Smith has been experiencing pain with sexual intercourse. While discussing this physical pain and her personal sexual history, Ms. Smith reveals to her doctor that she has never experienced an orgasm. She has been referred to a gynecologist who has scheduled an ultrasound and is considering a biopsy of the interior of her uterus in order to diagnose the source of her physical pain.

Upon arrival at Belleview hospital, Mrs. Smith is asked to sign a number of forms relating to her scheduled procedures. A medical student arrives to perform a pelvic exam. The exam is not therapeutically necessary, but has been routinely tacked onto gynecological procedures at Belleview in order to further medical student training. During a later procedure, while she is under anesthesia, another non-therapeutic pelvic exam is performed by a medical student. After the procedures are complete and she is discussing the results, Ms. Smith asks her physician why a pelvic exam was done by the medical student. When she learns it was performed for training purposes, she is outraged. When she later learns that a second exam was done while she was unconscious, she is infuriated.

Questions:

- 1) How should the need to provide clinical experiences for medical students be balanced with the patient's right to bodily integrity?
- 2) How might Belleview better handle its efforts to integrate physician training into patient care?
- 3) How well does the "culture of medicine" attend to patient interests in sexual health?
- 4) Should doctors include questions about sexual health in routine medical exams, e.g., ask about a patient's ability to achieve orgasm (in light of the fact that some studies estimate over 40% of women have some sexual "dysfunction") or discuss Viagra with male patients?
- 5) What gender, age, and cultural factors prevent doctors from discussing sexual health with patients?

Reading:

Peter Ubel et al., Don't ask, don't tell: A change in medical student attitudes after obstetrics/gynecology clerkships toward seeking consent for pelvic examinations on an anesthetized patient, 188 Am. J. Ob. Gyn. 575 (Feb. 2003).
Robin F. Wilson, Unauthorized Practice: Teaching Pelvic Examination on Women Under Anesthesia, 58 J. Am. Med. Wom. Assoc. 217 (2003).

West's Ann.Cal.Bus. & Prof. Code § 2281 ("A physician and surgeon or a student undertaking a course of professional instruction or a clinical training program, may not perform a pelvic examination on an anesthetized or

unconscious female patient unless the patient gave informed consent to the pelvic examination, or the performance of a pelvic examination is within the scope of care for the surgical procedure or diagnostic examination to be performed on the patient or, in the case of an unconscious patient, the pelvic examination is required for diagnostic purposes.")

Kevin L. Billups, The Role of Mechanical Devices in Treating Female Sexual Dysfunction and Enhancing the Female Sexual Response, 20 World J. Urology 137-41 (2002).

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This series is supported by the Allen Lein Ethics in Medicine Fund. It meets monthly for students in medicine and the biological sciences.

For more information about **TOUGH CASES**, contact Mary Devereaux at mdevereaux@ucsd.edu