



# Dealing with *Embarrassing Topics*

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# Learning Objectives

- Identifying the issue and cultural elements
- What is professionalism?
- Consultation skills in taking a sexual history

# Topics that may be embarrassing culturally and between the sexes

- Male doctors asking female patients about their periods, vaginal symptoms and sexual history
- Female or male doctors enquiring about erectile dysfunction in males
- Enquiring about anal symptoms
- Patient or doctor is overfamiliar e.g. inappropriate eye contact, touch or revealing personal details inappropriately

# What is professionalism?

*“A set of values, behaviours, and relationships that underpins the trust the public has in doctors.”*

- Expertise – competent in practised knowledge and skills
- Standards – keeps up to date, high standards
- Respectability – personal appearance and dress, manner with others
- Responsibility and reliability – time keeping, completes work tasks
- Probity – good, honest, upright
- Conduct – good and open behaviour
- Respect – for patients (courteous & maintain patient dignity), the law and maintains patient confidentiality and privacy

# The context of professionalism when asking a sexual history

Remember you are a professional:

- so you don't pass on any judgement and your questions are asked in a matter of fact and routine way
- maintain patient confidentiality (all the information the patient gives you is confidential *unless* with their *consent* you need to share that information with another health professional involved in their care)
- you need to maintain a professional manner when asking these questions – showing respect and dignity to the patient
- being a professional is like an *act* where you hide your own judgements, emotions and feelings

# The elephant in the room!

- Often patients may not feel comfortable talking about their sexual history, sexual partners or sexual practices
- In a more conservative Islamic society these topics *may be* taboo amongst strangers
- Doctors themselves may be embarrassed to ask these personal questions



# Consultation skills in asking a sexual history

## How to introduce the topic?



Warning shot – ‘I am going to ask you a few questions about your sexual health and practices. I understand that these questions are very personal, but they are important for your overall health.’

- **Asking their permission** - ‘Are you OK if I proceed?’ Do you have any questions before I ask these questions?’ ‘Is that OK with you?’
- **Normalising** - ‘As part of your medical history I need to ask you...’, ‘Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status.’
- **Framing the topic / question** - ‘Because of the symptoms (e.g. vaginal discharge) you describe I need to ask you some questions to know how best to help you. Is that OK?’
- **Building patient trust and maintaining patient confidentiality** – ‘Like the rest of your information, this information is kept in strict confidence.’



# Specific questions in asking a sexual history

*matter of fact and non-judgemental*

- Do you have a regular sexual partner at the moment?
- Is your partner male or female?
- Can I ask if you have had any (other) sexual partners in the last 12 months?
- How many were male? How many female?
- Do you use barrier contraception (condoms) – sometimes, always or never (particularly ask this if they have had more than 1 partner in the last 12 months)?
- Can I ask what kind of sexual contact you have had? (genital, anal or oral?)
- Have you ever had a sexually transmitted infection? (when, how treated, any recurrence, ask specifically about HIV testing)

Douglas G, Nicol F, and Robertson C. Macleod's Clinical examination, 16-17.

# Resources

Douglas G, Nicol F, and Robertson C. Macleod's Clinical examination, p16-17.

[www.cdc.gov/std/treatment/sexualhistory.pdf](http://www.cdc.gov/std/treatment/sexualhistory.pdf)