Informed Consent for Sex Between Health Professional and Patient or Client

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One of the most frequent justifications used for a sexual relationship with a patient is that it was consensual. Patients have free will, some argue, and both participants have a constitutional right to free association. If a patient can consent to a medical procedure, why can't he or she consent to sex with a physician? Many doctors are married to former patients. It is paternalistic for the state or the profession to prohibit such relationships. And so on. Such arguments tend to ignore a few important points, including the potentially coercive nature of a trust-based relationship Feldman-Summers, 1989; Peterson, 1992; Rutter, 1989 and the risk of harm that can result from a violation of that trust (Edelwich & Brodsky, 1991; Luepker, 1989; Pope, 1994). The possibility of "successful" relationships notwithstanding, one may indeed question whether the consent given in such relationships is truly informed, even to the extent typically expected for medical procedures. The following document is an example of what one might use to elicit such informed consent. I originally wrote this document as a tongue-in-cheek response to an attorney with whom I was informally debating this issue. Initially, I was reluctant to share it with victim/survivors, fearing that they might see it as traumatic or offensive. I found, however, that the document reflected the reality for many who had experienced such a sexual relationship, and I have been encouraged to disseminate it more widely. Read it, and ask yourself how many health professionals might be willing to solicit consent for a sexual relationship in this manner, and how many patients so informed might sign such a document.

STATEMENT OF INFORMED CONSENT FOR A SEXUAL RELATIONSHIP BETWEEN A HEALTH PROFESSIONAL AND A CLIENT OR PATIENT

I, ____________________, hereby consent to a sexual relationship with ______________________ (Provider), a licensed ________________, whose client/patient I am or have been for the purpose of ____________________.

In granting this consent, I understand that, although some such relationships are successful, all relationships between health care professionals and patients or clients carry great risk. Such involvement may be accompanied by personal degradation by the Provider, criticism of my relationship with-my current partner, and encouragement to
isolate myself from other personal involvements. I understand also that the Provider may not be in a monogamous relationship with me and that he/she is likely to suddenly terminate the relationship.

I understand that my entering this relationship may involve the forsaking of moral values to which I have previously adhered with strong conviction. I understand that my feelings toward this Provider may be based on a symbolic attraction, also known as transference, in that these feelings may be less related to my knowledge and understanding of him/her as a person than to his/her representation to me as a powerful, trustworthy, dependable, parental figure who can provide for my physical and/or emotional needs. I understand also that the Provider's feelings toward me may be based on a similar symbolic attraction, also known as countertransference. I understand that my dependence on this Provider may compromise my ability to fully understand the basis of my feelings toward him/her or my ability to terminate the relationship even after I am no longer comfortable with it.

I understand that by engaging in this sexual relationship with me, this Provider may be violating his/her code of professional ethics as well as certain laws of the state in which he/she is licensed.

I understand that a sexual relationship with this Provider may ultimately have extremely damaging consequences for me including, but not necessarily limited to, feelings of betrayal, helplessness, anger, confusion, guilt, and depression, that these feelings could result in a need for psychiatric care beyond that which may have been necessary in the past, and that these feelings could possibly result in my suicide.

I understand that the anger and distrust that I may develop toward this Provider may generalize to other health care providers or even to all people of the same gender as this Provider.

In expressing these feelings to others, I may find that I derive little understanding or sympathy from present or future partners, members of my family, my friends, co-workers, or even helping professionals. I understand further that disclosure of my sexual involvement with this Provider may result in my estrangement from some or all of these people, further increasing my feelings of loneliness, confusion, and guilt.

I understand that all of the aforementioned risks have been documented in previous sexual relationships between health care providers and their clients/patients.

I assert that these risks have been fully explained to me by a knowledgeable health professional other than the Provider, that I am willing to accept these risks, and I freely and willfully give my informed consent to said sexual relationship.

Signed this _____ day of _____________, ____.
REFERENCES


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