

REVIEW ARTICLE

My Doctor is not Comfortable – So Maybe I Should not Talk About It? A Review on the Lack of Sexual Education in Medical Schools

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Received: 23 January 2025 / Accepted: 21 April 2025

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This study has been accepted as an oral presentation at the 5th World Academy of Sexual Health (WASHE) Congress to be held in Bafra between 20-23 February 2025.

Abstract

Sexual health and well-being is an integral part of human health. In medical faculties, which train physicians who are the foundation of the health system, sexual education is either not included in the curriculum at all or is offered as an elective course, except for some subjects related to sexually transmitted infections and reproductive health. Contrary to the common belief among physicians, “Would I embarrass the patient?”, people expect physicians to ask them questions about sexuality and provide sexual education. However, when physicians do not graduate from medical school with well-informed knowledge on sexuality, they feel insecure and uncomfortable even taking sexual history from their patients. There are many studies showing that sexuality courses to be given in medical facilities increase the self-confidence and comfort of physicians and enable them to add sexual history to their routine practices. Standardization and making sex education compulsory in medical faculties will be a useful step for public health by enabling the public to discuss sexual problems and obtain the right information from the appropriate source.

Keywords: curriculum, medical school, sexual education, sexual history, sexual health

INTRODUCTION

Today, there is a consensus on the importance of sexual health and well-being in human health and its necessity for physical and mental health. The World Health Organization defines sexual health not only as the absence of disease, dysfunction or disability, but also as a state of physical, mental, emotional and social well-being related to sexuality. The right to information and education on sexuality is emphasized among sexual rights (1).

Individuals want to consult physicians to obtain information about sexuality and to express their

sexual problems. However, since they themselves are reluctant to open up about sexuality, they wait for physicians to ask them questions and open up the subject (2,3). However, research shows that physicians also have reservations about discussing sexuality because they have not received adequate training (4-7). This vicious circle will end when physicians are able to talk freely about sexuality, approach their patients with a reassuring attitude, free from prejudices and provide the right guidance, which is only possible through more comprehensive and compulsory sexuality education in medical schools (8-11).

Patients' Expectation

Contrary to the reservations that physicians often experience, "Will I offend the patient? "Will I embarrass him/her?", studies have shown that patients expect physicians to ask them questions about sexuality when they consult a physician. Moreover, they expect that questions should not be superficial, should not be answered with yes-no answers, and that the physician should create a comfortable environment in which they can ask questions (2-3)

Young individuals, who have many questions about sexuality with adolescence, expect more information and sexual education from physicians (3). In a study of young adults and adolescents using open-ended questions, participants reported that during adolescence, physicians only asked them about physical changes (e.g., deepening of the voice, first menstruation) (3). However, they stated that physicians did not ask them about the effects of these changes, and when they were asked whether they were sexually active or not, physicians closed the subject when the participant answered no (3). Participants stated that their expectations from physicians were to receive information and education on sexuality before becoming sexually active (3). This is a perfectly understandable and reasonable request. In the same study, participants stated that when they could not receive the education they needed from physicians, they used the internet as a way of obtaining information (3). However, they stated that they were not sure which of the information they encountered on the internet was true and which was false (3). In another study conducted with medical students, unfortunately, it was observed that one out of three students indicated pornography as a source of information about sexuality (12).

As young people expect, physicians being prepared to provide accurate information in an unbiased and supportive manner, being conversation starters, encouraging questions and even having short but meaningful conversations about sexuality can make a difference to the sexual knowledge and sexual health of the community (3-13).

Physicians' Sense of Insecurity

Every physician who graduates from medical school has the possibility to work in primary care. Patients also seek help on sexuality from primary care physicians (2-

3). Considering these facts, it is thought that sexuality education should be a compulsory rather than an elective course in medical faculties (4-5). In addition, studies have shown that, except for certain topics related to sexually transmitted infections and reproductive health, topics related to sexuality are either not included in the curricula of faculties or are offered as elective courses (14-15). In studies conducted on medical students, it is seen that the majority of students want sexual health courses to be compulsory, find their current curriculum inadequate and feel insecure even in the most basic issues such as taking sexual history (6-7,16-17).

Curriculum Development Studies

In the literature, it has been observed that this issue has been increasingly brought to the agenda with curriculum studies conducted in different countries, an awareness has started to be raised and a standardization on sexual health is being tried to be achieved in medical school curricula. It is noteworthy that in addition to reproductive health and sexually transmitted diseases; topics such as taking sexual history, sexual well-being, sexual dysfunctions, sexual violence and approach to sexual minority groups were also determined in the curriculum studies (18-23).

Studies on sexual history taking, which is one of the most basic professional skills that every physician should acquire, show that big differences can be made with small changes (8-11). In a study conducted in the USA, a compulsory sexual health course in the curriculum of a medical school was evaluated (8). At the end of the compulsory courses, which included theoretical lectures as well as practical sexual history taking sessions, almost every item in the areas of communication skills and knowledge was reported to have improved significantly (8). In another study conducted in the USA, a series of non-compulsory lectures on sexuality were organized for medical students and the change in the participants was observed (9). At the end of the lesson series, it was observed that participating students' comfort levels with talking about sexuality-related issues increased compared to before the lesson (9). In another study, a program was planned for medical school students to teach secondary school students, and within the scope of this program, medical school students were also trained (10). As a result, adolescents' knowledge of sexual health issues has been shown to increase, as well as the comfort and confidence of future clinicians

to discuss sexual health issues with adolescents and patients of all ages (10). Another similar study showed a statistically significant increase ($p < 0.05$) in the number of students who reported feeling more comfortable in handling many aspects of a patient's sexual history and discussing sexuality-related issues with patients over the age of 60, even after only a 2-hour course.¹¹ The same study also reported a statistically significant increase in the number of students who reported feeling ready to meet the sexual and reproductive health needs of their patients (11).

A study on routine screening for sexual dysfunction found that medical students who felt that their schools provided them with adequate training to screen for sexual problems were more likely to routinely screen patients for sexual dysfunction (24).

CONCLUSION

Looking at all these data, we can say that small adjustments in the curricula of medical faculties can make a big difference in order for physicians to be able to talk about sexuality comfortably with their patients, to provide sexual education to them before they ask, to include questions about sexuality in their routine practices, to listen to and elaborate on sexual problems without panic and insecurity.

Every physician who graduates from medical school will, at some point in his or her professional life, may be confronted with a patient who asks for help on sexuality. It is obvious that physicians, whom people see as the first point of reference on sexuality, should be able to comfortably discuss sexuality within the framework of a bio-psycho-social approach in their routine practice, regardless of their specialty. It is of great importance that the physician is open, unprejudiced and self-confident. Cause the patient hardly opens up about sexuality, which is already taboo in society. The way to do this is to make sure that every physician starts their professional life equipped with sexual health knowledge through changes to be made in medical school curricula. More research should be done on this subject, the topics that need to be included in the curriculum of medical faculties should be clarified, standardized and added to the compulsory courses.

Acknowledgments: None.

Conflict of Interest: No conflicts of interest are disclosed by the authors.

Funding: For this study, no funding was obtained.

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