

## **Sexual Misconduct in Physician–Patient Relationships**

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### **Background**

Sexual harassment and sexually motivated misconduct are defined by law as criminal offenses, and therefore are not considered an ethical dilemma. However, the ability of criminal law to address the full spectrum of sexually inappropriate behaviors is limited.

Data presented to the Ethics Bureau indicate that sexually inappropriate conduct by physicians toward patients is a widespread phenomenon in the healthcare system. Sexual misconduct during medical care has severe negative impacts on the physical and mental health of victims and damages their trust in the healthcare system.

Despite its prevalence, the number of formal complaints is low, and there is significant underreporting. Contributing factors include:

- Power dynamics and authority in physician–patient relationships
- Fear of compromised medical treatment quality
- Concerns about exposure and the desire to avoid complex legal proceedings

Physician–patient relationships are marked by power and status imbalances, significant trust from the patient, physical exposure, and sometimes direct contact with intimate body areas, which are often necessary for medical treatment. These circumstances necessitate special consideration and recognition of the increased risk of sexual harm. Physician awareness of the potential for sexually inappropriate conduct in clinical contexts is essential to ensure appropriate and respectful medical care.

The Ethics Bureau emphasizes that physicians' commitment to the physical and mental well-being of their patients lies at the core of medical ethics, and any form of sexual misconduct directly contradicts this duty, in addition to being a legal violation.

Accordingly, the physician bears the responsibility to:

1. Maintain respectful behavior and communication, avoiding any conduct that could be perceived as sexual in nature toward a patient.
2. Exercise maximum sensitivity in professional interactions with patients.

3. Refrain from comments on a patient's body image or sexuality that are not clinically relevant.
4. Perform physical examinations of intimate areas only after explicit consent from the patient and ensure that the examination remains strictly clinical and professional.
5. Provide clear explanations and maintain proper communication in situations that could be perceived as sexually inappropriate.
6. Encourage the presence of a chaperone during physical examinations.
7. Take extra care to ensure the patient's sense of trust and safety, particularly in sensitive clinical situations where sexual misconduct might occur.