# Manitoba workshop provides insight into sexual abuse by physicians

**Margo S. George, PhD**

Today, many Canadian jurisdictions are addressing the issue of sexual abuse of patients by physicians. The final report of the Ontario Task Force on Sexual Abuse of Patients, which was released in 1991, proved to be the catalyst for many of these responses.

More recently, the Manitoba Medical Association (MMA) sponsored a 1-day workshop on the physician–patient relationship that paid particular attention to the sexual abuse issue. The October workshop was conducted by Gary Schoener, executive director of the Walk-In Counselling Center in Minneapolis, and a licensed psychologist who has consulted on more than 3000 cases of sexual abuse involving professionals and their patients or clients.

Using tools that ranged from videotaped segments concerning actual sexual abuse cases to lecture-style presentations on the latest literature, Schoener provided a historical overview of sexual exploitation by professionals, a typology of situations and offenders, and a model for the assessment of practitioners charged with sexual abuse. He also discussed rehabilitation and re-entry to practice, assessment issues and complaint investigation, the evolving disciplinary framework, and safeguards that can reduce the risk of complaints by patients.

Of the many topics covered by Schoener, the typology of therapists who sexually exploit clients was perhaps the most provocative (see Gonsiorek J, Schoener G: Assessment and evaluation of therapists who sexually exploit clients. *Prof Pract Psych* 1987; 8 (2): 79–93). Although not based on empirical research, the model provides a description of some of the major clusters of abusers that have been observed, along with a prognosis for rehabilitation. Schoener divided them into six groups:

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- Uninformed: These are physicians or therapists who have little concept of professional boundaries. They operate in a grey area between professional and lay services and exhibit a general lack of professionalism. They require more professional training.
- Healthy or mildly neurotic: They account for one of the largest categories of sexual exploiters. The exploitation is limited or involves an isolated circumstance and is often related to situational stresses in the practitioner's personal life. There is good prognosis for treatment.
- Severely neurotic or socially isolated: These abusers have significant emotional problems, especially social isolation and ongoing problems with depression and feelings of inferiority and inadequacy. They look to certain patients or clients to meet their own emotional and social needs. They will exhibit a great deal of denial about the inappropriateness of their relationship. Although rehabilitation is feasible, prognosis is guarded because of long-standing difficulties.
- Impulse character disorders: These practitioners will have long-standing problems with behaviour and impulse control and rarely if ever have a true comprehension of the impact of their behaviour on others. This group will include numerous repeat sex offenders; generally, practitioners in this group are not capable of being rehabilitated.
- Sociopathic or narcissistic character disorder: These practitioners tend to be deliberate and cunning in their sexual exploitation of clients. They often claim multiple victims over many years, often for their entire careers. They are adept at manipulating colleagues, other clients and professional organizations to help them avoid the consequences of their behaviour. Typically they are not capable of being rehabilitated, although on occasion, as part of their manipulation, they may attempt to look as if they are undergoing rehabilitation.

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• Psychotic or borderline personalities: These abusers are characterized by extremely poor social judgement and disordered thinking. They are often psychotic on an ongoing or acute basis and vary considerably in terms of remorse, guilt and ability to understand the impact their actions have on others. They have a poor prognosis for treatment.

Schoener said several rehabilitation alternatives are available in the United States. These include traditional psychotherapy, sex offender treatment programs, sexual addiction treatment programs, impaired practitioner programs, specialized programs aimed at professionals, and individualized programs offered at the Minneapolis Walk-In Counselling Center.

The Winnipeg workshop attracted officers and councillors from the College of Physicians and Surgeons of Manitoba, and members of the MMA Board of Directors and Council on Health Care and Promotion. This type of workshop may help physicians achieve a greater understanding of the complexity of the physician–patient relationship, and help them use this new knowledge to develop solutions to the problem.

Initiatives have already been taken by many organizations, including the CMA, its divisions and affiliated and associated societies, provincial and territorial licensing authorities, and Canadian medical schools. The CMA recently formed a physician–patient working group to develop relevant policies and educational and prevention strategies.

To fully appreciate the complexity of the problem and consequently to be able to address it in practice, doctors must learn as much as they can about the issue from as many sources as possible. It is also important to consider the experience of professionals working in other disciplines, such as the clergy, teachers and psychologists, in terms of how they have managed sexual abuse issues. Multiple and interdisciplinary approaches will provide a rich and valid means of understanding the problem and exploring innovative solutions that will help the medical profession.

Dr. Ivan Kowalchuk, who chairs the MMA Committee on Sexual Abuse by Physicians (he also chairs the CMA Working Group on the Physician–Patient Relationship), and his committee deserve praise for organizing the Winnipeg workshop. Those who attended learned a great deal from it.

Further information about the workshop and the work of the CMA physician–patient relationship working group is available from Margo George, 1-800-267-9703, ext. 2014.■