

## ReMed: Help when boundaries are crossed

### "We-all-know-of-one" cases

*Inappropriate behaviour towards patients happens. The subject is largely a taboo in the medical world, but cases of inappropriate behaviour between doctor and patient are repeatedly referred to ReMed. In such situations, the support network for doctors can advise and take effective action to break the code of silence, as demonstrated by the statements of ReMed Management Committee member Mirjam Tanner and by a case study.*

Everyone knows of cases where influential men in positions of power abuse the trust inherent in a professional relationship of dependency, and enter into a sexual relationship, usually with women - patients, clients or junior staff. Peter Rutter, psychotherapist and author, discusses such "We-all-know-of-one" cases in his book "Sex in the forbidden zone" [1]. We can all cite examples of well-known, high-ranking politicians, businessmen or clerics who have been caught in the media spotlight. Such stories also exist in the medical world. The cases which have entered the public domain generally involve colleagues who do not view their sexual behaviour in the slightest as being in the forbidden zone. Rather, they see themselves as the woman's helper or rescuer and in some cases even justify their destructive behaviour as therapeutically indicated. They appear to have no qualms or concerns about the damage they inflict on their patients and themselves.

#### 1000 times "forbidden zone"

In his book "Verbotene Nähe" ("Sex in the forbidden zone"), Rutter first describes with great honesty his own almost-affair, followed by his own disillusion towards his esteemed mentor when he found out that the latter had had sexual relationships with patients. These two events prompted Rutter, among other things, to publish a study covering 1000 interviews on experiences of "sex in the forbidden zone". This provides "a constructive counterbalance to the customary silence we normally encounter with regard to this sensitive issue [2]. Rutter takes comfort from the fact that others have already begun to talk about this issue. In the same spirit, we address this sensitive issue and want to motivate members of our profession to speak out on the sensitive issue of sex in the forbidden zone. Our goal must be to protect ourselves better and to strengthen our commitment. In the consultations organised by ReMed, we regularly encounter a code of silence when it comes to cases where boundaries have been crossed. Where does this come from? How else can we deal with the anxiety, shame and uncertainty that often stand in the way of open discussion, than by engaging in an open, no-holds-barred dialogue?

#### Breaking the code of silence

We want to use a case study to draw attention to the fact that ReMed acts as a point of contact and can offer advice, particularly in sensitive cases of inappropriate behaviour or sex in the forbidden zone. We want to stimulate discussion and offer professional support to colleagues who freely admit to their failings. In order to safeguard the anonymity of the colleague involved in the following case study, some of the facts have been altered. The study also draws on Rutter's "almost-affair".

### Case study: An almost-affair

Twenty years ago when I started my own practice as a GP, I naively assumed that sex with patients would never be an issue for me. Although I repeatedly found that women responded to me in an extremely positive manner, until I met Patricia I felt very secure in my contacts with patients. I viewed any erotic feelings that could flare up during these contacts as irrelevant. I knew how to deal with them in a responsible manner, so that the doctor-patient relationship was never at risk.

Patricia first came to me around three years before the almost-affair. Behind her lively, vivacious manner and her colourful, fashionable clothing, the attractive, tall 25-year-old hid a severe chronic depression. Life had dealt her nothing but deprivation and disappointment. Her parents were alcoholics and had neglected her. She was no longer in touch with her family, and her recollections of family life were limited to some dim memories of sexual molestation [3] by her father. As a teenager she lived on the street for some time, and became involved in the drug scene. When I met her, she was already off drugs and was working as a receptionist for a well-known lawyer [3]. We identified a few behavioural patterns that led her to become sexually intimate with men too quickly, only to be disappointed subsequently. In this way I was able to help her get a better grip on her life. She had never behaved seductively towards me [3].

That, at least, was the case until the Friday afternoon when I saw Patricia for the first time after an absence of three years. Suddenly and unexpectedly she directed her sexuality and rage towards me with an intensity beyond anything I had yet experienced as a doctor. I felt my otherwise insurmountable sexual barriers breaking down bit by bit, as her powers of attraction began to overcome me. When she left she simply put her arms around me. But crucially, I did not just allow her to kiss me: I returned the hug and the kiss, and gave no indication whatsoever that I felt what we were doing was wrong. I was completely overcome and torn between excitement on the one hand, and on the other hand wanting to prove to her that she would not succeed in unbuttoning my trousers. But I also had a vague yet persistent feeling of doubt and confusion that ultimately stopped me from becoming more intimate. In that moment it was very clear to me that sex with patients was far from an impossibility [4].

Due to this experience, I had lost my naivety and my unjustified confidence in my own ability to control my libido. I realised that at such critical moments it was up to me alone to choose the right path [4]. In fact, it was my express wish to be able to clear up this situation with Patricia. But I had no other choice than to withdraw respectfully from this contact and refer her to a female colleague. Through my inability to respect boundaries, I probably destroyed something valuable. I carry this knowledge to this day, and it depresses me. Today I can talk about this pivotal experience and am able to admit that I crossed a forbidden boundary. I have learned from the experience, and now refer patients who "come on" to me to the female doctor who shares my practice.

### References

1 Rutter P. Verbotene Nähe: Das Phänomen der «Das-weiss-doch-jeder»-Geschichten». Berlin; 1991. p. 29. Title of original English-language edition: "Sex in the forbidden zone".



Unterstützungsnetzwerk für Ärztinnen und Ärzte  
Réseau de soutien pour médecins  
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2 Rutter, p. 29.

3 Rutter, p. 15.

4 Rutter, p. 20.

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