

**OKLAHOMA BOARD OF MEDICAL LICENSURE AND
SUPERVISION
POSITION STATEMENT/GUIDELINES REGARDING
SEXUAL MISCONDUCT**

Sexual misconduct by physicians in regard to contacts with patients includes, but is not limited to, the following and may be the basis for disciplinary action:

- A. Any physical contact or bodily movement intended to express or arouse erotic interest.
- B. Any relationship between a physician and patient where sexual behavior occurs.
- C. Any sexual behavior which occurs between a physician and his/her patient within the context, proximate or distant, of a professional doctor-patient relationship.
- D. Any behavior such as gestures or expressions that are sexually demeaning to a patient or which demonstrate a lack of respect for the patient's privacy including but not limited to making sexual comments about a patient's body or underclothing, requesting sexual history details when not indicated clinically, or conversing about the physician's sexual fantasies.
- E. Physician-patient sex, whether or not initiated by the patient, including, but not limited to sexual intercourse, masturbation, genital to genital contact, oral to genital contact, oral to anal contact and genital to anal contact.
- F. There exists in a physicians position such a vast disparity of power and influence between the physician and those affected by this disparity that sexual relationships are improper and unprofessional. Examples of this

would include parents of dependent patients and spouses/sexual partners of patients. Exploitation of any persons need for medical care or advice for the physician's sexual gratification shall be deemed sexual misconduct.

Position/Statement:

A. "Non-sexual" touching of patients may at times be appropriate; it can be therapeutic and does not constitute sexual misconduct. Examples include a pat on the back, holding of a hand or putting an arm over the shoulder of a patient. Caution should be exercised, however, since the patient may misinterpret such gestures.

B. In the context of medical treatment, a sexual relationship with a patient is absolutely prohibited.

In the context of a continuing professional relationship, a sexual relationship is absolutely prohibited.

Outside of the context of medical treatment, but within the context of a professional relationship, a sexual relationship is absolutely prohibited.

Outside of the context of medical treatment and outside of a formal professional relationship, a sexual relationship with a patient may or may not be considered sexual misconduct depending on whether or not it is determined that a doctor-patient relationship is still ongoing. Factors which may be considered in determining whether the relationship is ongoing include, but are not limited to, patient transference or psychological or emotional dependence.

C. Termination of the doctor-patient relationship:

Because of transference, countertransference, physician knowledge, or patient psychological or emotional dependence and vulnerability, a professional relationship may take months or years to end and in some cases

may never be terminated for purposes of sexual contact. As long as there is a perceived doctor-patient relationship in the eyes of the patient, doctor, or the board, the physician is at risk for disciplinary action based on sexual misconduct.

D. Consent by the patient shall be no defense. In view of the unique relationship between doctors and patients and of the patient's position of vulnerability and dependence, consent by the patient may be of little significance.

E. It is the physician's responsibility to prevent and/or terminate any patient-initiated sexual contact. Failure to do so places the physician, and not the patient, at risk for disciplinary action based on sexual misconduct.

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