

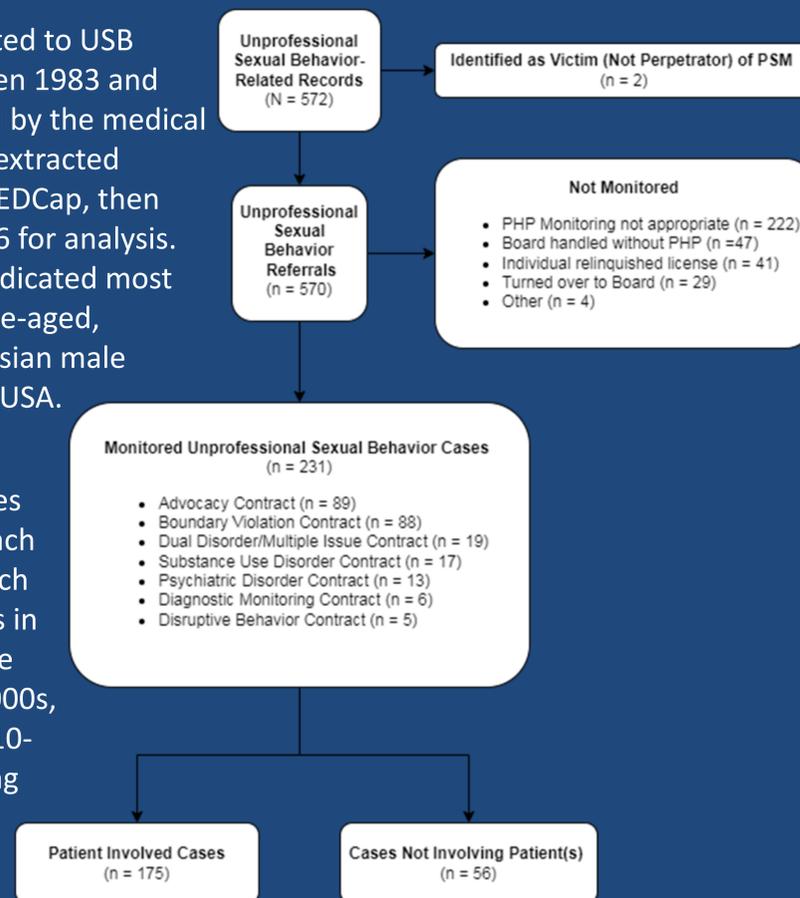
## Background

Boundary failures, including unprofessional sexual behavior (USB), tend to increase in times of stress,<sup>1</sup> particularly among those who have limited support and tend toward overextending themselves.<sup>2,3</sup> Healthcare professionals (HCPs) who display USB often have untreated underlying conditions, and are at high risk of losing their license/career. Professional health programs (PHPs) assist HCPs with potentially-impairing conditions in returning to clinical practice while ensuring patient safety.<sup>4</sup> Studies document exceptionally positive outcomes for those recovering from substance use disorders.<sup>5</sup> About half of PHPs also offer monitoring services for HCPs with USB, though less is known about their disposition and outcomes.

## Methods / Analysis

All PHP records related to USB documented between 1983 and 2018 were reviewed by the medical director. Data were extracted anonymously into REDCap, then exported to SPSSv.26 for analysis. Records (N = 572) indicated most referrals were middle-aged, heterosexual, Caucasian male physicians from the USA.

Figure 1 characterizes the disposition of each record (N=572), which included 31 referrals in the 1980s, 282 in the 1990s, 152 in the 2000s, and 91 between 2010-2018 (plus 14 missing referral dates).



## Results

Monitoring was initiated for 231 cases (40.4%). The PHP did not offer monitoring when:

- individuals were ineligible for PHP services (e.g., unlicensed or insufficient justification to recommend evaluation/monitoring; n = 222)
- the licensing board handled the referral (n = 76)
- the individual relinquished his/her license (n = 41)
- the individual became incarcerated (n = 1) or died (n = 3; 2 by suicide) prior to fully engaging with the PHP

Most cases (n = 175, 76%) involved USB toward at least one patient

Types of USB included:

- Purported “consensual” sexual behavior between adults (15%)
- Sexual behavior with possibility/likelihood of coercion (56%)
- Unwanted/offensive attention/communication (40%)
- Unwanted physical/sexual contact without penetration (40%)
- Unwanted sexual contact involving penetration (15%)
- Other: e.g., problematic pornography use; exhibitionism (12%)

Outcome of PHP Participation	N	%
Still under contract	27	11.7%
Graduated (no relapse)	105	45.5%
Graduated from Extended Contract	23	10.0%
Graduated but Returned to PHP	3	1.3%
Discontinued monitoring AMA (relinquished license)	28	12.1%
Turned over to Board due to Noncompliance	21	9.1%
Board handled case (before monitoring could be initiated)	3	1.3%
License revoked/denied DURING monitoring (not due to PHP recommendation)	7	3.0%
Other	14	6.1%

Funding for this work was provided by the Professionals Resource Network, an integral arm of the Florida Medical Association.

Civil/criminal legal involvement, and licensure restriction, suspension, and/or revocation or other disciplinary action by the licensing board were present in most cases.

The modal length of monitoring was 5 years (range = <1 to >11). Outcomes varied, with most deemed “successful” or “very successful.”

Success Rating Based on chart review	N	%
Very Unsuccessful	11	4.8%
Unsuccessful	20	8.7%
Neutral	27	11.7%
Successful	59	25.5%
Very Successful	114	49.4%

## Conclusions

Rates of PHP referral for unprofessional sexual behavior have remained high over 4 decades, with the minority deemed eligible for monitoring.

With the acute and chronic traumatic stress on HCPs, it is imperative that personal and professional risk mitigation strategies be implemented to protect patient safety.

PHP referral may be an important part of risk mitigation for both patients and practitioners, identifying HCPs with USB who are amenable to intervention, and helping them resume working under safer conditions.

## References

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