

ORIGINAL RESEARCH

Sex Offenders Seeking Treatment for Sexual Dysfunction—Ethics, Medicine, and the Law

Elizabeth A. Phillips, MD,* Archana Rajender, MD,* Thomas Douglas, PhD,[†] Ashley F. Brandon, MD,[‡] and Ricardo Munarriz, MD*

*Department of Urology, Boston Medical Center, Boston, MA, USA; [†]Oxford Uehiro Centre for Practical Ethics, University of Oxford, Oxford, UK; [‡]Urology of Virginia, Virginia Beach, VA, USA

DOI: 10.1111/jsm.12920

ABSTRACT

Introduction. The treatment of sexual dysfunction in patients with prior sexual offenses poses ethical and legal dilemmas. Sex offenders are not obligated by law to disclose this history to medical professionals. Over 20% of sex offenders experience sexual dysfunction; however, the number of sex offenders seeking evaluation for sexual dysfunction is unknown.

Aims. The aims of this study were to determine the incidence and characteristics of sex offenders seeking treatment in our clinic; and to review data regarding sex offender recidivism and ethics pertaining to the issue as it relates to treating physicians.

Methods. Sex offenders were identified via three methods: new patient screening in a dedicated sexual medicine clinic, chart review of those on intracavernosal injection (ICI) therapy for erectile dysfunction (ED), and review of patient's status-post placement of penile prosthesis. Charts were cross-referenced with the U.S. Department of Justice National Sex Offender Public Website. Patient characteristics and details of offenses were collected.

Main Outcome Measures. The main outcome measures used were a self-reported sexual offense and national registry data.

Results. Eighteen male sex offenders were identified: 13 via new patient screening; 3 by review of ICI patients; 1 by review of penile prosthesis data; and 1 prior to penile prosthesis placement. All were primarily referred for ED. Of those with known offenses, 64% were level 3 offenders (most likely to re-offend). The same number had committed crimes against children. All those with complete data had multiple counts of misconduct (average 3.6). Ninety-four percent (17/18) had publicly funded health care. Twelve (67%) were previously treated for sexual dysfunction.

Conclusions. Registered sex offenders are seeking and receiving treatment for sexual dysfunction. It is unknown whether treatment of sexual dysfunction increases the risk of recidivism of sexual offenses. Physicians currently face a difficult choice in deciding whether to treat sexual dysfunction in sex offenders. **Phillips EA, Rajender A, Douglas T, Brandon AF, and Munarriz R. Sex offenders seeking treatment for sexual dysfunction—Ethics, medicine, and the law. J Sex Med 2015;12:1591–1600.**

Key Words. Sex Offender; Sexual Dysfunction; Erectile Dysfunction; Ejaculatory Dysfunction; Registry; Sex Offense; Rape

Introduction

There are over 700,000 registered sex offenders in the United States; about one-third are currently under the supervision of a corrections

agency, and on average, over 100,000 of them will seek or have already sought treatment for sexual dysfunction [1–3]. Although physicians are expected to treat patients equally and without bias or favor, should we treat sex-related complaints in

these registered sex offenders? In reality, many of us already have.

Sexual dysfunction among sex offenders is a known entity with a prevalence in excess of 20% [1,4], which has been theorized to potentially be greater than the rate in the general population. The prevalence of sex offenders seeking medical evaluation for sexual dysfunction is unknown. As sex offenders are not obligated by law to disclose their status as offenders to medical professionals, many of them will be treated unknowingly. The treatment of sexual dysfunction in patients with prior sexual offenses poses an ethical and legal dilemma to physicians, especially to primary care physicians and urologists, who see patients with these chief complaints every day. To our knowledge, there is no legal precedent regarding the treatment or withholding of treatment for these patients, but if an offender is aided in restoration of erectile function, for example, and goes on to commit a sex crime, could the physician who assisted him be partially responsible [5,6]?

In addition to the ethical and legal concerns, there is a social impact to consider. Public outrage in the early 2000s brought Medicaid spending under scrutiny when it was discovered that sex offenders were provided oral medication for the treatment of impotence, which was covered by their Medicaid benefits. Several states took measures to ban the payment of oral impotence medications for patients who were required to register as sex offenders [7]. In 2005, Federal Medicaid reimbursement for treatment of impotence in sex offenders was banned in all 50 states and a statement was released calling the use of these medications by sex offenders inappropriate. The Sexual Medicine Society of North America echoed this sentiment in their position statement [8]. Many states responded by temporarily or permanently suspending reimbursement of these medications for all Medicaid patients.

Around the same time, in 2006, the Adam Walsh Child Protection and Safety Act was signed into U.S. federal law. The purpose of this act was to establish a comprehensive national system for the registration of sex offenders and offenders against children. Among other things, the law requires all 50 United States, the District of Columbia, U.S. territories (Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands), and federally recognized Indian tribes to maintain a sex offender registry publically available on the Internet and to participate fully in the Dru Sjodin National Sex Offender

Public Website (NSOPW) which was established in 2005. This is a single site maintained by the U.S. Department of Justice to search all jurisdictions for information regarding sex offenders [9].

The issue regarding public spending for erectile dysfunction (ED) treatment was relatively quiescent until 2010 when Senator Tom Coburn, MD (Oklahoma) stated that tax payer dollars were still being used to fund impotence treatment in sex offenders, despite the Federal ban [10]. To date, no action has been taken to cross-reference the Medicaid and sex offender databases, thereby making any laws or provisions prohibiting the payment of such treatments impossible to enforce. This separation of law and medicine serves to avoid discrimination of patients when seeking medical care, but also conceals potentially valuable information from the physician who is asked to treat sexual dysfunction in these patients.

With treatment options for sexual dysfunction widely advertised, available, and more affordable, many men are turning to their physicians for help with ED, low testosterone, or ejaculatory problems, necessitating our awareness of this issue. Until a system is instituted to guide such treatment for sex offenders, physicians are tasked with identifying and assessing the appropriateness of treating their sexual dysfunction.

Aims

The primary goal of this study was to determine the incidence and characteristics of sex offenders seeking treatment for sexual dysfunction in a sexual medicine clinic. Additionally, this study aims to bring awareness to the issue of treating sexual dysfunction in registered sex offenders, explore the literature relating to this topic, and suggest future changes for establishment of protocol regarding this subject.

Methods

This is a single institution, institutional review board (IRB)-exempt (H-33165), retrospective study of patients identified as sex offenders (December 2012 to December 2014) in a dedicated Center for Sexual Medicine within the Department of Urology at an urban, academic, tertiary-care center. New screening protocol was initiated in December 2012 and is ongoing. New patients are seen first by a clinical psychologist, and then by a urologist, both inquiring independently about a history of sexual offense. If a history of sexual

Download English Version:

<https://daneshyari.com/en/article/4269526>

Download Persian Version:

<https://daneshyari.com/article/4269526>

[Daneshyari.com](https://daneshyari.com)