Sex and the Medical Profession

by

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The Chairman of the meeting was Dr Paul Nisselle.

You will be aware there are many professions, some older than the others. I was going to omit all discussion of the "oldest" profession but as ever events overtake any speaker. Last week a psychiatrist in the State of New South Wales was deregistered. His sin was that he had hired a male prostitute - we're not sexist up there but then they had an argument about the services and the fee and he shot him. Now, of course you'd understand, being a psychiatrist - he didn't kill him, he just shot him a little bit, but he incurred the displeasure of the Supreme Court and the Medical Board. Most of what I say will be about medical practitioners but the law and the church and some of the other professions will get a mention, just *en passant,* you understand.

Now, you might say what is all this concern about sexual exploitation, it must be very recent - it's not. Let us spend a little bit of time on the history and we begin with medicine because it is the second oldest profession.

Let us begin with the "Hippocratic Oath." As you know, the Oath had nothing to do with Hippocrates - it's important to get that straight - it was in the assemblage of 4th Century BC Pythagorean Doctrines. The Pythagoreans had a special view; they abhorred violence. That is why if you read the Oath, it says: "You must not cut to the stone" - now urologists do that every day, without incurring a displeasure - that is because violence was anathema to the Pythagoreans, and surgery isn't violent.

You've got to understand the customs of the day. Let us go back to Ancient Rome, because it was the freeman's right and duty to enjoy himself sexually with every one of a status inferior to his own. Gender and age had nothing to do with it. Just status. To ask the doctor to give up his privileges under those conditions was asking a lot, I think you would agree. Now, the Oath comprised eight statements which in essence required physicians to act in a way beneficial to their patients. One statement was "To remain free of all mischief and in particular sexual relations with both female and male persons be they free or slaves."

The first medical work written in Hebrew was the Book of Asaf in the 7th Century AD and amongst the other advice it gives is "Let not the beauty of women arouse in Thee the passion of adultery." So they were at it too. I could go on. But I ask you to believe that a disapproval of sexual relationships between doctors and patients can be found in a number of cultures, millennia ago. Therefore, it is a reasonable deduction it was going on everywhere. There is evidence

to support this. The puritan pamphleteers of the 17th Century call the physicians of the day, "Stallions of the Boudoir." And to give a case, in 1628 Dr Raven of Cambridge was fined five hundred pounds and imprisoned for putting his leg into the bed of a wealthy widow. Earlier a 9th Century Islamic writer, El Rahawi wrote "Practical Ethics of the Position." He reported there were shrewd doctors who selected pretty women, and preferred men to be absent when they turned up at the houses of women patients.

What about the other professions? We'll try the church. In the 12th Century Andreus Capalanos gave the following advice to clerics, not to doctors, to clerics, and I quote "And if it happened that you were seized by the desire to love a woman from a lowly family and if you can find a propitious occasion, you must not restrain yourself but take your pleasure without waiting for another opportunity." Now, if those in holy orders were advised to rape their inferiors perhaps the other professionals didn't wait very long. Decretals of both Pope Lucius the Third and Gregory the Ninth held that: "A fornicating priest should be tolerated and allowed to continue his clerical functions unless his conduct became flagrant and notorious." So let us agree we are not discussing something new. It is not just in Melbourne and the 20th Century; it's been around for a while.

If we can agree on that, then how much? Here's a problem. Let us suppose we ask a thousand doctors about sexual experiences with patients, if any, of course. And five hundred reply and let us agree - assume - that 7 per cent acknowledge such behaviour - then what's more likely; is the prevalence in those who did not answer higher, from shame, or is it higher in those that did, perhaps from narcissism and boastfulness. Are those that did answer, necessarily telling the truth and the whole truth? It's not an easy area to research. Nevertheless, the attempt has been made and mainly by psychiatrists and psychologists because they have a particular interest in human behaviour and motivation and not, as you are all thinking because they're more active in this respect. You may be surprised to hear they're not. They are the same as everybody else. Since the figures are only an approximation of reality, I won't bore you by going into a lot of statistics but we will make some assertions. The best data we have is about psychological and psychiatric professions. - and I ask you to believe that other data suggests that the best data we have is about them and I ask you to believe the other data is more widely applicable.

First, who does it to whom? If we take a large number of professionals having sexual contact with patients, then we get the following figures: men do it to women 88 per cent of the time. Men do it to men 7.6 per cent of the time. Women do it to men 3.5 per cent of the time. Women do it to women 1.4 per cent of the time, so it gets around.

In other words, sexual behaviour involves men exploiting women and about 95 per cent of the time, and women exploiting men about 5 per cent. How many do it? Now, there have been many studies. Our best estimate is that about 7 per cent of male practitioners and about 3 per cent of female practitioners have sexual contact with patients. Now, understand that this is based on self-report, not on patients' complaints. The best guess we have about patients' complaints is that 90 per cent are valid and justified and about 10 per cent are either false or misinterpretations of what went on.

You may say, who does this sort of thing? Well, first of all, those who feel themselves to be above the rules that govern ordinary people. I call it the "Bill Clinton Syndrome." They're often of higher status, they're Chairman of Ethics Boards, Presidents of Medical Societies and the like and without thought or concern, they exploit anyone who passes by, patients, junior members of their own profession, anyone - we won't worry about why they do that. Some of them have a sort of seedy charisma and involve many people and they can set up what amounts to a cult. Now, one example will do. One cult group has been operating since 1971, even though its founder is dead. He was a clinical psychologist in the United States who told his clients that he was more enlightened than Jesus and had created the ultimate therapy - there's a few of these around, but this is just one - combining Freud, Zen, Kundalini, Yoga and LSD." Everyone who came to see him got a diagnosis of major mental illness and everyone had to give up their career, right then - and no one was allowed to get married. His group therapy is worth a mention. He would have men in groups of four or five do a Yoga exercise in which they would lie down on the floor with one middle finger in their mouth and the other middle finger in another man's anus, while the same was being done to them. Now, while they were doing that he would berate them if they could not see the therapeutic benefit to what they were doing. And even when he died, they kept on doing it. So you get some funny ones.

Then there are those professionals best described as "love sick." There are a number of variants; there are those who are unloved, lonely and bereaved, unhappy in their marriages and they need comfort and

affection. You will not be surprised to know that they seek comfort and affection from young and attractive patients, rather than the grey-headed and maternal. Sooner or later the patient gets the message that they and the doctor have similar problems and sexual relationships begin.

Then there are those in the helping professions who believe enough love and concern will cure anything. When I was a Commissioner for Corrective Services, every time we had somebody who'd raped and murdered a number of women, we had an influx of ladies wanting to marry them, cure them with their love. So it just goes on and on.

Then there were those practitioners who'd been seduced by their superiors and by academics during their training. And they are quite likely to do the same thing. I don't have time to deal with what goes on in Academia. One study will do. 133 medical students were surveyed; 82 responded. Of these 73 per cent of the women, 22 per cent of the men responded that they'd been sexually harassed at some time during their training. It goes on.

Now, let us talk a bit about the victims. First are those who have been sexually abused as children and they are often sitting ducks. Remember the great Ronnie Laing, do you remember Ronnie who knew all about everything - R.D. Laing, anti-psychiatry. I saw a video of him interviewing a lady who had been sexually traumatised as a child. He sat down beside her and took his shoes and socks off. I've never seen anything worse.

Then there are those who believe themselves to be worthless and have only their bodies to offer. This is often about the promiscuity in the world out there and in the therapeutic situation, that's all they've got to offer and they offer it to the therapist.

Then there are those who are very dependent and those of course who need to be masterful and pick them up. The other thing that may interest you to know is that the doctors who have had extensive psychotherapeutic experience themselves, who have really been analysed down to the last little bit, are no less likely to offend than anyone else; it doesn't do them any good.

On the victim's side, female patients who are intelligent, educated, sophisticated and married are no less vulnerable than their sisters. Age is no defence, looking at the young ones; one particular paper reported sexual involvement with male patients aged from seven to sixteen and with female patients from three to seventeen. So you can't get out of it.

Let us do a couple of calculations. I come from the State of New South Wales. There are approximately 21,000 registered medical practitioners. There are 16,000 men and 5,000 women. If we take a conservative estimate, about 6 per cent of the men and 2 per cent of the women have had a sexual relationship with patients, and then we get a 1,060 who've done it. But some did it years ago and some are right at it now. Let us halve our figures to make an allowance for the mob that gave it up, then we get 530 doctors who should be under investigation. The figure will be larger because there'll be some falsely accused, but that will be the ones who have been at it. If we look at New South Wales, there have been 366 complaints about them in the last four years but only twenty-four have appeared before some sort of Tribunal. Twenty-five psychiatrists had complaints made against them. The point I want to make is that granted our figures are rubbery, there's a huge gap between the numbers of doctors likely to have offended in the past or still offending and those appearing in front of the appropriate Tribunals. I'm sure it's different down here but that's how it looks up there.

The corollary is, do patients become more inclined to complain and the investigating and regulatory bodies more efficient in their performance? What does it matter? Come on, it's been going on for a millennia, who cares - what's it all about? Well, let's look at the victims; what happens to them? One series surveyed all the registered psychologists in California. 16 per cent answered. That 16 per cent had treated 559 people who had been sexually involved with therapists; their estimate was that 90 per cent of them suffered ill effects, 11 per cent required hospitalisation, 1 per cent suicide. A more recent paper in the American Journal of Academy and Law, looked at 107 women victims of sexual misconduct. They found that 18 per cent of the women had gone along seeking help because they'd been victimised by the person they went to see; most of them needed help.

My own experience with people who have had that sort of problem is interesting. You get the symptomatic and behavioural disorders, depression and anxiety. But the important thing is that people can develop a profound distrust of the whole medical profession, so if you get something that should be treated you don't go to the doctor - and you'd die from something which was curable. Another thing I've seen when people have been to eminent doctors who misbehave is that they think they must be mad to think that Dr X who is so eminent would do such a thing to them; they weren't mad at all.

Then there are some difficult things. For example, a woman came to see me because she'd been an efficient person in a senior position and

she was now unemployable because her mind was so turbulent. I said I would do my best to help her and she said, thank you - but there would be one condition and the condition was: that the actions of the doctor who had exploited her sexually in every way were above reproach. The rules that existed for all the other doctors didn't apply to him. And if we were to work together he must not be criticised in any way. I said, well, really that makes it a bit difficult - and she went away. Again, think of the offenders, some of them get deregistered, publicly humiliated, financial loss, marital breakdown - it's not fun for them either. Of course some of the people who get exploited are borderline people who are hostile-dependent and the revenge they extract is something to see.

Now, what's the problem? The problem is that the relationship between a doctor and a patient is never equal. One lays down the time for the meeting, the fee to be charged and expects the other to speak openly of personal emotional problems. Now, if you go to see your gastroenterologist and if, after a long explanation and examination, he says, I have this long flexible tube with a light on the end and I want to put in your back passage and look up - you would say, well, yes I understand that. If you say to him, can I do it after that to you? He'll say, no - because it is not a relationship between equals. You try it and see.

There is the problem of transference. We've all had relationships with important people in our past which are very special and some of those relationships are still locked within us and powerful still and they attach to people in the present. Doctors, not just psychiatrists, can have all these feelings projected upon them and the patient can be very vulnerable. Lawyers can have the same problem. We will get on to them in a minute. It's obvious that sexual exploitation is but one form of exploitation. You can get information about the stock market; you can get all sorts of things out of patients. You can get them to come and work around your house, do all sorts of things if you care to exploit them.

We go on and on about medicine but I don't want to neglect the other professions. So let us turn first, very briefly, to the church. I've mentioned Andreus Capalanos from history - now, those of you that know the history of the Medieval Popes, don't need any instruction from me. What about now? I turn to Jason Berry, who won the 1985 Catholic Press Association Award, so we're not looking at a hostile critic, for the coverage of abuse scandals in Louisiana - if you'd ever been to Louisiana you would know what it's like down there - between 1982 and 1992, four hundred Catholic Priests in North America were

reported for molesting children. By the time his book was published in 1992, 400 million US dollars had been paid out to resolve the cases. He estimated by about now it'd be about a billion. Paedophilia, yes - but what about adults? We don't know. I had an insight into a very attractive female patient who had a particular problem in her personality which made her go and seduce priests. The higher they were up the hierarchy, the better it was - and she said she never had any problem. The Sydney Morning Herald, in February this year, cited a report from the Kansas City Star which said, "It appears that priests are dying of age at a rate four times that of the general United States population." Now, I don't know if that proves anything but it suggests that something is going on.

Teachers, just very briefly. In the last three years the Department of Education had 1,311 allegations of improper conduct since the Wood Inquiry into sexual impropriety by teachers. There have been 392 complaints substantiated and 124 teachers have been sacked. So the education people are still at it.

Now, what about the law? This is a Medico-legal Society isn't it? You might say, look, this is wild goose chase because legal training produces respect for the law and ethics. In any case, lawyers being honourable people would not stray from the narrow path of righteousness. About a decade ago, the Law Society of New South Wales introduced a system called Law Care designed to assist those members who had a problem and needed help. They were kind enough to involve me in it. I rang around the place and I knew that the Law Institute of Victoria had received 90 calls in the first five months of its operation, but they were all about practice difficulties. So I looked a bit further afield and I looked at Washington State in the USA. 10 per cent of a sample there; 19 per cent of them significantly depressed and most of that depressed group had suicidal ideation isolating themselves, 18 per cent were problem drinkers, compared with 10 per cent of the mob, 5 per cent were both alcoholic and depressed. 26 per cent opened up to using cocaine at some time in their lives, less than 1 per cent was still using it. Of course it's a felony in Washington State. You might say, what has it got to do with all this? One is that substance abuse is associated with other problems. The American Bar Association in 1988 said that 27 per cent of their disciplinary cases involved alcohol abuse. That's probably an under-estimate because most of them don't look to see why.

Of course doctors at this stage may say, look lawyers are well ahead of us – after all, it's much clearer for them that we can ask people to

partially disrobe and they can't and our boundaries are a bit vague. When I was a medical registrar in a teaching hospital I could ask people to disrobe appropriately but to diagnose why a person had a headache you had to do a vaginal examination. You know, the rules were very clear. Now, I'm a psychiatrist I don't ask anyone to disrobe at all and if I did that would be very strange behaviour. I'm not any more entitled to ask my patients to disrobe than is say a corporate lawyer.

Some of you may know David Pannick's book on judges and there's one wonderful case which I can't forbear from quoting. "In 1980 the Superior Court of Wisconsin upheld the decision of the State Judicial Conduct Panel that Christ T. Serrafin, a Circuit Judge in the County of Milwaukee had amongst other things, been guilty of unprivileged and non-consensual physical contacts with sexual overtones." He got three years without pay. Before him an Ohio judge was gaoled for dispensing lenient sentences to women defendants in return for sexual favours. That's only two swallows, there's no summer there. When Masters and Johnson published their very early work in 1970 they found that lawyers and doctors were about the same. In 1992 an Appellate Judge speaking during a medico-legal seminar on sexual misconduct was reported as saying: "The only way a lawyer's sexual relationship with a client would be wrong would be an occasion in which the lawyer's infatuation with the client caused him to miss a filing deadline." At the same time the American Bar Association Standing Committee of Ethics and Professional Responsibility, approved a formal opinion advising against attorneys' sexual conduct with clients. The American Academy of Matrimonial Lawyers gave much the same non-binding advice.

Things can get complicated. The California Appeals Court found for a client who alleged that her legal position was compromised because she refused to have sex with her Attorney, so you can get it both ways.

There is one piece of quantitative data. In a study conducted at Memphis State University, 31 per cent of attorneys surveyed knew other attorneys who had been sexually involved with their clients but only 6 per cent said they had been. That same self-disclosure figure, 6 to 7 per cent, is everywhere. Now that would be from the 1992 paper of the American Academy of Psychiatry and Law. It's interesting that lawyers are in a position to exercise undue influence over our financial affairs and there's absolutely no problem about ethical rules about money; that's clear-cut - but sex, you know.

Let us go to the Arkansas Law Review of 1992. You may remember that a particular attorney, a former Attorney-General of Arkansas, has achieved some expertise in this area and they reviewed it and said, not

much of it goes on. But they pointed to an Indiana law which says, "Plumbers are barred from engaging in a course of lewd or immoral conduct in connection with the delivery of services to clients." But lawyers are not.

From the studies I looked at, divorce lawyers are the ones most likely to be sexually involved with their clients but criminal defence lawyers run second, especially with the attractive and vulnerable. There was one lawyer, as a wonderful example, who was disbarred for ethical violation of numerous clients but he was barred for five years when he had sexual relationship with his client in front of a room full of other clients - they thought that was a bit much. There was another attorney who had a relationship with a client. He said, no, I'm sterile I can't make you pregnant. Not only did she become pregnant, but also the pregnancy was ectopic and she had to have surgery, leaving her sterile. They thought that was a bit over the limit.

From reading this material and talking to people, law is about where medicine was a few decades ago. Justice Greman in an Illinios Appeals Court in siding with a majority ruling of the Court cited a case of sexual conduct with an attorney, noting "Attorney/client sexual contact is the legal profession's dirty little secret." In Australia we'll have to wait and see.

What are we going to do about it? First I think we've got to make the rules clear. None of the advisory stuff - you've got to have rules. We've done that in medicine; they've done it in psychology - I was on the Board there. I will spell out the Meninga's rules about when you're in danger; they are worth hearing. "Do you seek social contact with your patient or client outside the consulting room?" "Do you tell the patient personal things about yourself which might impress them?" "Do you accept anything other than money for your services?" You know, people walking around your house, helping out here and there. "Have you accepted for treatment people with whom you had a social involvement?" "Do you find yourself comparing your patient or your client with your current partner to the detriment of the latter?" "Do you feel your patient or client would be much improved if only he or she had a romantic attachment to you?" "Do you feel a sense of excitement when you think of the next visit?" "Do you have romantic night dreams or day dreams of the next visit?" "Do you feel you may become famous if you help your patient to become famous?" Corporate lawyers, stand up, please. "Are you very proud of the fact that you have such an attractive or powerful person seeking your help?" "Do you tell your

patients about your problems, expecting sympathy?" "Do you feel powerful when you control a patient or client's activity through advice or in some other way?" "Do you ask them to do personal favours for you?" "Do you enlist them in causes important to you?" "Do you accept gifts or bequests?" "Do you make special arrangements for the very attractive patients?" You know, see them last - when they come in - "Can you set limits to their demands?" Now some people demand more and more and more and more, and you become more and more and more available - and then you finally see them in a restaurant. Can you say, "No" - it's very important.

Commonsense has to come into it. If you come from a small country town you're going to breach some of those things, of course you are - but if you're a professional in a big city like me, you don't. And again, if you save someone's life or you save them from disaster and they give you a little present - what the hell. But, if you keep getting presents you're doing something funny, even if you don't know it. What if you meet someone who wants to cross the boundaries? Now, I was treating a very, very beautiful lady for an anxiety disorder. One day she came and said, "I'm doing so well." I said, "That's nice." She said, "I think I've got swelling of my inguinal glands." She said, "Would you examine them for me?" I said, "Oh, I think your own local doctor would do a better job than I would but I really think we must talk about why you ask me to examine your inguinal glands? And thus we turned the seduction into a topic for discussion so we can learn more about what her needs were and all about transference.

What do you do when a difficult situation arises and you can't seek the advice of your colleagues? I have said this before; I'll say it again: I imagine that my consulting room has a glass window and there's big grandstand out there and my senior colleagues are all sitting out there and they can hear what's going on and I'm going to perform in front of them. Whatever I do I'm sure they won't all agree with but at least they'll say, oh well, you know - he did his best. You've got to think of yourself as "on-line." I have been asked in other places, what about the conscience? And I say, well, if you've got a perfect conscience and it's in excellent working order and you keep switched on, you've got no problem at all. But there are temptations.

We are in the healing professions and we have power and power can corrupt. The worst form of corruption is to exploit those who come seeking help. It is also corruption to close our eyes to what is going on around us. There are seductive situations and there are some

very attractive people who come to see you; if you've never seen an attractive patient or client, for God's sake go and see your eye doctor because there's something wrong with you. One way of dealing with this is to keep your eyes shut, but if you keep them shut it's not a guaranteed defence because one day you may peep and because you are unaccustomed to what is revealed you'll be swept away into unfamiliar territories. It's better to be in touch with your emotions and deal with them rather to believe that logic and reason will get you everywhere, because if you believe that, then read the newspapers and watch the news; it doesn't work.

As I said, the stakes are high if you get sprung. You get sentenced you get chucked out. I talked about this once and someone said, "Come on now, sex and joy are precious things which bind people together, enrich their lives." I said, "Yes, go to some of the prisons and talk to some of the people who've been homosexually raped in a gaol and see what they say about sex." It's not as simple as it looks.

QUESTION: PROFESSOR DENNERSTEIN. I'm Lorraine Dennerstein from Melbourne. One of my colleagues who is probably the most senior woman in medicine in the United States, she has a very senior position at NIH got around her problem of being harassed as a medical student some years later by writing a book about it in which everybody was quite identifiable. I hear it was an enormous success.

DR ELLARD. I'm all for that.

QUESTION: I'm more or less out of danger now because I've been anaesthetist for the past 30 years but when I was general practice, I conscientiously went to a lecture of a well-known psychiatrist who recommended that you should stroke your patient while making animal noises and I didn't follow his advice - but a colleague of mine did and he got into trouble, I thought rather unfairly by the Medical Board. Although I think what lost him the case was that the patient was complaining of tonsillitis.

DR ELLARD. Let me tell you how difficult it can be. A most attractive intelligent woman came to see me because she had had a number of relationships and she'd destroyed every one of them; and she could see that she was destroying them. When we talked about it, it was clear that she was recapitulating events in her life and we talked about this. The essential thing was that her father, who was close to her, went off to the War in the Air Force and left her with her mother who was somewhat dysfunctional. When he came back, he said, I can't stand any of this and he went on his way. She had got men a bit

like her father in and then punished them endlessly ever since. Now, we were well into the space of positive transference and the Air Force said to me, you have to go to Vietnam - so I did exactly what her father had done. When we came back she said the Viet Kong didn't do a good job, did they? I said, what do you mean? She said, well, you're alive aren't you? For two sessions she poured out hatred and murder upon me. Then she stepped up, came over and sat on my lap - and I had on my lap, a crying child. And I put my arm on her shoulder; she sat there for about two minutes and said; now I understand. She did very well because I saw her for another reason about 20 years later. If I had rejected her immediately, said, get off - that would have been a disaster. If I'd exploited it would have been a disaster, but I had on my lap a crying child. And that was the beginning of fixing it. You may be amused to know that it was written up in Penthouse.

QUESTION: DR NISSELLE. In general practice a lot of doctors are now terrified to use touch at all, the consoling arm around the patient or the pat on the little kid's bottom et cetera. Instead they are retreating behind the desk. Do you have a comment?

DR ELLARD. Well, my patients, generally, are not my friends but we've known each other for a while and we get along. If they came in and said, my son was run over today I'd have no problem in putting my around their shoulders. I think one is supposed to have a certain amount of wisdom and experience in this business and to pursue a way in which you know you're not exploiting a relationship and you're only being helpful; I can't see anything harm in.

QUESTION: MS ROSS. I'm a lawyer from Clancy and Triado. John, I was interested to hear you say that you think that the legal profession is now where the medical profession was ten years ago. Do you think that is because there's a quantitative difference between the types of cases that lawyers are generally dealing with and the types of cases, for example, psychiatrists are dealing with? That is psychiatrists are essentially dealing with emotional problems of their patients, whereas lawyers generally speaking, are dealing with their clients at arm's length?

DR ELLARD. Curiously, I think they both deal with people and that people with legal problems come to lawyers in a state of anxiety, concern, perhaps despair, anger - all sorts of feelings. You know, it depends what you're in - you know, I suppose if you're only dealing with BHP or something it's a bit different perhaps.

But we are both dealing with people in emotional turmoil in ordinary

practice and they have the same vulnerabilities. The little information I have - and I got a fair bit from Glen over in the States, suggest it is about the same. The lawyers are people; true - medicos, true - true - the lawyers are people and the clients are people and the same conjunctions occur.

QUESTION: DR COURT. I'm a member of the Medical Board. One of the difficulties I think we have in relation to doctors who may have transgressed sexual boundaries, is the question of what is it doing to the complainant - to the woman who has been hurt in this way? I am just wondering how you would respond to the proposition that we must also care for the patients, or the people who have been hurt - and how does one respond to those cases where it seems to make it worse rather than better?

DR ELLARD. I think it makes it worse rather than better. I wouldn't want to back out of trying to help the victims. I was asked to see a lady who'd been tampered with by a psychiatrist and she came to see me, we talked - and I said, yes, I hear what you say and I believe what you say; what do you want to do? She said, I want to take it further. I said, well, in this State the correct way is the Health Care Complaints Commission and she said, I want to see them. So I rang them up right then and she made an appointment. She left my office and went and trashed the psychiatrist's office and he took a major overdose. It's complicated. He was resuscitated, but he did it again.

QUESTION: It does seem that the doctors who get into trouble are the ones who try to break off the relationship.

DR ELLARD. There is some truth in that but of course they come second to the victim, who is breaking it off earlier. But it might take a long while - there is one psychologist in the States, who married the patient and then four years later got a judgment of 3 million against him for exploiting the relationship. It can take a time.

QUESTION: PROFESSOR McCAUL. One of the hats I wear is some work I do for the Catholic Diocese of Melbourne with regard to victims of abuse and I've also been involved with managing priests who have offended. I think the church has been able to accept that interference with kids is a bad thing, but it has been a considerable struggle. Only recently getting established the view that there is such a thing as a boundary violation and that relationships with adults, does involve a power gradient and so forth. The concept of boundary violation, fiduciary responsibility and all this, some groups in society have enormous trouble in grasping that. And it has to be spelled

out very clearly. Fortunately, the Catholic Church is beginning to recognise this and is beginning to publish material suggesting that any relationship with a parishioner is wrong. One Bishop in this town said, "A priest is a priest is a priest whether he's only got his bathers on on the beach and he is supposed to obey the rules which are supposed to apply to Catholic priests."

On the other hand, as you probably know, there is a recent publication which suggests that the incidence of homosexuality amongst Catholic Priests is very high and in fact a colleague of mine, whom I spent some time with in the United States, said the current estimate is 70 per cent of entrants to seminaries are homosexually orientated. Now, that may not matter according to the rules providing they don't do it. But I think there's huge problem and I think it would be astonishing if it did not apply to lawyers just as much as anybody else.

DR JOHN ELLARD. The morality of social structures change. Morality to me is a system of approvals and disapprovals and if you look at the history of the church, going back to the medieval Popes, you will find they had some rather spectacular immoralities. Of course one of the reasons the upper hierarchy sometimes find difficulty in seeing that exploitation is a bad thing is because they're at it or been at it.

QUESTION: DR. NISSELLE. In closing can I claim privilege as Chairman and make one point: that the medical defence organisations would get some of these complaints against doctors and they fall into three groups: one is the misinterpreted clinical examination, fine - we put that to one side. One is the vulnerable doctor - and it's almost always a male, usually middle aged, who's usually just gone through a major life event like a divorce, who being human, succumbs to temptation. But then there is the other, the sexual predator who has repeated affairs with patients. I have a particular concern when I hear of one who comes up and suddenly I hear from other people from that discipline say, "Thank God they've got him, we knew what he was up to for many years." If you do know something like that there are mechanisms now for bringing it to the attention of the appropriate people to avoid further damage to patients and for the further damage to the reputation of the profession.
