IN PRACTICE

Are patient responses to sensitive sexual health questions influenced by the sex of the practitioner?

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Objective: To determine whether a patient's responses to sensitive questions about their sexual behaviour are influenced by the sex of their treating practitioner.

Methods: An audit was conducted on the computerised medical records of all patients attending the Melbourne Sexual Health Centre through the walk-in triage system between January 2003 and July 2005. Patient responses to sensitive questions about their sexual behaviour were analysed according to patient group (based upon the sex of their sexual partners) and the sex of the treating practitioner.

Results: There was no significant difference in the reported number of sexual partners, condom use, sex overseas, injecting drug use, or commercial sex work based on the sex of the treating practitioner for the different patient groups. This held true whether clients were homosexual men ($n=1609$, $p>0.07$), heterosexual men ($n=4847$, $p>0.11$), or women ($n=4910$, $p>0.08$).

Conclusions: The sex of the practitioner did not significantly influence patient responses to sensitive questions about their sexual behaviour.

The clinical care provided to patients attending sexual health services is largely determined by the risk behaviours they report. For example, the recommended tests for a man who has sex with men are different from those for a heterosexual man. The accuracy of an individual's self reported risk behaviours is therefore critical in determining the care they receive.

One factor that could potentially influence an individual's willingness to report their sexual behaviour is the sex of their treating practitioner. To date, there have been no studies that have specifically addressed this issue in a clinical sexual health setting, though it has been examined in the context of research into sexual behaviour.¹ Our aim was to determine if the answers to sensitive sexual health questions were influenced by the sex of the practitioner among clients attending a sexual health service.

METHODS

We audited the electronic medical records of patients who attended the Melbourne Sexual Health Centre for the first time between January 2003 and July 2005. The centre is the main public sexual health service in Victoria. The centre operates a walk-in triage system where patients are seen by practitioners in the order in which they present. Patients who made an appointment were excluded from the study to minimise selection of practitioners by patients or vice versa. Transgender people were also excluded.

As part of a standard consultation, practitioners asked each patient a series of questions to assess their sexual risk

(table 1). The answers were recorded electronically. For the analysis, patients were grouped according to the sex of their reported sexual partners: men who reported sex with men (including those who also reported female partners), heterosexual men, and women. A separate analysis of women who had sex with women was not undertaken because of the small number in this group. Associations between the sex of the practitioner and responses to questions were determined using the χ^2 test for categorical variables and the Mann-Whitney test for non-parametric data. The study fulfilled the National Health and Medical Research Council of Australia criteria for an audit and therefore did not require ethical approval.

RESULTS

During the study period, there were 11 387 patients who attended the centre for the first time through the walk-in triage system. Of these, 6456 (57%) were male, 4910 (43%) were female, and 21 (0.2%) transgender. For each of the questions asked there was no significant difference in response rates based on the sex of the practitioner ($p>0.07$). This held true irrespective of whether clients were homosexual men, heterosexual men, or women (table 1).

DISCUSSION

In our study, we found that patient responses to sensitive questions about their sexual behaviour did not vary significantly based on the sex of their treating practitioner. We are not aware of any other studies that have examined whether the sex of a practitioner influences the accuracy of information obtained from patients in a sexual health setting. A number of studies have looked for differences in consultations based on a practitioner's sex but these have mainly been carried out in primary care. Some of these have shown qualitative differences in the way that male and female practitioners communicate with their patients.^{2–5}

There are a number of limitations to this study. There may, for example, be factors other than a practitioner's sex that influence the willingness of the patient to disclose sensitive information, such as the practitioner's ability to establish rapport with their patient. This is unlikely to have had a major role in our study as practitioners at our service are highly experienced at taking a sexual health history. Furthermore, responses may be influenced by the specific wording of questions asked: the validity of particular questions in eliciting information on sexual behaviour is reviewed elsewhere.¹ Our results may not necessarily apply to other services or to other sociocultural settings.

The results of this study are encouraging as they indicate that the accuracy of personal information obtained from patients is not compromised by the sex of the practitioner. This is important as the identification of sexual risk behaviours determines how a patient is managed, including investigations performed. The reporting of sexual risk behaviours appears to be highly sensitive to the method of

Table 1 Patient responses to sexual health questions according to patient group and sex of the treating practitioner

Patient characteristics	Men who had sex with men (n = 1609)*			Heterosexual men (n = 4847)			Women (n = 4910)		
	Male practitioner	Female practitioner	p Value	Male practitioner	Female practitioner	p Value	Male practitioner	Female practitioner	p Value
	No (%)	No (%)		No (%)	No (%)		No (%)	No (%)	
No of patients	855 (53.1)	754 (46.9)		2594 (53.5)	2253 (46.5)		1179 (24.0)	3731 (76.0)	
Mean age (years)	32.5	32.6	0.42	31.8	32.1	0.36	28.1	27.9	0.51
Median no of sex partners in the previous 3 months (range)	2 (1–200)	2 (1–300)	0.19	1 (1–40)	1 (1–30)	0.46	1 (1–50)	1 (1–40)	0.28
Median no of sex partners in the previous 12 months (range)	5 (1–400)	6 (1–500)	0.30	2 (1–60)	2 (1–50)	0.60	1 (1–100)	2 (1–70)	0.29
Condom use in the previous 12 months†									
Not relevant	166 (19.4)	119 (15.8)	0.21	14 (0.5)	25 (1.1)	0.11	94 (7.9)	229 (6.1)	0.12
Always	317 (37.1)	283 (37.5)		410 (15.8)	345 (15.3)		159 (13.5)	525 (14.1)	
Inconsistent or never	360 (42.1)	344 (45.6)		2161 (83.3)	1872 (83.1)		878 (74.5)	2817 (75.5)	
Unknown	12 (1.4)	8 (1.1)		9 (0.3)	11 (0.5)		48 (4.1)	160 (4.3)	
Current sex work‡									
Yes	19 (2.2)	17 (2.3)	0.97	16 (0.6)	24 (1.1)	0.14	135 (11.5)	490 (13.1)	0.21
No	830 (97.1)	731 (96.9)		2567 (99.0)	2215 (98.3)		1005 (85.2)	3139 (84.1)	
Unknown	6 (0.7)	6 (0.8)		11 (0.4)	14 (0.6)		39 (3.3)	102 (2.7)	
Use of injecting drugs ever									
Yes	55 (6.4)	52 (6.9)	0.07	120 (4.6)	96 (4.3)	0.11	59 (5.0)	201 (5.4)	0.17
No	788 (92.2)	679 (90.1)		2433 (93.8)	2103 (93.3)		1029 (87.3)	3299 (88.4)	
Unknown	12 (1.4)	23 (3.1)		41 (1.6)	54 (2.4)		91 (7.7)	231 (6.2)	
Overseas sexual contacts									
Yes	162 (18.9)	155 (20.6)	0.63	658 (25.4)	622 (27.6)	0.21	275 (23.3)	852 (22.8)	0.08
No	668 (78.1)	574 (76.1)		1892 (72.9)	1593 (70.7)		815 (69.1)	2662 (71.3)	
Unknown	25 (2.9)	25 (3.3)		44 (1.7)	38 (1.7)		89 (7.5)	217 (5.8)	
Women reporting sex with women	Not applicable			Not applicable					
Yes							57 (4.8)	161 (4.3)	0.29
No							1063 (90.2)	3417 (91.6)	
Unknown							59 (5.0)	153 (4.1)	

*Includes men who reported sex with men as well as women.

†Condom use referred to condoms for vaginal and anal sex. If a client had neither then "not relevant" was recorded in the system.

‡For commercial sex workers, the number of sexual partners only included private, non-paying partners.

Key Messages

- In a sexual health setting, the sex of the practitioner did not significantly influence patient responses to sensitive questions about their sexual behaviour
- The accuracy of a sexual history obtained from a patient may not necessarily be compromised by the sex of the practitioner

data collection employed. For instance, some studies have shown that individuals are more likely to report high risk behaviours when data are obtained by computer assisted self interview, compared with face to face interviews.¹ Further research is needed on how sexual health services can optimise the collection of accurate information from patients.

CONTRIBUTORS

All authors were involved in the development of this study, writing of the manuscript, and approval of the final version; SG was responsible for data extraction and analysis.

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