

CHAPTER 5

Medical voyeurism

Andre Matalon

After Passover I had an avalanche of people in my clinic. It is as if they held themselves healthy during the holidays and then they needed me again to give them a health booster. I sometimes think that I, myself, am the cause of this excessive load of patients. It may be my need to be needed which probably creates or encourages this dependency. For a long time I have had the feeling that I work harder than my colleagues. I then calm myself down by saying that I offer more comfort, more understanding, to the people I serve, which explains why they search me out more than the others. This, I guess, is a thing to be proud of, and not to be blamed for. But when I am overworked I curse myself and come down excessively hard on myself! Yesterday I had an insight that there is another aspect of one's personality that may encourage visits: voyeurism. Being in such intimacy with the persons one treats, one has the opportunity to witness a whole spectrum of family dramas: marital disharmony, unemployment, disease, disability, and personal defeats or successes. Sometimes I feel that I do not need to watch soap operas on TV, since the dramas unfold right in front of me in nearly every patient that comes to see me, even for the more trivial complaints such as backache or urinary tract infection.

One of these patients who came yesterday with a sore throat was Karin, a woman who has been under my care for 20 years. She is now about 45 years

old. She lives with her father and works in a bakery. She is not very clever, nor is she so beautiful. Karin has always been very shy, she is not married nor did she go out with men until the last three years when she told me that she was having an affair with one of her married colleagues at the bakery. Then she came to ask me if she could get pregnant from anal sex! "Would you believe this!" I exclaimed to myself. The man she was dating refused to use condoms, and she was afraid of pregnancy so he induced her into having just anal sex. After she told me about her most intimate sexual moments I provided her with basic sexual education – at the age of 45 years! Yet, since she had spoken to me about these issues, I feel that I was "waiting" for her questions, when she sometimes shared with me her fears and escapades. She is afraid and too shy to go to gynecologists, and is almost always fear-obsessed by these issues. After the initial anxieties that followed the first months of Karin's relationship with her lover, life went on for Karin, without more excitement. I was glad for her. It was her first close intimate contact outside her family and I could almost "see" her growing up and developing. She is now paying much more attention to herself and her clothing. She is more assertive towards her employer and is still in her relationship with her friend/colleague. She also looks healthier and visits the clinic less and less.

But, yesterday I had a new insight. Am I having just an interesting voyeuristic attitude towards her and listening attentively to her intimate adventures, or am I giving her the appropriate bio-psycho-social treatment that we so much praise in family medicine? Taking this further I asked myself whether these feelings are to some extent part of everyday doctor-patient encounters. Was there something in me that facilitated her to open to me? Was I the right person, at the right moment for her to ask those questions? Was it my empathy and nonjudgmental attitude that enabled her to go through growth and development? Or perhaps it was a touch of voyeurism in me?

In a flash of insight I said to myself: "She was, certainly, the right person, at the right moment for me to learn!"

Dear Andre,

I have few comments to add. First of all I would like you to be less critical about yourself. We often, as clinicians, tread the thin red line between our own excitement on sharing our patient's story and our own professional duty. I can understand why you called this moving story "professional voyeurism," although there is no voyeurism in this case. Often in our work a sexual issue is presented to us, as they are frequently conflict driven, because it involves lust and basic human drives. Sometimes, it intertwines into our own lives and sexuality but still without threatening our professional competency. This may be one of the things you learned. The awareness and reflective contemplation on these issues are the tuning of your emotional "immune" system to permit the optimal distance with each patient without endangering professionalism.

I also would like to tell you that I admire your openness.

All the best,

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