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Commentary

## The Examination Room- Gateway to Sexual Wellness in Women

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### Abstract

Following a surprising discovery at a women's hospital in Ahmedabad, Gujarat, it was decided to put forth this discussion. It was noticed that if the topic of sexual health was broached by a female doctor, while the pelvic examination was being conducted, the patients were comfortably open about their sex lives. It was during this period of time that the examiner could discuss various techniques or methods to ease any discomfort during sexual intercourse, and most importantly, discover whether the patient might be having a sexual dysfunction. If amenable, the patient was welcome to further counseling or referral.

**Keywords:** Sexual dysfunction; Sexual medicine; Sex therapy; Intercourse.

### The examination room and sexual wellness

Sexual medicine in India is an uncommonly practiced branch in India, with not many dedicated practitioners, with no particular departments like other clinical branches. However, awareness via medical associations is slowly increasing. There are practitioners with training from Europe, the USA, UK, etc., who practice sexual medicine exclusively. The author is one such practitioner. Singh N, et al., in a study from 2020, found 82% of the patients to be suffering from some form of sexual dysfunction. Researchers also noted

that regardless of dysfunction, none of the subjects approached medical personnel for resolution of the difficulties in sex life [1]. The Indian perspective is slowly changing for the better [2]. Social media is a major contributor to this liberalization and positive sexual perspectives [3]. Social media influencers like seemaanandstorytelling, dr\_cuterus, indiansextherapist, etc are highly followed social media influencers, encouraging sexual wellness. With this knowledge, certain changes were made to attitudes and work protocols. Following a startling discovery at an urban maternity healthcare center, it was decided to put forth this observation and scope.

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Sexual dysfunction is a common clinical condition that remains to be discussed as loudly as other disorders. It is well established that sexual wellness has a strong and prompt impact on general well-being as well as mental health [4]. It is thus imperative to include sexual well-being as a part of routine history taking and examination.

However, because it is not very openly discussed, the offer of an opportunity to discuss it must come from the doctor.

It is with this mindset that doctors attempted to bring the patient into a safe space, where the patient could discuss troubles in sex life. Prior to the per speculum examination, the examiner, well trained in sexual medicine, would invite questions about any queries the patient had about the anatomy, slowly progressing to the physical relationship with the partner. It was decided to proceed with a conversation if the patient was open to it.

It was noticed, that every patient, without exception, when offered an empathic ear from a doctor of the same gender, was very much willing to ask questions regarding sexual wellness. This was regardless of the patient's perception of their sexual difficulties.

The patient with a comfortable sex life would simply discuss the frequency or other related aspects. Some even expressed gratitude to be able to discuss it with medical personnel. A majority of women, however, did have a minimum of one difficulty in sex life.

The commonest discussions in the examination room were about pain during coitus, spotting and burning after

intercourse, inability to 'enjoy' physical relations, finding sex to be a 'chore' equivalent to housekeeping chores, feeling disappointed with existent sex life or the partner having expressed discontentment with sexual frequency or a lack of interest from either side.

It was deduced that sexual disorders presenting commonly would be dyspareunia, posterior fourchette fissuring, hypoactive sexual desire disorder, arousal disorders, and orgasmic disorders among others. Some patients could also be advised about the use of lubricants, different positions, etc.

The point at which sexual wellness came into the picture inside the office, was during counseling for infertility. The commonest queries from patients, in the doctor's office, with or without the presence of a partner, included infertility by virtue of various factors that impacted sexual wellness like marital discord, familial stresses in a joint family, lack of privacy, etc.

The examination room was much better suited for the discussion of sexual mechanics, and the technicalities of physical intimacy while the office was for the discussion of sexual discord in light of infertility. It was also noted, that sexual health beyond infertility could be very easily brought up in the examination room, the pelvic examination being the gateway to such a discussion.

Therefore, it is suggested the doctors present in the examination room need to start the conversation on sex. It is difficult for the patients, members of a society that does not openly discuss sex, to come forth with

“bedroom difficulties”. However, it becomes natural, for healthcare providers, to bring this topic up.

What would be required here, would be basic training in sexual medicine, which is not currently offered by the national medical curriculum, nor does a department of sexual medicine exist in most states in India [5].

As of now, such information can be attained through various courses, eg. Medikon Sexual Sciences by the Late Dr. Mahinder Watsa- which mainly offers a theoretical knowledge of the history of sexual medicine. Other training includes one by Allo Health, a Diploma in Sexual Medicine by ILAMED, and other various private courses, none of which are currently recognized by the Medical Council of India. There are also various regular CME and webinar discussions by bodies like the API (Association of Physicians of India), and the FOGSI (Federation of Obstetricians and Gynecologists of India). Recently, Dr. T S S Rao introduced a course for sexual health at the University of Mysore, which is the first of its kind in India. There are also international training courses by the ESSM [European Society for Sexual Medicine] which rigorously trains its trainees and

prepares them for International certifications in sexual medicine.

## Conclusion

However, an understanding of the physical examination that might point to a sexual disorder can be attempted by one with a basic understanding of sexual medicine. This can be done by MBBS graduates as well as any doctors and surgeons having any sort of presence in the examination room. The need here would be for educators capable of bringing this basic information and skill to medical and paramedical graduates.

Although it is imperative to begin training medical and paramedical students in sexual medical examination, a more short-term goal of having the training and awareness to identify such problems, if only for a proper referral is suggested. This step will alleviate the suffering of millions of women. It will make women heard. A future study is planned that will analyze the prevalence of sexual dysfunctions, perspectives, roles in guiding patients through these obstacles, and the impact sex therapy can have on sexual wellness and overall quality of life.

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