

The Paraphilias and Medical Licensure in the United States



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ABSTRACT

Background: As part of their mission to protect the public from exploitation, state medical boards query physicians about a wide range of topics prior to licensure, including in some cases whether the applicant has been diagnosed with or been treated for paraphilias or paraphilic disorders.

Aim: We investigated the prevalence of questions inquiring about the applicants' history of paraphilias and paraphilic disorders on applications for medical licensure.

Methods: The allopathic medical licensure application forms for each of the 50 United States and the District of Columbia were reviewed. Medical boards with questions pertaining to paraphilias or paraphilic disorders were asked how many affirmative responses had been obtained in the prior 5 years and how they would treat an affirmative response.

Outcomes: Eight medical boards inquired about paraphilias or paraphilic disorders, however there was no evidence of an affirmative response to these questions in the prior 5 years.

Results: Of the 51 applications reviewed, 8 (16%) inquired whether the applicant had, was diagnosed with, or had been treated for a paraphilia or paraphilic disorder. The wording of the questions was variable and often failed to distinguish between paraphilias and paraphilic disorders. All but one medical board responded to requests for further information. The medical board staff members stated that an affirmative response would result in case-by-case review, including request for further information and possibly an in-person appearance before the board. None of the medical boards were willing or able to provide a formal count of affirmative responses in the last 5 years.

Clinical Implications: Medical boards may be contributing to the stigma experienced by both physicians and patients with diverse sexual interests. The benefit of retaining these questions is not clear.

Strengths and Limitations: This study is the first to investigate the use of paraphilias and paraphilic disorders as screening questions for medical licensure. Data regarding the number of affirmative responses were limited by the medical boards' inability or unwillingness to respond to share the information.

Conclusions: Eliminating or modifying physician licensing application questions pertaining to paraphilias and paraphilic disorders may decrease the stigma encountered by persons with diverse sexual interests. Removal also may diminish the barriers to accessing health care services for both physicians and patients with diverse sexualities. If the questions are retained, they should conform to the current DSM-5 nosology, which distinguishes between the mere presence of a paraphilia and a diagnosis of a paraphilic disorder. **Cranstoun LM, Moser C. The Paraphilias and Medical Licensure in the United States. J Sex Med 2021;18:1130–1133.**

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Key Words: Medical Licensure; Sexual and Gender Minorities; Paraphilia; Paraphilic Disorder; Stigma

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INTRODUCTION

Licenses to practice medicine in the United States are issued by state medical boards with each board determining its own requirements for licensure. All states require a medical degree, either MD or DO. The training for these degrees is similar. Thirteen states have separate allopathic (for MDs) and osteopathic (for DOs) medical boards. In all other states, a single board licenses both MDs and DOs.¹ Once licensed, allopathic and osteopathic physicians practice interchangeably in the United

States. This investigation focuses on the allopathic medical boards, which are responsible for licensing all allopathic physicians and many osteopathic physicians in the United States. We did not survey osteopathic medical board applications in states where the boards were separate.

The application for a medical license generally includes demographic information, queries about primary medical credential and subsequent postgraduate training, as well as a series of questions to elicit events in the applicant's history which may indicate the need for further investigation. Questions in the last category vary by state, but generally include actions against the physician's medical license, malpractice history, loss of hospital privileges, criminal convictions, and physical and mental illness that may pose a danger to patients. Applicants who answer these questions in the affirmative are singled out for further review, either a written response or personal appearance before the board.

As part of their mission, medical licensing boards try to protect patients. We assume concerns about sexual exploitation or assault during physician-patient interactions led some medical boards to ask about the applicant's history of paraphilic interests or paraphilic disorders.

A paraphilia is a recurrent and intense sexual interest not accepted by the dominant culture. A paraphilic disorder diagnosis requires that the paraphilia cause significant distress or dysfunction to the individual or the individual has acted on the paraphilic interest with a nonconsenting partner.² The simple presence of a paraphilia does not constitute a diagnosable psychiatric disorder. It is important to recognize that in DSM-5 rape is not a paraphilia and the medical boards do not inquire about accusations or interests unless they result in a conviction.

Paraphilic interests are relatively common in the general population³ and there is no reason to assume that physicians have a lower rate of paraphilic interests than the general population. Diagnoses of paraphilic disorders are usually made in forensic settings and are rarely diagnosed in the community.^{4,5}

Individuals with diverse sexual interests, including paraphilias, often endure stigma in health care, whether or not their medical concerns relate to their sexual interests.⁶ Stigma is a barrier to seeking care, accurate diagnosis, and treatment adherence, ultimately affecting health outcomes.⁷ Outside the healthcare setting, individuals labeled with a paraphilia or paraphilic disorder often confront significant bias.⁸ These concerns have led to the creation of professional guidelines to raise awareness of these problems (see <https://www.kinkguidelines.com>).

MATERIALS AND METHODS

The investigators are both practicing physicians with clinical experience in the care of sexually diverse patients. One author (L.M.C.) is trained in family medicine. The second author (C.M.) is trained in internal medicine and has a PhD in Human

Sexuality. The present study was approached from a descriptive, sex-positive perspective.

Between June, 2019 and July, 2019, a single physician (L.M.C.) obtained and reviewed allopathic medical licensure application forms for each state and the District of Columbia and evaluated the presence or absence of questions regarding either paraphilic interests or paraphilic disorders. Medical licensure applications were obtained via download from websites and e-mails from the medical boards; the sampling method was complete sampling. The presence or absence of items pertaining to paraphilic interests or paraphilic disorders was clear in all cases.

Medical boards with questions concerning paraphilias or paraphilic disorders were contacted via e-mail and, if nonresponsive, by telephone. All correspondence with state medical boards was undertaken by one author (L.M.C.). Medical board administrative staff were asked how they would respond to an affirmative response on paraphilia/paraphilic disorder related questions and how many applicants had responded affirmatively to these questions in the past 5 years. Notes were made immediately after the telephone interview.

RESULTS

Of the 51 applications reviewed, eight (16%) inquired about having been diagnosed with, or having had prior treatment for a paraphilia or a paraphilic disorder. The specific wording of the questions is presented in [Table 1](#).

Of the eight medical boards queried, seven responded (all but Ohio). The following analysis is based on those seven states. All the medical boards indicated that they would evaluate positive responses on a case-by-case basis, requiring the applicant to supply additional information and possibly a personal appearance. None of the medical boards were willing or able to provide a formal count of affirmative responses in the last five years. The primary reason given for the inability to provide this information was that these data were not systematically collected. Correspondents representing the medical boards of Alabama and Alaska indicated that there was no institutional memory of an affirmative response in the preceding five years.

During the study period, the Mississippi State Board of Medical Licensure removed their question and replaced it with a statement acknowledging that physicians may have physical and mental health issues for which they should seek treatment. According to a representative of the board, the change was prompted by concerns that their question might deter applicants from seeking treatment.

DISCUSSION

In DSM-5, the editors enshrined a distinction between a paraphilia and a paraphilic disorder. The items reviewed for the current article used the terms associated with paraphilias, not

Table 1. Medical board questions

State	Question
Alabama	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism?
Alaska	Have you ever been diagnosed with, been treated for, or do you currently have voyeurism, pedophilia, exhibitionism, or any other sexual behavior disorder? (Please note that “sexual behavior disorder” does not include sexual preference)
Minnesota	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorders? Please describe.
Mississippi*	Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism, or voyeurism, bipolar disorder, sexual disorder, schizophrenia, paranoia or other psychiatric disorder?
New Jersey	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
Ohio	Have you ever been diagnosed as having, or have you been treated for, pedophilia, exhibitionism, or voyeurism?
Tennessee	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?
Wisconsin	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism?

*Mississippi removed the question during the study period.

paraphilic disorders.¹ It is possible that the applications had not been updated with the revised DSM-5 terms or that it was the medical board&s purpose to include individuals without a psychiatric diagnosis.

Physicians with paraphilic interests might seek psychiatric treatment to address their own sexual interests or those interests may be uncovered during treatment of another concern. Acceptance of one&s sexual interests and finding a community of others with similar sexual interests can be important for an individual&s health.⁹ The presence of these questions may discourage physicians from seeking treatment or support, which apparently was the conclusion of the Mississippi Medical Board.

Physicians with paraphilias may interpret these questions as evidence of institutional bias towards individuals with other diverse sexual interests, for example, BDSM or consensual kink, which are overlapping but not equivalent phenomena. There may be a concern that the stigma associated with the specifically stated paraphilias will be generalized to all paraphilias and other forms of diverse sexualities. Questions regarding paraphilias are found in the section regarding malpractice claims, criminal convictions, and board complaints, not the demographic section. A reasonable person, based on the inclusion of the question in this manner, may draw the conclusion that the boards consider persons with paraphilia a potential threat to patients.

Physicians without paraphilic interests may interpret the presence of these questions as confirming the myths that individuals with a paraphilia or paraphilic disorder are predators, cannot control their sexual urges, or represent a danger to the public. These beliefs may be implicitly or explicitly communicated to patients with diverse sexualities, who often report confronting hostile health care professionals,⁶ which may negatively impact their medical care.

If the diagnosis was made during a forensic evaluation, that information would be identified as part of the disclosure of

criminal history. Of note, medical boards do not inquire specifically about most other psychiatric conditions which may also present a danger to patients.

CONCLUSIONS

Several state medical boards inquire about paraphilias during their licensure process. We were unable to elicit any history of an applicant denied a medical license or granted a conditional license based on these questions. There is no indication that the states which ask these questions are safer than the states which do not. It is likely these questions add to the stigma faced by both physicians and patients with diverse sexual interests. The questions could discourage some physicians with paraphilic interests from seeking mental health services or community support.

If the medical boards choose to retain the paraphilia or paraphilic disorder application questions, they should clarify the purpose and justification for these questions, as is done by some states in regards to questions about substance use and mental health diagnoses. The questions should use the current diagnostic terms and clarify if they are asking about paraphilic interests disorders, or both.

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STATEMENT OF AUTHORSHIP

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