



## Correspondence

## Response to “Towards implementation of sexual healthcare”

*Response to comment from Albers et al.:*

We thank Albers et al. for their interest and review of our recent publication. We agree with their consensus that despite sexual dysfunction being a prevalent problem amongst cervical cancer patients, health care providers rarely broach these issues. Additionally, these authors provide findings that even if clinicians report receiving adequate sexual healthcare training, they are still hesitant to initiate relevant discussions with patients (Jonsdottir et al., 2016). Accordingly, Albers et al. recognize that a lack of knowledge may not be the only contributing factor to this reluctance. As demonstrated by our findings, various personal motivations and factors of providers may contribute as well.

In contrast to our findings that clinicians with more years of experience are more likely to agree that discussing sexual issues with patients may interfere with the patient-provider relationship (Bedell et al., 2017), Albers et al. conclude that more experienced surgical oncologists discuss these topics more often. One offered explanation for this discrepancy by these authors is the notion that a modeled, multi-disciplinary approach, that merges sexual healthcare into clinical practice, is not available for example. Suitably, these authors advocate for the development of methods that may enhance sexual care in the current clinical setting. Our authors agree with this sentiment, as an enhanced focus on the practical implementations of sexual healthcare into clinical practice will ultimately serve to support an integrated focus on this important issue. It is encouraging and exciting to see other providers who view this as a priority. Thank your for your comment and we look forward to viewing your future research.

## Conflict of interest

The authors have no conflicts of interest to declare.

## References

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