

Letter to the Editor on the article “Sexual Health During Postgraduate Training—European Survey Across Medical Specialties”



With interest we read the article by Kristufkova et al, a survey among trainees and early-career specialists to evaluate sexual health training, confidence in managing patients with sexual health problems, and need for further training in sexual health.¹

The authors concluded lack of sexual health training during postgraduate training programs and indicated sexual medicine societies should be involved to improve education standards. Organizations, such as the International Society for Sexual Medicine, are accountable to provide certified postgraduate training programs.² However, development of curricula to set education standards in sexual medicine is still in need of further improvement.

Furthermore, trainees and early-career specialists feel more confident in managing patients with sexual health problems when sexuality training has been part of their curriculum. Regardless, half of the respondents did not have such training within their curriculum. Likewise, Dutch urology residents indicate not much consideration is given to sexual health issues during their residency and the majority does not feel competent in advising patients on sexual dysfunction.³ These findings emphasize educational needs among trainees and early-career specialists, even within urology training.

Nevertheless, it is questionable whether additional education and training will enhance confidence and consequently change general practice. Supposing the majority of the residents of specialties dealing with sexuality in clinical practice feels sufficiently competent, general practice may still remain unaltered. Improving general practice by enhancing confidence is one of the various determinants in need of melioration.

Moreover, it is essential to regulate management in outpatient clinics and availability of referral possibilities. Considering it may not be assumed all health professionals are capable of practicing sexual medicine, due to any reason, it is even more important to address current organization in outpatient clinics. It should be feasible to assign patients efficiently; regardless of referral in the same department or to another clinic. Besides, management in outpatient clinics and referral possibilities should be regulated properly, irrespective of whether the health professional counsels for sexual function.

In addition, accurate provision of information plays a crucial role. Material regarding the influence of cancer treatment on marital relationship and sexual health has shown to enhance patients' satisfaction.⁴ Still, written information does not address treatment-related sexual dysfunction routinely and as to referral possibilities, sexual health care is not available in every clinic, neither is awareness regarding referral pathways.⁵

It is fundamental to improve sexual health training for trainees and early-career specialists in order to enhance confidence and consequently alter general practice so adequate sexual health care can be provided. However, enhancing education standards is one of the many aspects in need of further improvement. Furthermore, not all health professionals may be assumed capable to practice sexual medicine. Accordingly, it becomes crucial to meliorate management of outpatient clinics, and availability of referral possibilities and information. Hence, we certainly feel there is much to attain yet. We thank Kristufkova et al for their overview concerning educational needs and look forward to future research focusing on current and future management of sexual health care.

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Conflict of Interest: The authors report no conflicts of interest.

Funding: None.

<https://doi.org/10.1016/j.esxm.2018.06.006>

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