

ISSN 1027-3948

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Published by

The Hong Kong College of Family
Physicians

7th Floor, HKAM Jockey Club Building,

99 Wong Chuk Hang Road, Hong Kong.

Tel : 2528 6618

Fax : 2866 0616

Website: <http://www.hkcfp.org.hk>

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Are we comfortable talking about sex?

E Y Y Tse 謝婉儀

As family physicians, we treat sexually transmitted infections, advise on the use of emergency contraception, and prescribe remedies for erectile dysfunction. Even if we do not conduct marital counselling or provide sex therapy, we treat many sex related problems. Yet, when we see a male diabetic patient for follow-up, we enquire about any visual problems quite readily but not so about his erectile dysfunction, even though both are common complications of diabetes mellitus.

As well as reading Dr S S Wijesinha's article this month (page 486) to find out what we need to know about men's sexual health, I would also invite you to read the interesting article by Dr K Y Mak on abnormal sexual practices (page 491). Dr Mak's article should stimulate us to check our own value and attitude on the subject. Ignorance and stigmatization limit the patient's ability to seek help; prejudice and cowardice limit the doctor's ability to help. Is sildenafil (Viagra) an aphrodisiac like (or superior to) tiger penises or rhinoceros horns which patients should buy from any drug stores, or is erectile dysfunction a problem that they should be comfortable consulting their Family Physicians about? A consultation with a doctor is a voluntary act but the doctor must help to remove barriers to consultations, one of which is our attitude.

Sexual health is also about preventing sexually transmitted disease (STD) and unintended pregnancies. Statistics on STD revealed in Britain this year were alarming, syphilis rates had increased 5 times in the past 6 years and gonorrhoea infections had doubled.¹ We do not have such statistics for Hong Kong. The statistics of the Government Social Hygiene Service (GSHS) are reported regularly in the Hong Kong STD/HIV Update circular but the GSHS had hardly expanded in the last 6 years, therefore these figures do not reflect the true local occurrence.

We do not know how many STD cases have been treated in private practice. We do not know how many termination of pregnancy operations have been performed in the private hospitals for under aged mothers. We can

E Y Y Tse, FRCGP, FHKAM (Family Medicine)

Assistant Professor,

Family Medicine Unit, Department of Medicine, The University of Hong Kong.

Correspondence to : Dr E Y Y Tse, Family Medicine Unit, The University of Hong Kong, 2/F, Ap Lei Chau Clinic, 161 Main Street, Hong Kong.

but guess that STD rate in Hong Kong is on the rise like the rest of the world. The last survey on epidemiology of STD/HIV in Hong Kong was conducted in 1997.² This survey revealed that 80% and 20% of these cases were seen in the private and public sector respectively. It is time we repeat the survey to obtain some meaningful statistics for Hong Kong.

The rising rate of sex related diseases worldwide is not solely due to more people engaging in casual sex but also that people are failing to practice safe sex. The situation in Hong Kong is no exception.³ Local studies revealed that a large percentage (i.e. 32.5%) of cross-border travellers had sex with female sex workers,⁴ with a third of them failing to use condoms.⁵

People wrongly believe that there is a cure for HIV infection. Married couples are too complacent to practice safe sex. Young people are not told about STD's or emergency contraception in schools. Sexual health is of concern to the whole society. The British Department of Health set up a National Strategy for Sexual Health and HIV "to re-examine traditional approaches" to sexual health problems.⁶ A 30 years old patient seeking emergency contraception from me last week told me she has been informed of the magic number of "72 hours"

when she went to High School in America. Are we prepared to teach our youngster this?

In Hong Kong, the Department of Health also has a special Preventive Programme on AIDS that seeks to prevent sexually transmitted infections. The hardware is in place to combat the silent epidemic of STD, each of us can make a contribution. For a family physician, to be comfortable talking about sex is only the least we can do. ■

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