



New York State Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Charles J. Vacanti, M.D.
Chair

November 13, 1995

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jeffrey Rosen, M.D.
104 Hackett Boulevard
Albany, New York 12209

RE: License No. 123819

Dear Dr. Rosen:

Effective Date: 11/20/95

Enclosed please find Order #BPMC 95-268 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

Charles Vacanti, M.D.
Chair
Board for Professional Medical Conduct

Enclosure

cc: William L. Wood, Jr., Esq.
Wood & Scher
The Harwood Building
Scarsdale, New York 10583

Cindy Fascia, Esq.

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X
IN THE MATTER :
OF : ORDER
JEFFREY ROSEN, M.D. : BPMC #95-268
-----X

Upon the application of JEFFREY ROSEN, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

SO ORDERED,

DATED: 8 November 1995

Charles J. Vacanti
Charles J. Vacanti, M.D.
Chairperson
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : APPLICATION
OF : FOR
JEFFREY ROSEN, M.D. : CONSENT
-----X ORDER

STATE OF NEW YORK)
COUNTY OF *Albany*) ss.:

JEFFREY ROSEN, M.D., being duly sworn, deposes and says:

1. I was authorized to practice medicine in New York State on or about June 3, 1975 by the issuance of license number 123819 by the New York State Education Department. I am currently registered with the New York State Education Department to practice as a physician in the State of New York with a registration address of 104 Hackett Boulevard, Albany, New York 12209.

2. I understand that the New York State Board for Professional Medical Conduct has charged me with three Specifications of professional misconduct. A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

3. I hereby admit guilt to the First Specification of professional misconduct set forth in the Statement of Charges

with regard to the Factual Allegations in Paragraph 2 only, in full satisfaction of the charges against me.

4. I hereby agree to the penalty of a five year suspension of my license to practice medicine, a stay of the suspension after six months and upon condition that I satisfy the conditions set forth in paragraph 5 below, and a four and one-half year period of probation under the Terms of Probation set forth and attached hereto as "Exhibit B." During the period of active suspension of my license I will not practice medicine, including the supervision of any physician assistants or nurse practitioners.

5. I agree that prior to the stay of the suspension of my license

(a) I shall undergo, at my own expense, a psychiatric evaluation and an assessment of my need, if any, for treatment by a Board certified psychiatrist licensed to practice medicine in New York State, who shall be subject to approval in advance by the Director of the Office of Professional Medical Conduct [OPMC], who shall be aware of and have a copy of this Application and who shall submit said evaluation and assessment to OPMC.

(b) I shall select a Board certified obstetrician/gynecologist, licensed to practice medicine in New York State, and currently practicing in said specialty, as a monitor of my practice of medicine, who shall be subject to the approval of

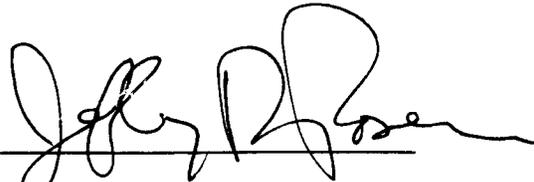
OPMC, and who shall be aware of and have a copy of this Application, including Exhibits A, B and C, and who shall submit a written acknowledgement to OPMC that he or she will monitor my practice of medicine in accordance with the Terms of Probation.

6. I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

7. I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with the same.

8. I agree that in the event I am charged with professional misconduct in the future, this Application for Consent Order and the admissions contained herein shall be admitted into evidence in said proceeding.

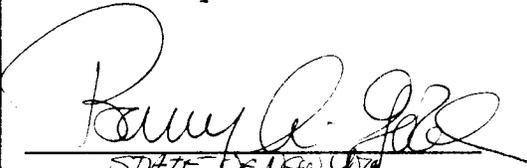
9. I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.



JEFFREY ROSEN, M.D.
RESPONDENT

Sworn to before me this

25 day of October, 1995.



STATE OF NEW YORK
NOTARY PUBLIC

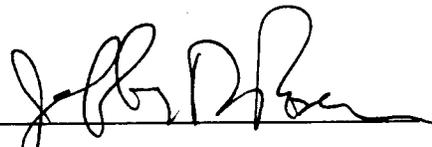
Commission Expires 1/31/97
Qualified - Albany County

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

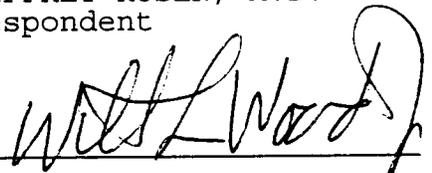
-----X
IN THE MATTER : APPLICATION
OF : FOR
JEFFREY ROSEN, M.D. : CONSENT
-----X ORDER

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 10/25/95


JEFFREY ROSEN, M.D.
Respondent

DATE: October 5, 1995


WILLIAM L. WOOD, JR., ESQ.
Attorney for Respondent

DATE: October 30, 1995


CINDY M. FASCIA
ASSOCIATE COUNSEL
Bureau of Professional
Medical Conduct

DATE: nov. 6, 1995

Kathleen M. Tanner

KATHLEEN M. TANNER
DIRECTOR
Office of Professional Medical
Conduct

DATE: 8 November 1995

Charles J. Vacanti

CHARLES J. VACANTI, M.D.
CHAIRPERSON
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : STATEMENT
OF : OF
JEFFREY ROSEN, M.D. : CHARGES

-----X

JEFFREY ROSEN, M.D., the Respondent, was authorized to practice medicine in New York State on June 3, 1975, by the issuance of license number 123819 by the New York State Education Department. Respondent is currently registered with the New York State Education Department to practice medicine with a registration address of 104 Hackett Boulevard, Albany, New York 12209.

FACTUAL ALLEGATIONS

1. Respondent provided medical care to Patient A (identified in the Appendix) as her obstetrician-gynecologist on various occasions from on or about September 1986 through on or about March 1992 at Respondent's office, located at 104 Hackett Boulevard, Albany, New York (hereinafter "Respondent's office"). Respondent, on or about December 26, 1989, during an office visit by Patient A for medical care, engaged in the following conduct:

- a. Respondent kissed Patient A on the lips.
- b. Respondent kissed Patient A's breasts.

- d. Respondent told Patient A that he "had wanted to do this from the first time he saw her" or words to such effect.
- e. Respondent told Patient A that he "needed to be with her" or words to such effect.

2. Respondent, from on or about December 28, 1989, through on or about February 1992, engaged in a sexual relationship with Patient A, during which time Respondent continued to provide medical treatment to Patient A.

3. Respondent, at various times during the time period that he was involved in a sexual relationship with Patient A, told Patient A that she should have a tubal ligation, or words to such effect.

4. Respondent, on or about March 28, 1990, during a scheduled appointment for medical care of Patient A, had sexual contact with Patient A in his office.

5. Respondent, in late June and/or early July 1991, during the time he was involved in a sexual relationship with Patient A, was told by Patient A that she believed she was pregnant.

Respondent thereafter engaged in the following conduct:

- a. Respondent, on or about July 1, 1991, told Patient A to go to Bender Laboratories for a pregnancy test, told her to pay cash for the test, and/or told her not to put the test on her health insurance.
- b. Respondent, after discussing the positive pregnancy test with Patient A, told Patient A to come to his office after hours, when none of the other medical

physicians or staff were present, so that Respondent could perform an abortion on Patient A, or words to such effect.

- c. Respondent, when Patient A suggested that she should consult another physician about the pregnancy, discouraged her from doing so.
- d. Respondent, on or about July 3, 1991, performed a procedure to terminate a pregnancy on Patient A in his office.
- e. Respondent, with regard to the procedure he performed on Patient A on July 3, 1991, recorded in Patient A's medical record that Patient A had complained of "irregular bleeding and cramping...progressing to hemorrhage" when, in fact, Patient A had not complained of or experienced such conditions, and Respondent knew such facts.
- f. Respondent, with regard to the procedure he performed on Patient A on July 3, 1991, recorded in Patient A's medical record that the procedure he performed was a "D & C" for "irregular bleeding and cramping," when, in fact, Respondent's purpose in performing the procedure was to terminate a pregnancy, and Respondent knew such facts.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

IMMORAL CONDUCT

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(20) (McKinney Supp. 1994) by reason of his having committed conduct in the practice of medicine which evidences moral unfitness to practice medicine, in that
Petitioner charges:

1. The facts in Paragraphs 1 and 1(a), and/or 1(b), and/or 1(c), and/or 1(d); and/or 2; and/or 3; and/or 4 and/or 5 and 5(a), and/or 5(b), and/or 5(c), and/or 5(d), and/or 5(e), and/or 5(f).

SECOND SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(2) (McKinney Supp. 1994) by reason of his practicing medicine fraudulently, in that Petitioner charges:

2. The facts in Paragraphs 5 and 5(e) and/or 5(f).

THIRD SPECIFICATION

INADEQUATE RECORDS

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(32) (McKinney Supp. 1994) by failing to maintain a record for a patient which accurately reflects the evaluation and treatment of the patient, in that Petitioner charges:

3. The facts in Paragraphs 5 and 5(e) and/or 5(f).

DATED: *October 4*, 1995
Albany, New York


PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

TERMS OF PROBATION

JEFFREY ROSEN, M.D.

1. Respondent, during the period of probation, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by his profession;
2. Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Department of Health, Corning Tower Building, 4th Floor, Empire State Plaza, Albany, New York 12237 of any employment and practice, of Respondent's residence and telephone number, of any change in Respondent's employment, practice, residence, or telephone number within or without the State of New York;
3. Respondent shall submit to OPMC, no later than the first three months of the period of probation, written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLA with regard to said registration fees.
4. Respondent shall submit to OPMC, no later than the first two months of the period of probation, written proof that (a) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of medicine in New York State and does not desire to register, and that (b) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board or by the Board of Regents.
5. Respondent, during each year of the period of probation commencing with the year in which the suspension of license is stayed, shall successfully complete fifty (50) hours of Category I Continuing Medical Education, for a total of two hundred fifty (250) hours, in the area of medical ethics. Respondent must seek approval in advance from OPMC for any courses which he proposes to take in satisfaction of this requirement.
6. Respondent shall undergo psychiatric treatment, if such treatment is recommended by the psychiatrist referred to in paragraph 5(a) of the Application for Consent Order and for so long as recommended by that psychiatrist or any

subsequent treating psychiatrist. Any subsequent treating psychiatrist shall be subject to the approval of OPMC, shall be aware of and have a copy of the Application for Consent Order and Exhibits A, B and C, and shall submit to OPMC a written acknowledgement that he or she will provide treatment to Respondent in accordance with the Terms of Probation.

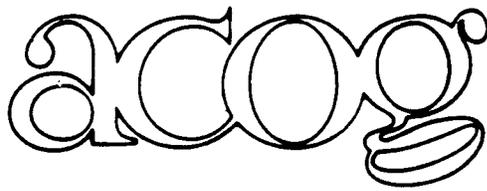
7. Respondent shall cause any psychiatrist providing treatment to him under the Terms of Probation to submit to OPMC written quarterly reports the first year of probation and biannual reports thereafter regarding Respondent's status, progress, compliance with treatment needs, and need for further treatment.
8. Respondent shall assure that his practice of medicine is monitored by the Board Certified obstetrician/gynecologist referred to in Paragraph 5(b) of the Application for Consent Order. Any subsequent monitor of Respondent's practice shall be aware of and have a copy of the Application for Consent Order and Exhibits A, B, and C, and shall submit to OPMC written acknowledgement that he or she will monitor Respondent's practice of medicine in accordance with the Terms of Probation.
9. Respondent shall cooperate with the monitoring of his practice of medicine by the monitor. The monitoring shall include random review of Respondent's patient records from both his private and institutional practice and discussion with Respondent of his treatment of randomly selected patients and may include, at the discretion of the monitor, any other reasonable means of monitoring Respondent's practice.
10. Respondent shall cause the monitor of his practice of medicine to submit to OPMC written quarterly reports the first year of Respondent's probation. Thereafter, for the remainder of the probationary period, Respondent shall cause the monitor to submit reports to OPMC every six months.
11. Respondent shall be required to have quarterly meetings during each year of probation with the Director of OPMC or her designees regarding Respondent's compliance with the terms of his probation, Respondent's insight into his conduct which resulted in this disciplinary action, Respondent's present conduct with his patients, and other matters relevant to insuring Respondent's compliance with his probation and assuring that Respondent will conduct himself appropriately with his patients in the future.
12. Respondent, during the period of probation, is required to have a female chaperon present in the room at all times for all physical examinations, medical treatments, and procedures. All such female chaperons must be licensed or certified medical professionals approved in advance by OPMC. All such persons who will be serving as chaperons areas required to sign affidavits indicating that they have read the Application for Consent Order, Exhibit A (the Statement

of Charges, Exhibit B (the Terms of Probation) and Exhibit C (the ACOG Opinion). Said affidavits to be signed by the chaperons shall acknowledge that they have a responsibility to report to OPMC, and shall indicate that they are to report to OPMC immediately any failure of Respondent to comply, including but not limited to any failure by Respondent to have a chaperon present, and any sexually suggestive or inappropriate comments by Respondent to a patient. Said female chaperons are required to sign the chart of any patient for any office visit on which the chaperon was present. All persons who will be serving as chaperons are required to provide their home addresses and telephone numbers to OPMC. If at any time during the period of probation a person who served as a chaperon leaves her employment with Respondent, Respondent must notify OPMC accordingly, and must obtain advance approval from OPMC for any substitute chaperon. Any substitute chaperon must submit the above described affidavit prior to commencing her employment.

13. Respondent shall assure that at all times during the period of probation, copies of the following document, attached as Exhibit C, be prominently displayed in his office waiting room and that copies of such document be made available to patients on request:
 - a. "SEXUAL MISCONDUCT IN THE PRACTICE OF OBSTETRICS AND GYNECOLOGY: ETHICAL CONSIDERATIONS", AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY (ACOG) COMMITTEE OPINION, Number 144 - November 1994.
14. Respondent understands that payment for the services of persons, treatment, and/or other matters referenced in the Terms of Probation is Respondent's responsibility.
15. Respondent, so long as there is full compliance with every term herein, may practice his profession in accordance with the Terms of Probation; provided however, that upon receipt of evidence of noncompliance with or violation of any of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation of probation proceeding and/or such other proceeding against Respondent as may be authorized pursuant to the Public Health Law.

EXHIBIT C

[material referenced in Paragraph C
of Terms of Probation]



Sexual Misconduct in the Practice of Obstetrics and Gynecology: Ethical Considerations

The privilege of caring for patients, often over a long period of time, can yield considerable professional satisfaction. The obstetrician-gynecologist may fill many roles for patients: as primary physician, technology expert, prevention specialist, counselor, and confidante. Privy to both birth and death, obstetrician-gynecologists assist women as they pass through adolescence; grow into maturity; make choices about sexuality, partnership, and family; experience the sorrows of reproductive loss, infertility, and illness; and adapt to the transitions of midlife and aging. The practice of obstetrics and gynecology includes interaction at times of intense emotion and vulnerability for the patient and involves both sensitive physical examinations and medically necessary disclosure of especially private information about symptoms and experiences. The relationship between physician and patient, therefore, requires a high level of trust and professional responsibility.

Trust of this sort cannot be maintained without a basic understanding of the limits and responsibilities of the professional's role. Physician sexual misconduct is an example of abuse of limits and failure of responsibility. The valued human experience of the physician-patient relationship is damaged when there is either confusion regarding professional goals and behavior or clear lack of integrity that allows sexual exploitation and harm.

Sexual misconduct is of particular concern in today's environment of shifting roles for women and men, greater sexual freedom, and critical evaluation of power relations in society (1-4). Prohibitions against sexual contact between patient and physician are not new, however; they can be found in the earliest guidelines in western antiquity. From the beginning, physicians were enjoined to "do no harm" and specifically

avoid sexual contact with patients (5). In the intervening centuries, as the study of medical ethics has evolved, attention has been focused on respect for individual rights, the problem of unequal power in relationships between professionals and patients, and the potential for abuse of that power (6).

In this context, the American Medical Association's Council on Ethical and Judicial Affairs developed a report, "Sexual Misconduct in the Practice of Medicine," condemning sexual relations between physicians and current patients (7). It raises serious questions about the ethics of romantic relationships with former patients. It is summarized as follows:

Sexual contact that occurs concurrent with the physician-patient relationship constitutes sexual misconduct. Sexual or romantic interactions between physicians and patients detract from the goals of the physician-patient relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being (8).

The Council provides clear guidelines (7):

- Mere mutual consent is rejected as a justification for sexual relations with patients since the disparity in power, status, vulnerability, and need make it difficult for a patient to give meaningful consent to sexual contact or sexual relations.
- Sexual contact or a romantic relationship concurrent with the physician-patient relationship is unethical.
- Sexual contact or a romantic relationship with a former patient may be unethical under cer-

tain circumstances. The relevant standard is the potential for misuse of physician power and exploitation of patient emotions derived from the former relationship.

- Education on ethical issues involved in sexual misconduct should be included throughout all levels of medical training.
- Physicians have a responsibility to report offending colleagues to disciplinary boards.

The Society of Obstetricians and Gynaecologists of Canada has adopted a similar statement that "acknowledges and deplors the fact that incidents of physicians abusing patients do occur" and finds that "these incidents can include 'sexual impropriety' due to poor clinical skills, chauvinism, or abuse of the power relationship or outright systematic sexual abuse." The Society of Obstetricians and Gynaecologists of Canada also supports the right to "informed, safe, and gender-sensitive" care and recommends "prompt treatment of the victims of abuse" and "identification, discipline, and, where possible, rehabilitation of the perpetrators" (9).

Although much discussion of sexual misconduct by physicians in the past decade has centered around the particular vulnerability that exists within the psychiatrist-patient relationship (10), sexual contact between patients and obstetrician-gynecologists has also been documented. Physicians themselves acknowledge that there is a problem, but the extent of the problem is difficult to determine because information relies on self-reporting, which carries the potential for bias in response.

The Committee on Ethics of the American College of Obstetricians and Gynecologists endorses the ethical principles expressed by the American Medical Association and the Society of Obstetricians and Gynaecologists of Canada and affirms the following:

- Sexual contact or a romantic relationship between a physician and a current patient is always unethical.
- Sexual contact or a romantic relationship between a physician and a former patient may also be unethical. Potential risks to both parties should be considered carefully. Such risks may stem from length of time and intensity of the previous professional relationship; age differences; the length of time since cessation of the professional relationship; the former patient's residual feelings of dependency, obligation, or gratitude; the patient's vulnerability to manipulation as a result of private information disclosed during treatment; or physician vulnerability if a relationship initiated with a former patient breaks down.

- Physicians should be careful not to mix roles that are ordinarily in conflict. For example, they should not perform breast or pelvic examinations on their own minor children unless an urgent indication exists. Children and adolescents are particularly vulnerable to emotional conflict and damage to their developing sense of identity and sexuality when roles and role boundaries with trusted adults are confused. It is essential to ensure the young person's privacy and prevent subtly coercive violations from occurring.
- The request by either a patient or a physician to have a chaperon present during a physical examination should be accommodated irrespective of the physician's gender. Local practices and expectations differ with regard to the use of chaperons, but the presence of a third person in the examination room can confer benefits for both patient and physician, regardless of the gender of the chaperon. Chaperons can provide reassurance to the patient about the professional context and content of the exam and the intention of the physician and offer witness to the actual events taking place should there be any misunderstanding. The presence of a third party in the room may, however, cause some embarrassment to the patient and limit her willingness to talk openly with the physician because of concerns about confidentiality. If a chaperon is present, the physician should provide a separate opportunity for private conversation. If the chaperon is an employee of the practice, the physician must establish clear rules about respect for privacy and confidentiality. In addition, some patients (especially, but not limited to, adolescents) may consider the presence of a family member as an intrusion. Family members should not be used as chaperons unless specifically requested by the patient.
- Examinations should be performed with only the necessary amount of physical contact required to obtain data for diagnosis and treatment. Appropriate explanation should accompany all examination procedures.
- Physicians should avoid sexual innuendo and sexually provocative remarks.
- When a physician has questions and concerns about his or her sexual feelings and behavior, he or she should seek advice from mentors or appropriate professional organizations (11).
- It is important for physicians to self-monitor for any early indications that the barrier between normal sexual feelings and inappropriate behavior is not being maintained (12). These indicators might include special scheduling, seeing a patient outside of normal of-

office hours or outside the office, driving a patient home, or making sexually explicit comments about patients.

- Physicians involved in medical education should actively work to include as part of the basic curriculum information about both doctor and patient vulnerability, avoidance of sexually offensive or denigrating language, risk factors for sexual misconduct, and procedures for reporting and rehabilitation.
- Physicians aware of instances of sexual misconduct on the part of any health professional have an obligation to report such situations to appropriate authorities such as institutional committee chairs, department chairs, peer review organizations, supervisors, or professional licensing boards.
- Physicians with administrative responsibilities in hospitals, other medical institutions, and licensing boards should develop clear and public guidelines for reporting instances of sexual misconduct, prompt investigation of all complaints, and appropriate disciplinary and remedial action.

In conclusion, sexual misconduct on the part of physicians is an abuse of professional power and a violation of patient trust. It jeopardizes the well-being of patients and carries an immense potential for harm. The ethical prohibition against physician sexual misconduct is ancient and forceful, and its application to contemporary medical practice is essential.

REFERENCES

1. Kardener SH, Fuller M, Mensh IN. A survey of physicians' attitudes and practices regarding erotic and nonerotic contact with patients. *Am J Psychiatry* 1973; 130:1077-1081
2. Wilbers D, Veenstra G, van de Wiel HB, Schultz WC. Sexual contact in the doctor-patient relationship in The Netherlands. *BMJ* 1992;304: 1531-1534
3. Gartrell NK, Milliken N, Goodson WH 3d, Thiemann S, Lo B. Physician-patient sexual contact. Prevalence and problems. *West J Med* 1992;157:139-143
4. Johnson SH. Judicial review of disciplinary action for sexual misconduct in the practice of medicine. *JAMA* 1993;270:1596-1600
5. Campbell ML. The oath: an investigation of the injunction prohibiting physician-patient sexual relations. *Perspect Biol Med* 1989;32:300-308
6. Beauchamp TL, Childress JF. Principles of biomedical ethics. 3rd ed. New York: Oxford University Press, 1989
7. Council on Ethical and Judicial Affairs, American Medical Association. Sexual misconduct in the practice of medicine. *JAMA* 1991;266:2741-2745
8. Council on Ethical and Judicial Affairs, American Medical Association. Code of medical ethics: current opinions with annotations. Chicago: American Medical Association, 1994:120-121
9. Society of Obstetricians and Gynaecologists of Canada. SOGC resolution on sexual abuse by physicians. *JSOGC* 1992;14:96
10. Gabbard GO, ed. Sexual exploitation in professional relationships. Washington, DC: American Psychiatric Press, 1989
11. Abel GG, Barrett DH, Gardos PS. Sexual misconduct by physicians. *J Med Assoc Ga* 1992;81:237-246
12. Searight HR, Campbell DC. Physician-patient sexual contact: ethical and legal issues and clinical guidelines. *J Fam Pract* 1993;36:647-653

1. Kardener SH, Fuller M, Mensh IN. A survey of physicians' attitudes and practices regarding



Copyright © November 1994
ISSN 1074-861X

Requests for authorization to make photocopies should be directed to the Copyright Clearance Center, 222 Rosewood Drive, Danvers, MA 01923; telephone (508) 750-8400

The American College of Obstetricians and Gynecologists
409 12th Street, SW • Washington, DC 20024-2188