

Psychosexual therapist

I wouldn't accommodate the wife's request, because what's happening here isn't about the medical issues of ED or about loss of interest; it's about an underlying relationship dynamic and that's what needs to be sorted out.

Almost certainly, husband and wife have recently had an unspoken agreement to be celibate but now that contract is shifting. He wants sex again. She's feeling utterly panicked and is trying to control the situation by denying him medication. If she succeeds, he'll be justifiably angry. If she doesn't, she'll be resentful. If the issues aren't addressed, then even if she gets what she wants, the marriage will disintegrate.

So my way forward would be to challenge both of them to enter therapy, explaining that if they don't then they could be throwing away decades of emotional investment.

If they agreed to therapy, I'd start with a couple assessment, then individual assessments focusing on sexual history, feelings of intimacy, their relationship prior to ED, their recent dynamics. The main question would be whether they want to stay together. If they do, my experience – from 16 years of practice – is that a programme of education and sensate focus could help them rediscover their sexuality, solving the problem at its source.

Discussion

While as health care professionals our patient is our first concern, it's always true that treatment has the potential to impact on the patient's wider life situation.

So while none of the panel believed that the wife's request should be accommodated, they all believed that the health professional should take a certain degree of responsibility for the situation and should take steps to alleviate it – not only for the husband's sake but also for his wife's. Interestingly, where the professionals on the panel diagnosed marital difficulty as being at the heart of the matter, they also took responsibility for helping the couple address that issue as well as the resolution of the strictly medical one.

In the end, there was no simple answer to this clinical conundrum. The moral, however, is surely that health care – like all physical and emotional therapies – is always systemic in nature. We forget that at our peril.

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The Membership Examination (MFFP) consists of:

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For the revised MFFP Examination Regulations (December 2005), information and application forms please visit the Faculty of Family Planning website: www.ffprhc.org.uk (see **Training & Exams** and **MFFP Member**). Also available on request from: Mrs Denise Pickford, Examinations, Faculty of Family Planning and Reproductive Health Care of the Royal College of Obstetricians and Gynaecologists, 27 Sussex Place, Regent's Park, London NW1 4RG, UK. Tel: +44 (0) 20 7724 5629. Fax: +44 (0) 20 7723 5333. E-mail: denise@ffprhc.org.uk