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6. Sexual Medicine in Finland

For a long time those in the medical profession have understood that sexuality is part of health, but its significance at the clinical level is a new phenomenon. The traditional approach has only considered problems related to reproduction, organic diseases of the genitals, and sexually transmitted diseases. Sexual problems were viewed as psychiatric abnormalities. Thus, traditionally the medical profession has been interested in sexuality only when perceived as connected with organic disorders or mental problems. Treatment of sexual problems has been divided among medical specialists in a variety of areas including endocrinology, neurology, gynaecology, urology, psychiatry, and forensic medicine. The interest in clinical sexology has been increasing in gynaecology because of reproduction and infertility questions. The fast development of drug treatment and surgery for erectile dysfunction has contributed to greater interest in clinical sexology among urologists as well. A comprehensive understanding of human sexuality and sexual problems has not been included in basic medical education of Finnish general practitioners or in postgraduate education for medical specialists. Clinical sexology has not been a separate speciality or subspecialty but has been integrated in the whole medical practice in Finland.

Service Providers in Sexual Medicine

Clinical services of sexual medicine have been offered in both public and private healthcare without any integrated or coordinated national planning. The idea of nation wide service groups providing clinical services in sexual medical has been under discussion during the last two or three years. In the current national public healthcare system, general practitioners and specialists already diagnose and provide basic treatments for the most common sexological diseases. The more complicated cases are treated in five university central hospitals and their clinics. But these clinics usually do not have an integrated system of services for clinical sexology. Patients seek help from a variety of specialists and clinics. Jyväskylä Central Hospital is the first public healthcare unit in Finland planning to offer a Clinic for Sexual Medicine.

Patients can also choose private medical services. Some patients do so because of the belief that the quality of private healthcare is better than the quality of public service, or they worry about their privacy at municipal health centres where they are well known. Some private medical centres have gynaecologists and urologists who have special training to provide clinical services for sexual healthcare. National organisations such as the Family Federation of Finland and SEXPO (Finnish Foundation for Sex Education

and Therapy) have private clinics and therapy centres for sexual health. The lack of a national register of sexual healthcare professionals creates problems for patients in finding service providers and clinical practitioners.

Both public and private sexual healthcare service are available to patients. The choice of public or private depends on many factors including education, economical resources, and local public services. Economical factors are a major determinant in many cases. The annual service fee for local municipal healthcare in Finland is about 20 to 40 dollars per patient. This includes all basic medical services and laboratory and radiological examinations. Private medical services cost about 40 to 80 dollars per visit, and the basic laboratory examinations cost between 80 and 2000 dollars, depending on the test. When long term psychotherapy or demanding surgery is needed, the difference in cost between public and private sexual healthcare is significant, often thousands of dollars. For example, surgery for cavernosal leakage in erectile dysfunction costs a few hundred dollars in the public sector and a couple thousand dollars in the private sector.

The choice between municipal and private medical service also depends on the patient's knowledge of human sexuality and its problems. The more a patient knows about the background and pathological mechanisms of his or her sexual problem, the more likely he or she is to choose a specialist in the private sector. In this case the patient can choose his or her physician or therapist, an option not possible in municipal or public health service. Patients who recognise their sexual problems based on simple symptoms like "I have no erection" or "I have no desire" tend to choose public or occupational healthcare, but patients with complicated multilevel disorders more often use a private service, especially when the problem includes serious psychological components or relationship concerns. The choice of a private specialist from medical specialities (e.g., endocrinology, gynaecology, urology, or psychiatry) seems to depend on the patient's health behaviour, medical history, and his or her earlier contacts with medical practitioners.

Some national patient organisation and rehabilitation centres have well organised, integrated sexual healthcare services. The service group typically consists of two to four healthcare professionals co-operating with each other at the same unit. An effective service group is, for example, a four-member team including nurse, physiotherapist, sex counsellor and physician who work in co-operation or a three-member team of nurse, physician, sex therapist. However, this kind of clinical practice is available only in a few special units such as the Family Federation of Finland, some private hospitals, and patient organisations.

Clinical Sexology and Sexual Medicine

Clinical sexology diagnoses and treats sexological health problems and diseases by using methods from health sciences and psychology. Sexual medicine is a part of clinical sexology and a speciality branch of the general medical profession.

The fast development of modern sexual medicine in Finland started in the 1980s. In that decade, new pharmacotherapies (intracavernous injections) and penile implant surgery for erectile dysfunction became available. These treatments increased the awareness of the general public and the media to sexual health and sexual medicine. Reproductive medicine and new diagnostic and therapeutic methods like insemination and in vitro fertilisation were also introduced during this period. Consequently, problems of bio-medical ethics in reproductive medicine appeared in public and official discussions.

The rapid progress of sexual medicine has produced an increasing number of sexological articles in Finnish medical journals. Members of the Finnish medical organisation Duodecim wrote many of these articles as well as the Textbook of Sexuality (Hovatta et al., 1995) for basic medical education. Medical schools only offer one to two credit units of voluntary sexology courses for medical students, and sexology is not included in the official medical degree programs. Education in clinical sexology has been offered only at Helsinki Polytechnic and the Jyväskylä Polytechnic where students can take a short 10 credit unit program for sex counselling, a 40 credit unit continuing education program for basic clinical sexology, and an 80 credit unit clinical sexology degree program.

The first guidebook of sexuality for the general public, written by a Finnish physician, was published only recently (Palo et al. 1999). Professor Risto Pelkonen, an internationally known and highly respected physician, is an endocrinologist who has been a pioneer of sexual medicine in Finland; his efforts have greatly promoted this new medical speciality. Sildenafil citrate or Viagra became available in Finland in 1998. When Viagra was introduced, it attracted tremendous publicity in the media and opened public discussion of sexual medicine and the possibilities of modern pharmacology.

Specialists in clinical sexology are trained to provide treatments for male and female sexual dysfunctions, problems in variations of sexual desire, and reproductive problems. Functional disorders involving a patient's sexual identity, structure of personality, and sexual desire require a different type of treatment than disorders associated with some kind of anatomical, physiological or pharmacological factor that disturbs erection, ejaculation, orgasm, or vaginal lubrication.

Exhibitionism, voyeurism, fetishism, sadomasochism and paedophilia are examples of forms of sexual behaviour which were traditionally labelled as perversions or disorders but are being redefined in the latest psychiatric handbooks as paraphilias or variations of sexual desire.

Functional Disorders

Gynaecologists treat patients with fertility functional disorders. Public and private clinics as well as some organisations offer infertility diagnostics and therapies. Gynaecologists treat female infertility by using hormonal induction of ovulation, microsurgery, insemination and in vitro fertilisation (IVF). Male infertility is treated by urologists or gynaecologists with a male sexual problems subspecialty. Treatments include endocrinological pharmacotherapy, induction of ejaculation, urological surgery, insemination, and IVF. Usually a general practitioner or a couple's family doctor is part of the infertility team of specialists. Couples often experience infertility as a crisis, and this contributes to problems in a couple's relationship.

Vaginal lubrication disorders are treated by general practitioners in public healthcare, but female orgasmic disorders such as painful intercourse (dyspareunia) and arousal and desire disorders require gynaecologists and in some cases the attention of psychiatrists. Psychiatry mainly offers consultations for diagnostics and supportive psychotherapies. Patients can also go directly to a sex counsellor or sex therapist without first visiting a physician, especially when the symptoms include problems with sexual identity or a relationship. Sex counsellors and sex therapists have professional skills to work independently with a patient or in co-operation with a physician.

Male Functional Disorders

Diagnosis and treatment of male erectile dysfunction (ED) have changed quite radically during the 1990s. About 15 years ago most cases were treated by testosterone supplementation, and the more complicated erectile dysfunctions were referred to endocrinologists or psychiatrists. Andrology (the treatment of men's sexual problems) is not an independent speciality in Finland, but some endocrinologists and gynaecologists have practised it as an unofficial subspecialty. Rapid developments in clinical sexology in urology have changed treatment methods. Penile implants and vascular surgery for erectile dysfunction became available in the 1980s. Urologists offer implant surgery and some manufacturers require that only specially trained and licensed urologists are allowed to implant their prostheses. But today most manufacturers are more lenient in this regard.

Erectile dysfunctions are quite often caused by problems of blood circulation. There is a high incidence of common cardiovascular diseases in the Finnish population. Surgery of the blood vessels of the penis was supposed to increase arterial inflow and help many patients, but the long-term results of the procedure have not been satisfactory. Arterial surgery for erectile dysfunction is a demanding operation with many risks and currently is no longer a treatment choice. Surgical closure of penile cavernosal leakage has a

better record of effective treatment, at least in many cases; it is also possible to close the pathological outflow from cavernous bodies by using operative procedures in the veins.

Today, most cases of erectile dysfunction are treated by pharmacotherapy. Intracavernous penile injections (e.g. papaverine, phentolamine, alprostadil) became available for patients about a decade ago. They were the first new generation of pharmacotherapy for ED and are still in use. The drug of choice for ED is oral sildenafil citrate (Viagra) which has turned out to be a very effective treatment with a low incidence of side effects. But sometimes giving a prescription for sildenafil citrate may be inappropriate and even considered medical malpractice. A physician may consider sexological patients too demanding and time consuming and therefore avoid or even neglect to take a careful sexual history or perform a thorough examination. Prescription of drugs is so easy and time saving that it will be difficult for some physicians to consider other treatment options.

The most demanding and difficult male sexual problems are premature ejaculation, delayed ejaculation, hypoactive sexual desire disorder, and orgasmic disorders. Sexual medicine has not yet found effective treatments for them. In most cases, these disorders have complex and multilevel etiologies. Therefore, their diagnosis is often difficult and time consuming. Co-operation with a sex counsellor, sex therapist, or psychiatrist may help a general practitioner in treating men with these problems. The incidence of male desire disorders seems to have increased in the Finnish population, but this is only a clinical observation without any survey-based evidence.

Problems in Variations of Sexual Desire

Problems in variations of sexual desires, previously called disorders of sexual preference and sexual identity make up a minority of cases of clinical sexology in Finland, but they still require attention. Undergraduate degree program curricula at Finnish medical schools do not include education in variations of sexual desire. In postgraduate programs only psychiatry and forensic medicine offer medical education in this very complex field of sexology.

Variations of sexual desires or paraphilias were only considered perversions in certain psychoanalytic revisions of Freud's original writings. Recent psychoanalytic researchers argue that Freud came close to what would be the accepted enlightened language today: in 'variations' we have not perversions but simply *versions* (May 1995, 161). The new version of the international psychiatric standard, Kaplan and Sadock's Comprehensive Textbook of Psychiatry reminds that throughout the late-nineteenth and twentieth century the terms inversion, perversion and deviance were used by mental health professionals

to denote the paraphilias but that these term are now officially out of favour because they no longer connote acceptable standards of objectivity and they have been generically applied to any unconventional aspect of sexual identity – cross-dressing, homosexual orientation, or sexual sadism (Levine 2000, 1634).

One of the main problems is to establish a diagnostic border between normal but slightly atypical sexual behaviour and real psychopathological states. Most normal people engage in behaviour that traditionally was defined as a disorder of sexual behaviour, such as sucking, biting, and light bondage, for example. Erotic fantasies may include even more extreme portrayals of such behaviours without any intention by the one having such fantasies to actually engage in these unconventional acts. Sexual violence, rape and pedophilia are topics of public debate but more as ethical and criminal problems than as medical phenomena.

The first question when planning treatment strategies for problems in sexual variations is to determine if the patient really requires therapy. What kind of therapy is needed is the second question, and what will be its likely effects is the third. Municipal healthcare centres do not have resources to offer this kind of service in Finland. Patients with problems in sexual variations are referred to university clinics with psychiatrists and clinical psychologists who have experience in clinical sexology. Private sexual healthcare offers specialist level medical service and sex therapy in a few special units. Use of a private or public health service is up to the individual and depends on factors discussed earlier. Kuopio Central Prison in north east Finland has started a voluntary 6-month therapy program for men convicted of rape or pedophilia.

Problems in variations of sexual desire can be treated in municipal mental health centres, public local hospitals, and central hospitals. However, it is usually difficult to find a private physician who is familiar with these sexual problems. In many variations such as transgenderism, transvestism, and fetishism, a patient feels fine and does not see any need for medical help. The demand for therapy usually comes from relatives, friends, or the authorities. Sometimes it is difficult to determine if the primary problem is sociological (caused by societal attitudes) or medical (so severe it needs professional attention).

Special Questions

Sexual medicine also deals with issues involving sexuality during childhood and adolescence and with sexual problems of specific patient groups, such as the disabled and people from different cultures and religions. In the 1990s politicians have reduced the funding for sex education in schools. Thus, sexual problems among young people and the incidence of adolescent pregnancies have increased in Finland during recent years.

The significant increase of older people in the population has created a situation where sexual healthcare professionals encounter more and more ageing patients every year. This phenomenon has also been noticed in undergraduate and postgraduate medical education. Globalisation has changed Finnish society, and healthcare professionals need to understand the sexuality of different cultures and religions.

There are also special questions that involve a minority of individuals such as transsexuals, those having problems with variations of sexual desire, those dealing or suffering from HIV or AIDS, and sex workers. Only a few physicians have experience in diagnosing and treating transsexualism. Treatment involving plastic surgery for transgendered persons is offered only at Tampere University Hospital in Central Finland. Finnish transsexuals were forced to find their medical help abroad for many years, but the activity of the Finnish National Organisation for Sexual Equality (SETA) has improved services for those with identity problems in Finland. SETA offers counselling for transsexuals and other sexual minorities. HIV diagnostics is carried out nationally in municipal basic healthcare, treatment services are concentrated in special infectious disease units, and a national AIDS support centre network helps people with HIV. The Pro Support Centre and few private projects offer preventive healthcare and medical services for sex workers.

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