

JAAPA letters to the editor, August 2007

PA Quandaries: The ethics of “reparative” therapy

To the Editor:

I read the PA Quandaries article, “Is ‘reparative’ therapy in the best interest of the patient?” by F. J. Gianola, which was published in June 2007, with interest. But I feel there was actually another ethical quandary that was not addressed.

I feel that if the physician felt strongly about recommending reparative therapy, it was up to him to discuss this with the patient. Instead, he gave the information to the PA to discuss and distribute. I really feel this is a case of the doctor not wanting to face what could be a very volatile situation. It is unacceptable to expect the PA to take care of this situation. As a PA with 20 years’ experience, I would refuse to provide this service. I feel your answer, while very informative and evidence-based, totally ignored the other important ethical situation here.

Susan M. Doyle, PA-C

To the Editor:

The real quandary presented in “Is ‘reparative’ therapy in the best interest of the patient?” is what should a PA do when asked by a supervising physician to do something unethical. As Mr. Gianola’s article concludes, it is antithetical to the goals and values of the PA profession to offer a therapeutic treatment when no illness actually exists. It was disappointing that the AAPA was not listed among the professional medical and therapeutic organizations that reject reparative therapy for homosexuality. A statement from the AAPA rejecting reparative therapy would lend support for the PA facing this dilemma.

Jeff Logan, PA-C

Author’s response:

I would like to thank both of you for your letters and interest in the PA Quandaries department.

In regard to the concern expressed by Mr. Logan, the AAPA House of Delegates passed a motion on reparative therapy during their recent meeting at the AAPA annual conference in Philadelphia, which took place after the June issue went to press. The motion on reparative therapy that was passed follows:

The American Academy of Physician Assistants opposes any psychiatric treatment directed specifically at changing sexual orientation, such as “conversion” or “reparative” therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual orientation.

Ms. Doyle also made some excellent points that deserve a serious in-depth response I am unable to make in a letter-to-the-editor reply. The core question I see is, "What is the physician assistant's fiduciary responsibility to the supervising physician?" Since we are dependent practitioners and have delegated responsibility and authority from the physician, this is a difficult philosophical and ethical question. I have struggled for a number of years to find a satisfactory answer for this dilemma. I continue to discuss this issue with members of the Department of Medical History and Ethics at the University of Washington (in Seattle), looking for a satisfactory answer. As with most clinical ethics issues, the context is essential; thus, one answer will not suffice for all situations

An upcoming PA Quandaries installment will discuss this issue in greater depth.

Thank you again for your letters.

F. J. Gianola