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EDUCATING THE SEX EDUCATORS

A structure for Medical School Programs

James J. Quinn, S.J.

Five innocent questionnaires can cause a subconscious guilt, this I know. Over a period of seven years, Creighton University Medical School administrators filled out five different reports concerning our curriculum, at the request of five separate investigators. What caused our subconscious trauma were two queries that appeared on all five questionnaires: "Do you have a course or block of lectures on sexual education?", and "Do you think a series of lectures on sex education is necessary?"

THE PAST

No, we did not have a course or a block of lectures on sexual education. What we did have were some lectures in physiology and genetics that covered the physical aspects of sexual activity and the regular clinical training in psychiatry that unveiled the mental and emotional sides of sexuality.

Looking back now to the answer we gave to the second question, "Do you think a series of lectures on sex education is necessary?", I see a strong indication of subconscious guilt. We answered, "Perhaps". We were uncertain. Maybe we should investigate our traditional handling of sex education. Maybe these departments which give these lectures do not realize that they have this responsibility. Maybe the lectures are inadequate. For seven years we remained uneasy and guilty for not investigating the system; but it was subconscious, for we repressed our feelings by the strong satisfaction that the traditional teaching in medical schools must be adequate.

We did not quiet our unrest until a sociologist who addressed the Freshman class on the "Doctor's Role in Society" pointed a finger at the class and said, "You young men are moving into a society that expects the M.D. to have all the answers to sex

problems. I'm giving you the factual situation, gentlemen, not defending it." This "factual situation" sounded off the all-alert alarm. I investigated and found that neither physiology nor psychiatry knew they had the sole responsibility to cover the field of sex education, and the lectures given were not adequate.

THE PRESENT

We had a funeral for our guilt this year. We presented a series of six lectures on sex education as part of a new course, *Medicine and Religion*. At least we are on the way, and we realize in part what the doctor today needs in his education of matters sexual.

At present we feel that a doctor should know the ordinary problems young people meet in sexual development, that he be able to conduct the physician's lectures given in Cana and Pre-Cana conferences, and that he be able to give family counseling as part of total family care. He should be able to detect abnormal activities, the deviates, the extraordinary problems and thus direct his patients to the proper specialists.

Three lectures presented by Dr. Eugene J. Slowinski, Chairman of the Department of Obstetrics and Gynecology covered the problems young people meet and demonstrated a model lecture given by physicians to Pre-Cana groups. In two of his three lectures a psychologist and a clergyman joined him in a panel

discussion. Time was allowed for the students to have an open dialogue.

The doctor's role in family counseling was handled by Dr. Duane E. Spiers, a psychologist who is a professional family counselor, in a two lecture series. These lectures were preceded by a talk that Reverend Norbert J. J. Van Gruensven, a sociologist and also a professional family counselor, gave to the Freshmen concerning the doctor and the total health of the family.

THE FUTURE

The Educational Policy Committee under the chairmanship of Dr. Joseph M. Holthaus, Associate Dean, is studying the possibility of unifying a number of small courses, i.e., Genetics, Human Ecology, Human Growth and Development, Anthropology, Psychology, Pediatrics, Geriatrics, Medicine and Religion, Sociology, History of Medicine, and Public Health. This will mean that next year our six lectures will be absorbed into a much larger plan, receiving a team approach. The committee has not decided on the unifying principle as yet. They are considering a time unifier — from seed to grave. If so, sex education will be spread throughout the whole year and not given in a block. Either way, we feel our students will receive adequate sex education from a team of experts with varied interests. Five questionnaires and a pointed forefinger have diagnosed our curricular ills.

Next year — on with the treatment!