

Editorial

Clinical Sexology and Sexual Medicine: Now and Next in Thailand

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The field of medical science has been changing day by day following the current global trend. Many people nowadays focus on a healthy lifestyle and how to improve their quality of life in order to avoid facing preventable diseases such as diabetes, hypertension, etc. As such, physicians and healthcare providers are now interested in emerging sub-specialization, yet multi-disciplinary branches of medicine, including sleep, pain, anti-aging and regenerative medicine, and, last but not least, sexual medicine.

History of clinical sexual medicine was believed to be started by Paolo Mantegazza, an Italian physician anthropologist. Against cultural norms and belief at that time, Mantegazza tried to study sexual physiology, psychology, and ethnology. With all his effort, he finally published many reports and books which are fundamental science for this field.¹ Era of modern sexual medicine then started when Kinsey, Masters, and Johnson published 'more' scientific reports of close observational studies of couple sexual interaction and intense information gathering with psychoanalysis of sexual activities. With this turning point, it led to new approaches to patients suffering in various sexual-related disorders and basis of medical, surgical, and psychological management in sexual medicine.²

Talking about 'sex' and 'medicine', this branch could separate into 2 major fields, 'clinical sexology' and 'sexual medicine'. Clinical sexology deals with patients who are coming with psychological factors affecting their sexual health. Clinical sexologists are specialized in human sexuality in various scientific aspects, including sex therapy, sex coaching, marital therapy, and family therapy. Most importantly, clinical sexologists have a major role in providing comprehensive sexuality education in the patients affected with psychological issues affecting sexual and gender health. As we know that most of the patients with sexual problems underlined with psychological concerns, many conditions could be treated with good counseling techniques, excellent communication skills, and sex therapy by using PLISSIT model approach without medical therapy, clinical sexologists thus accomplish these tasks.³

In contrast with clinical sexologists, sexual medicine specialists, so called sexual physicians, are dealing with sexual dysfunctions in more 'medicalizing' ways. Sexual medicine is a multidisciplinary subject, including urology, gynecology, psychiatry, dermatology, endocrinology, pediatrics, and even, radiology parting in this field. Thus, sexual medicine specialists tend to encounter with medical problems affecting sexual

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health, such as sexually transmitted infections, male sexual dysfunctions, female sexual dysfunctions, transgender health issues, and adolescent medicine. In aspects of treatment modalities in sexual medicine, sexual medicine specialists would provide medical treatment, hormonal treatment, and hormonal reassignment therapy. Surgical procedures also include genital surgery for male sexual dysfunctions, genital surgery for female sexual dysfunctions, genital cosmetic surgery, and gender reassignment surgery.⁴ To summarize, clinical sexology focuses more on psychological aspect of sexual health, whereas sexual medicine focuses more on medical and surgical aspects of sexual health. General physicians, nurses, and psychologists can therefore become clinical sexologists. On the other hand, gynecologists, urologists, psychiatrists, adolescent physician, and family physicians are more appropriate to become sexual physicians.

As this field of study gets more attention day by day, a great number of physicians and healthcare providers seek for opportunity in training both in clinical sexology and sexual medicine. Clinical sexology seems to be more accessible in getting qualification since many institutions offer various graduate programs in sexology training, both in diploma and degree programs. Unlike clinical sexology, training in sexual medicine is more limited since the programs require only physicians who continually work in this field. According to the Sexual Medicine Society of North America, applicants for fellowship program should be board-certified urologist/urogynecologist before training in sexual medicine and sexual reproductive medicine.⁵ Moving back to Thailand, Faculty of Medicine, Thammasat University launched first-of-its-kind diploma program in clinical sexology and in sexual medicine, hosted by Associate Professor Atiwut Kamudhamas. Over 50 healthcare providers from all over the country and from abroad attended last year. With an increasing number of applicants in these

courses, future direction for training in clinical sexual medicine should be expanded to an official fellowship program for physicians and healthcare providers who are interested in this field.

In conclusion, the importance of clinical sexual medicine is increasing continuously as sexuality and sexual problems are a more common issue nowadays. ‘Clinical sexology’ and ‘sexual medicine’ are definitely new emerging branches for Thailand and global trend.

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