



# SHARP News



## Privacy and Discipline – Challenges for Health Counselors

In addition to the obvious challenge of helping a person change their health-risk behavior, military health care professionals who counsel Sailors and Marines about their sexual health face some unique additional challenges. These challenges can and must be overcome, and include confidentiality and the myth of “discipline” (or punishment) as a cure for disease.

**Privacy.** Regarding sexual health issues or a sexually transmitted disease, privacy is understandably important to every patient or client. But military patients may also be concerned with work-related implications of their infection. These concerns may be heightened for people who are married, those in leadership positions, those in highly sensitive job positions, and those who are concerned their sexual behavior may violate the UCMJ. Because of this, some people may attempt to avoid identification by seeking treatment from a civilian source or purging their medical records of documentation of previous STDs. Others, such as deployed females experiencing gynecologic problems, may avoid or delay seeking medical attention<sup>1</sup>. Your clinic protocols for documentation, records protection, and client treatment should not attach the “scarlet letter” to your patients or in any way compromise the trust relationship that’s necessary in this line of work. Examples of conditions that may communicate a lack of privacy are the “STD clinic” sign or the STD Clinic time-block, real or perceived mishandling of sensitive medical records, or real or perceived unauthorized release or idle discussion of personal information. Know your clinic policy regarding patient privacy.

**Discipline and STDs.** In decades past, there was a body of people who advocated discipline as a “cure” for repeated STDs. Even today, we hear anecdotal reports of this practice. A typical anecdote is the Sailor who was denied liberty call for multiple STDs during a cruise, or one who is told “You know – if this happens again we’ll report it to your Commanding Officer”. While these events may or may not have occurred as reported, they can have a negative impact on STD prevention and control if Sailors or Marines at large perceive them to be accurate. For example, Sailors and Marines may self-medicate using folk remedies or medications purchased over the counter in foreign countries/ports. Or they may not report “self-healing” syphilis or herpes lesions for fear of disciplinary action, leading to untreated primary infections and lost opportunities for patient education and prevention counseling.

These unique challenges can and must be overcome. Military medical professionals are most effective when their clientele perceive them as trusted healers and helpers.

For more information about prevention counseling skills and training, get enrolled in the SHARP course “Fundamentals of HIV-STD Prevention Counseling”. For more information, visit the SHARP website at <http://www-nehc.med.navy.mil/downloads/hp/ccinfo3.pdf>.

1. Ryan-Wenger and Lowe: Women’s Health Issues, 2000(10)6, Deployed Women’s Health Care, Nov-Dec 2000

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