Sexual health: what's in a name?

Sonnex et al presented the results of a survey of 150 of their British patients' preference for signposting for their clinic: 65% chose "clinic 1A", 23% opted for another euphemistic name—for example, "Lydia clinic", 25% chose "department of genitourinary medicine" or "GU clinic", 25% chose "department of sexual health" or "sexual health clinic" and only 8% chose "genitomedical clinic" (more than one choice was allowed). At that time their clinic apparently operated under the name "clinic 1A—genitomedical clinic".

Beginning with the then new Parramatta sexual health clinic in 1979, Australian "STD clinics" have, one by one, adopted the title "sexual health clinic/centre". Our name also implies a proactive population health approach rather than just providing a clinical service.

As there has been little consumer consultation about our name change, we included a question on patients' preference for a clinic name as part of a satisfaction survey. In all, 563 consecutive general clinic patients completed a satisfaction survey questionnaire in 1996. Exclusion criteria were inability to read English and attendance at a special clinic—for example, HIV eye clinic, colposcopy/gynaecology, Thai, or Chinese clinics. The M:F ratio (1:0.6), mean age (30 years), ratio of new to return patients (1:1:6), and proportion born in Australia (61%) were all consistent with the clinic's genitourinary medicine patient profile. The patients' mutually exclusive responses appear in the table.

The majority of our patients responded favourably or indifferently to the centre's new name. About one in five preferred "Nightingale clinic" (a name that had been promoted in the 1980s) but it was unclear whether this was an expression of preference for a euphemistic name or a desire to commemorate the fact that the building in which the centre is located is the cradle of nursing in Australia. We were surprised at the unpopularity of the names "STD clinic" and "genitourinary medicine clinic" given that the former was the name of the centre 6 years previously and, relevant to the latter name, 15% of the sample were from the United Kingdom or the Republic of Ireland.

Interpreting Sonnex et al's and our studies together, it appears that patients are relatively accepting of a variety of names for STD/STD clinic services, particularly the name in current usage. However, "STD clinic" and "genitourinary medicine clinic" have seen no near universal acceptance. The British patients' apparent preoccupation with euphemism seems to contrast with the Australian patients' open minded attitude. It is possible that the broader service profile of Australian sexual health services has helped to partially destigmatise them. Alternatively there may be a true cultural difference. Notably, one quarter of the British patients liked "sexual health" despite their lack of previous exposure to the term.

Australia's choice of "sexual health clinic/centre" was driven by a new service philosophy rather than euphemism. We note that most New Zealand clinics and a number of new services in the United Kingdom have also adopted the term. Dissatisfaction with the name "genitourinary medicine" is becoming increasingly explicit.

In accordance with our new name and philosophy for our health services we have developed professional titles: sexual health counsellor (previously health adviser, contact tracer, etc), sexual health nurse, and sexual health pharmacist (then the latter's equivalent, family planning consultant, etc). A vote for a name change from The Australasian College of Venereologists to The Australasian College of Sexual Health Physicians achieved an 84% approval by those who voted in 1996.

Sexually acquired herpes simplex virus infection of oropharyngeal cavity

Unprotected oro-genital sexual activity has increased in recent years and the reported prevalence varies between 40% and 70%. It altered sexual behaviour could in part be the result of media coverage of the HIV epidemic, which seems to have promoted the belief that oro-genital sex is a low risk activity in relation to transmission of HIV and other STDs. Investigations on the effect of such a sexual activity on pharyngeal bacterial flora have shown a twofold increase in pharyngeal carriage of Neisseria meningitidis in homosexual men but no increase in asymptomatic carriage or infection with N gonorrhoeae. However, transmission of HSV infection from the anogenital region to the oropharyngeal cavity in healthy adults resulting from sexual activity (fellatio and cunnilingus) has not been reported. We report a case of oropharyngeal ulcers due to herpes simplex type 1 (HSV-1) infection without associated oro-genital meningitis. We report a case of following orogenital sexual activity (fellatio) in a homosexual male.

A 33 year old homosexual man presented to the Genitourinary clinic with a 4 day history of "sore throat", dysphagia and flu-like symptoms and a 2 day history of dysuria and urethral discharge. He reported to have had unprotected, active, and passive oro-genital sex (fellatio) with a casual male partner 1 week previously. An examination revealed multiple shallow ulcers with irregular margins, and marked surrounding inflammation of the pharynx, palate, and fauces (fig). There were no lesions on the anogenital region but a copious amount of purulent