# Audio file

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# Transcript

This is probably a really weird question the podcast.

Where a medical doctor?

And a doctor of history talk about sex history and the not at all weird questions we hear from patients, students and colleagues about our bodies and our sexuality's.

I'm doctor Ronny Hyeon and.

I'm Professor Rebecca Davis.

And today's question is.

Are you sexually active?

How did we meet did?

We meet, meet.

In Aberdour or did we meet before?

Then we met, I think, in Abu Dhabi, 'cause.

I only went first session, so this podcast is a conversation that Doctor Hyeon.

I call her Ronni and I.

Have been having for 30 years.

And we know it's 30 years because this summer is the 30th anniversary celebration of the summer when we paid money to go to camp to clean toilets.

Wash dishes for the entire camp in the dining hall.

Unremitted labor in the day camp, it's true, but the but there why did?

We do this.

It's an excellent question.

We did it because we loved Cam and those who run camp have figured out how to capitalize on adolescence.

This is true.

Intense emotional investment in summer camp and friendship.

Mostly when we weren't plunging toilets.

And mopping floors, we sat on our front porch, and we.

Would just shoot the \*\*\*\* for hours.

Flowers and stresses where 30 years of conversations about a lot of nonsense and also feminism transpired between Dr I own and me.

It's true, you know, I.

I actually have very strong memories of you.

Standing up for what you believed in at a very young age, and I can see that that has continued to this day.

I've been insufferable for decades.

It's not true.

You have been.

Maybe a little bit striving occasionally, occasionally.

OK, strident.

Oh my God.

And so and so it continues.

And and when did we?

I can't even remember when we came up with the idea for this podcast.

Was through a text exchange.

Or something, wasn't it?

Right, so you reach.

You know, I'd like to say that we're in early middle age.

You you reach the adolescence of middle age and you start to long for your youth and so someone probably lay out.

Shout out to Leah, figured out that she knew everybody's phone numbers and created a group text.

Uhm, that's and so we all started to talk again.

It's true. It's true.

I like someone would maybe say to A2 intimate couple in public, get a room some of your friends on the group text where like you.

Know, maybe you guys should.

Just get a podcast like.

Maybe we've talked enough about getting colonoscopies today.

Yeah, yeah, yeah.

Repro rights.

We get it.

OK.

OK.

So here we are.

Welcome to our first episode of this is probably a really weird question, and we're going to jump right in and talk about this week's weird question. So, Ronni, why don't you get us?

Started with.

That sure.

So the this week episode.

We're going to look at a weird question that actually healthcare providers sometimes ask, and that question is, are you sexually active?

Uhm, Rebecca, why is this question weird?

So I have a very clear memory of a healthcare provider asking me this question at some point in my 20s when I was in a bit of a drought and sitting there speaking to myself.

Recently and I couldn't figure out how, I just froze.

I couldn't figure out how to answer the question and so that's what.

I started to think about.

You know 'cause?

The question is, like, what does that even mean?

Exactly right.

And most people don't actually know what it means and and people will interpret it in all sorts of ways that you don't expect, right?

Like I'm not sexually active because I didn't have.

Sex this week?

Or I'm not sexually active 'cause, I just lie there and.

You know, let it happen.

It's just a it is a very strange question that gets asked all the time.

Right is I'm sexually inert.

And, you know, I think that that as much as we don't want to believe it, sometimes doctors kind of get squeamish and we try to say things in ways that that are kind of.

Sterilized and neutral and inoffensive, but that.

But at some point it just loses all meaning, right?

Like they like.

Are you sexually active?

But in some ways it just has no meaning.

Right, right.

And I think that it can then create some awkwardness on the part of the patient who might actually have questions about their sexual activity or their sexuality and now doesn't really know how to bring the topic back around to what's really on their mind.

So I'm curious when you're so you're a physician.

I am not.

When you were in medical school, is this something you?

Were taught like how to ask these questions.

Yep, yes, we were taught.

But so historically the way that this we're taught to take this ask this history is do you have sex with men, women or both?

And you know, when I was in medical school, which now feels like a jillion years ago, this was held up as like the Holy Grail.

Of wokeness right.

If you ask somebody if you have sex with men, women, or both, because it's showing that you're open to talking to people about UM.

Bi sexuality or homosexuality?

And actually, it's a terrible way to ask that question because it just erases an entire swath of.

Identities and relationships and it just doesn't hold up.

And and it also we we care about erasing those identities, right?

Because we know that LGBTQ patients in particular have significant health inequities and disparities that including but not limited to sexual.

And we know from some really interesting studies that have been done that patients.

Actually want us to ask?

Uhm, what they're doing with their sexual partners?

And even if they will feel slightly embarrassed when they are?

Asked about their sex lives, they.

Still want us to ask?

Right.

I mean, it's.

So what I do is history and so.

I was thinking about.

This in terms of when did physicians even start asking those questions?

And it seems like it's pretty recent.

So as you know, you know, medicine was for a very long time about taking care of the ill and the.

And it was only really in the second-half of the 19th century that physicians saw healthy people as their patients.

And so then you.

Need to ask so if it's if someone complaining has symptoms, there's a set of questions doctors were teaching one another to ask.

You know, does this.

Hurt. Does that hurt?

Does it, you know, do you feel the pain?

In the morning or more in the evening, those kinds of things or.

After eating or after this or that?

But if you're talking to a healthy person, you're going to ask necessarily a totally different set of questions.

You know people.

Those that how to do that?

Starts to come together in medical training.

More by the mid 20th century.

But and you start to see people asking also about heredity, about family health and and you know only gradually a little bit about sexual behaviors.

That's so fascinating, the you know.

This is such a it isn't constantly evolving.

Field we're in, right. And so things that I was taught to do, you know, in the not so distant past in the early to mid 2000s.

Uhm, just really sound kind of old fashioned and land weirdly now and and so things that I do now that are really different are.

I always kind of take a do a preamble, right?

To let people know that what's coming?

And and to normalize it, right, because if you just start asking questions about their personal life.

Without any sort of preamble about listen, I ask everybody these questions, no matter who they are, and you never have to answer anything you don't want to answer.

But this is a way that I that I can keep you healthy.

That kind of starts speaking to what you're just talking.

About in terms.

Of going to see the doctor in times of health, not just in times of illness or pain, right?

So I'm so curious.

So for anyone who doesn't know this, doctor Ronny Hyeon is a pretty big deal expert on how to provide.

You know LGBTQI inclusive and competent healthcare, So what?

So if I walked into your office for a well visit?

What are some of the questions that you would ask to get my health history, my sexual health history?

Uhm, well, I will.

I'll tell you exactly what I do and you you do not need to feel.

With any honesty.

I respect your confidentiality, Dr Davis.

Thank you.

I might not share it on the podcast.

So I I start out with the preamble, right like I ask everybody these questions.

You never have to answer any questions you don't want to answer.

I just, I ask so that I can keep you healthy and so usually I start out with things that.

Sometimes are less feel less intimidating or it's I'll ask about tobacco use and alcohol use and St drugs, and then I ask folks can.

You can you.

Tell me a little bit about your relationships, like who you share your body with and how you share your body.

And then I shut up.

And that's really the key, I think.

Uhm, because we don't.

We're not often comfortable with silence, but if you just leave the space there, folks will.

Tell you what they're comfortable telling you and.

It will also.

Allow you to ask some follow up questions that are that are important, right so.

If somebody says, well, I'm married but we have an open relationship and I have sex with, you know, my my husband, but I also have some other partners that that I see on the side, then I can ask really more specific questions and and I again give another preamble and I say.

I'm going to ask you some really specific down and dirty questions about how you're using your body, and I'm asking to make sure that I can keep you healthy and test you appropriately if you need it.

Right.

So I'll say things like are.

You using your mouth for sex?

And if somebody says yes, then I'll say, OK, are you using so are you putting your mouth on people genitals?

Are you putting your mouth on people butts?

And I'll get that piece of information and then I always ask about barriers, right?

So are you using condoms or barriers when you're using your mouth for sex?

Yes or no and then?

Because I see a large number of trans and nonbinary folks, I try to use a very.

Generic terminology 'cause.

I can't really assume that anatomic terms feel safe or inclusive, right?

So I am a big fan of using the word front parts on this.

Instead of genitals or penis or vagina, I say so.

Are you using your front parts for sex?

'cause people usually know what that means.

If they say yes, then again, we talk about whether or not they're using barriers and whether or not they need some sort of contraception and and if somebody was assigned female at birth and they have their uterus.

One way that you can ask about pregnancy risk is to say.

Are you having sex with anybody who could?

Get you pregnant?

Or are you having concern?

Do you have any concerns about preventing pregnancy?

Uhm, some sometimes people use the language bodies that make sperm right?

Like, are you having sex with anybody whose body makes sperm?

And I get, honestly, Rebecca, I get a lot of eye rolling when I talk to other clinicians about that, about saying bodies that make sperm or bodies that have a uterus.

And you know, it's.

Is it awkward?

Of course it's awkward the first couple times you try it, but in in some ways, it's not about us.

Like, it's actually never about us, right?

It's about, it's about your patient and what your patient needs.

And so I kind of don't care if it makes doctors uncomfortable to say bodies.

That makes firm because it's about creating a safe and inclusive space for patients that are historically marginalized and and treated poorly.

OK, so this has.

My my like historian brain, which is increasingly taking up more and more of my brain that.

Unfortunately, as opposed to your like human.

Brain, I was like, did you think, oh, there's.

A historical reference I.

Can speak to so this.

So the way.

You're asking these questions is so different than asking someone.

Are you married?

Right?

So who do you share your body with and then finding out of someone using the example you just gave is in an open may.

Marriage is not some information you would ever get if you asked are you married or what have you so which is more often how?

I've heard it, but it gets me so.

Uh, this I'm I'm holding up a book because this is also how I I think about these things.

So the way you're asking a question, asking these questions reminds me so much of the way that the famous sex researcher, Alfred Kinsey, asked questions and trained his research team to ask questions.

So most of our listeners will know this, but Kinsey very famously published 2 huge studies, sexual behavior in the human male in 1948 and sexual behavior in the human female in 1953 and these were based on thousands and thousands of 1 on one interviews that he and his.

Team did.

They had all the questions memorized so that they could and so much of what you're talking about with rapport.

So Kinsey.

Trained his team that they had.

There was about three other all men, three other guys who were.

With him.

They so that they could make eye contact with the person they were interviewing.

They had to have all of the questions memorized and they recorded all the answers using code so that it took them very little time to jot down the answers and.

What people said.

And they also were trained to know which follow up questions to ask based on which answers they received.

So they were always trying to ask open-ended questions.

So one of the things Kinsey was a big fan of was not saying like, have you ever had not asking have you ever masterbated, but asking how old were you the first time you masterbated and allow then a person to say, oh, I never have.

But then also allow someone to be like room as I think about it.

And then.

Go into those.

Memories or recall what whatever it would be.

So the question normalizing, normalizing the act, right, and just assuming that everybody has done it at some point so you don't have to feel shy about disk?

Closing absolutely, and then getting really specific about.

So some of the questions I think are sort of fun.

Like have you played strip poker with both males and females?

And then it.

Says if the response was affirmative, a second question was asked.

Did it lead to petting or intercourse?

Right so.

Did you get busy?

After playing strip poker.

Questions about contraception and barriers.

How old were you when you first learned of rubbers or condoms?

And then asking how did you learn about them?

But even some of these questions.

So wanting to know if people were doing mutual \*\*\*\*\*\*\*\*\*\*\*\* was there female hand on nude penis you know?

Very anatomical, very specific questions.

Uhm, asking about premarital sex.

Now, one of the things that really was shocking to people at the time, there were several things.

One was the incredible.

The high number of men in the mail study who reported that they'd had some sort of same-sex contact to orgasm orgasms were basically the unit of measure in these studies.

That's what Kinsey wanted account so he would say \*\*\*\*\*\*\*\*\*\*\*\* to orgasm, mutual \*\*\*\*\*\*\*\*\*\*\*\* to.

Orgasm, oral sex.

You know, sex with animals to orgasm, sexual fantasies or dreaming about sex to orgasm.

Right?

So he's counting those.

For the study, so, so same sex. Sex for men was somewhere around 37% of of the men he studied at least once in their life had had that experience.

And with the study of women people.

Were shocked by the.

Close around 50% of women who said they'd had sex.

Before marriage, sexual intercourse before marriage, and not necessarily with the man they married and also the number of women married women who had had affairs had had extramarital sex.

So, but he then gets really as you, as you say, like sort of down and dirty.

How often was there intercourse with both of you standing, right.

He really wants to know like Raj.

How'd you do it?

Right.

What contraceptives did you use, if any?

And he asks questions about beasteality, about sex with animals, about witnessing sex.

How often do you have certain kinds of dreams about sex?

And on and on from there, so.

It's interesting to me that.

There is this.

Model that's been out there since 19, since, you know, the 1940s, nineteen 50s of asking these very specific questions, but that here we are really still needing to bring them back into.

In practice.

Into use.

I would.

I would just like to take this moment to give a public service announcement to our listeners that orgasm is not a requirement.

Right.

Like there are plenty of ways.

Sometimes I feel like people get so goal driven.

Like, it's all right.

You know, just because Kenzie thought it was important doesn't mean that that's the be all end all.

Yeah, yeah, yeah, yeah.

He was.

That was also one of the criticism.

There were many criticisms of his studies, and that was certainly one of the criticisms of it.

So from your point of view.

As a clinician and also somebody who trains other health care clinicians.

What do people need to?

Learn to start doing differently.

Well, if I can be blunt, we need to, we need to learn how to \*\*\*\* \*\* a lot and still recover like, you know, inherent, inherent into medical training, even though nobody really wants to.

Talk about it a ton is making errors.

And you know, errors in healthcare can be devastating.

And so a lot of us feel very frightened about making an error that could harm somebody.

Certainly and.

And I'm not just talking about ending somebody's life because of a medical error. Certainly there's harm that can be done to people by making an error that assumes that that you know what's going on or you ask questions in a way that create an unsafe clinic environment, right? And so there is trial and error.

That's that's involved.

I think knowing that that's going to happen and coming up with a way to recover is.

Really important.

So we all have had, we all have had the experience of reading the room incorrectly.

You know, I have definitely been guilty of walking into a patient room and say, oh, I see you've, I see you've brought your father with you today, and it turns out that that is.

Actually, their partner.

And it's incredibly awkward and you just got to kind.

Of figure it out.

But I think so.

The key is to really learn.

To be humble and to learn from your errors and I think learning how to apologize is really important and and sometimes that's something that it's pretty common that comes up around pronoun usage and and making mistakes with people pronouns and so my kind of three-step plan.

But I try to teach everybody.

Is apologize right, like apologize authentically and then that.

So that's step.

One you have.

To actually mean it's like, God, I'm so sorry that I made that mistake.

I'm sure it was harmful.

And then you.

Have to move on, right, because when we just fall all over ourselves saying, Oh yeah, I'm so sorry, it was your haircut.

Your voice is kind of low.

And I just, I'm.

So sorry, and you just keep?

Apologizing and apologizing and apologizing it.

Just hold deeper.

It totally.

And then it makes then it's about you, right?

It's about you trying to make yourself feel better and not.

And try to repair the harm that was done and then and then learn from that mistake, right?

So you apologize and make it sincere and heartfelt, move on, and then figure out a way to learn from it, whether that's I'm always going to double check the pronouns in the chart before I go in to see a patient.

I'm always going to do a chart review or write myself.

Little note.

So those are those are some important things.

And then I think figuring out how to learn, how to do it better.

We don't get a ton of education, honestly about taking care of queer people and their families, and so there are a couple great resources that we can utilize that people can do. self-directed learning with. The LGBTQ health Education website is wonderful. It has a ton of.

Free, like webinars and pamphlets and lecture.

It is fantastic and it is like, let me highlight that again, it is free continuing medical education credit, which is huge 'cause.

We all have to do continuing medical education credits to maintain our licensure and find mentors who you know are.

Doing it well.

And practice.

Preferably with in front of a mirror or role-playing. I I loathe loathe role-playing. We have to do it all the time to learn how to talk to patients, and it's very awkward, but it is incredibly helpful.

We can put links to all of these resources on in our show notes on the website, yeah.

So we're going to be talking on this show about.

Questions that people ask me during lecture or after class or in my office hours.

Questions that people ask.

You when they come to.

See you for a checkup or a health, health medical concern.

And so today we've flipped it a little bit and focused on questions that providers ask patients, but hopefully you know.

We're going to have a.

Lot of opportunities to explore.

Where the questions that we hear today connect to issues around health care delivery, but also have a history that might be illuminating to thinking about how to do better and the way that we talk to people and envision what a healthy person is and also learn how to advocate.

For ourselves when we're in those offices.

Thank you, Bonnie.

Thank you, Rebecca.

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You can learn.

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Follow us on Twitter at a really weird pod, Rebecca tweets at history, Davis and Ronni at Doctor Awkward.

Send us your really weird, not really questions by emailing us at reallyweirdquestion@gmail.com. This podcast is Co created and produced by Rebecca L Davis and Ronni Hyeon. Nora Carlson is our website guru and social manager. Mcfit Eagan is our sound engineer.

Mark Wurzelbacher composed and recorded our incredible theme music special.

Thanks to Amanda Mccollam for teaching us how to record our voices.

We are grateful for the financial support of the Phil Wikler charitable and Memorial Foundation Trust and the Department of History at the University of Delaware.

Thank you for listening and please keep on asking those questions.