Are estimations of female patients’ need of hymen restoration and virginity certificate value-impregnated? Empirical study of physicians’ attitudes

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Aim: The aim of the present study is to examine whether physicians’ estimations of medical needs are influenced by the physicians’ own personal values.

Design & Methods: We used a vignette where a young female requests hymen restoration or virginity certificate due to honor-related threats. We asked whether or not the participating physicians would under certain circumstances be prepared to help the young females. We also asked what would happen to their own trust and what they estimated would happen to the general public’s trust in healthcare if performing such operations or writing such certificates was generally accepted.

Results: The majority of those whose own trust would not be influenced [59.7% (95% CI 55.2—64.2)] were found among the respondents who stated that they were prepared to help the young females, as against those [13.5% (95% CI 10—16.5)] stating that they would help under no circumstances. We found an association between those whose own trust would decrease and those stating that they would help under no circumstances [Or 90 (95% CI 12.2—664.3)].

Conclusion: The results indicate that factual aspects are influenced by physicians’ own values. If factual aspects such as estimation of the patient’s trustworthiness and medical needs are impregnated by physicians’ personal values, there is a risk of arbitrariness when deciding whether to help young females in distress. In order to avoid arbitrariness in decision-making we suggest that consensus in the area is developed.

Biography
Niklas Juth is a PhD in Practical Philosophy since 2005 and Associate Professor in Medical Ethics at Karolinska Institute since 2013. His research interests are in ethics and bioethics, genetics and the intersection between political philosophy and medical ethics, e.g. autonomy and justice in health care. He has also published extensively within the areas of experimental ethics, victims of honor related threats within health care, end-of-life care, screening, genetics and health care complaints.

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