

Physicians' Moral Dilemmas in the Age of Viagra

Men and Masculinities

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Abstract

Oral phosphodiesterase5 inhibitors (PDE5i; e.g., Viagra[®]) have become the first line of treatment of erectile dysfunction (ED) in men. Relying on interviews with 38 physicians, this study explored moral dilemmas associated with the prescription of PDE5i. Moral dilemmas at the micro level concerned the interest of the patients in receiving medical treatment, even when this was counter-indicated. At the meso level, physicians expressed their concerns about the impact of PDE5i on their patients' partners. At the macro level, physicians discussed the substantial contribution of the pharmaceutical industry to the education of patients and physicians about pharmacological treatments for sexual problems. Physicians had no moral concerns about industry involvement, and they reported only the benefits associated with it. The study raises moral issues associated with the treatment of ED. As such, it enhances the importance of facilitating a biopsychosocial approach to treat sexual dysfunctions.

Keywords

viagra, pde5i, sexual dysfunction, moral dilemmas, medicalization

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Since its approval in 1998, Viagra or sildenafil, in its generic term, has become the first line of treatment for men with erectile dysfunction (ED) (Keith 2000; Yuan et al. 2013). Viagra and other phosphodiesterase5 inhibitors (PDE5i; e.g., Viagra, Cialis, and Levitra) have resulted in a change of discourse around the treatment of male ED (Potts, Grace, Gavey, and Vares 2004) and around sex and sexuality, in general (Loe 2004b; Tiefer 1996). Once PDE5i appeared in the market, the focus shifted towards the medicalization of sexuality and sexual problems (Carpiano 2001; Marshall 2006). Supposedly, a “cure” has been found, and sexual performance has been prescribed by the pharmaceutical industry as a “must” or at least as a viable option readily available to all (Cacchioni 2015).

As ED increases with age (Nicolosi et al. 2003; Prins, Blanker, Bohnen, Thomas, and Bosch 2002; Quilter, Hodges, von Hurst, Borman, and Coad 2017), older men are the most likely to receive PDE5i medication. Moreover, if older men reach out concerning their ED, they are more likely than younger adults to be prescribed with PDE5i (Gewirtz-Meydan and Ayalon 2017). Older men use pharmaceuticals such as Viagra and Cialis to enhance their sexual functioning and redress their diminishing masculinity (Clarke and Lefkovich 2018). Whereas for many men who have suffered from ED, PDE5i have made a substantial contribution to their sexual function, others do not respond to the drug due to underlying systemic disorders, unrealistic expectations, or the existence of psychological or relational factors causing ED (Albersen, Orabi, and Lue 2012; Foley 2015). Moreover, gaining actual penile function does not always solve sexual concerns and dissatisfaction, which still remain high (Lee, Nazroo, and Pendleton 2015). For not only improving penile dysfunction but also increasing sexual satisfaction, it has been recommended that PDE5i are given alongside counselling/therapy to inform the patient with realistic expectations, engage the partner in the process, and address any psychological and/or relationship issues that may exacerbate sexual concerns and dissatisfaction (Lee et al. 2015). The biopsychosocial approach acknowledges the advantages of pharmaceuticals, but stresses the need for a more holistic solution that also addresses social and psychological issues related to ED.

The biomedical approach, in contrast, portrays sexuality as a medical issue and sexual dysfunction as a medical condition that requires medical treatment (Marshall 2006, 2012; Tiefer 2006, 2012). The medicalization of sexuality has resulted in changing the norms around sexuality and placing penetrative sex as the “gold standard” of intimate relationships (Gewirtz-Meydan, Hafford-Letchfield et al. 2018). Such norms dictate an implicit expectation that men of all ages and of various health statuses should continue to perform sexually and seek out medical solutions if they fail to perform (Marshall 2008). Men who are unable to achieve an erection, do not respond to PDE5i, or simply choose not to treat their ED (e.g., Arrington 2003; Gledhill and Schweitzer 2014; Wentzell 2013), are marginalized and do not fit into the social construction of aging well, which is equated with being sexually functional (Katz and Marshall 2004; Marshall 2006, 2011). A

similar criticism is pointed towards Flibanserin, a sexual enhancing medication that was developed and recently approved for the treatment of hypoactive sexual disorder in women (Jaspers et al. 2016; Joffe et al. 2016). Recently, not only was the efficacy of Flibanserin questioned but also its necessity in providing treatment for sexual problems among women (Anderson and Moffatt 2018; Rao and Andrade 2015).

Researchers have stressed the social implications of PDE5i and other medical derivatives, by pointing to the role of the marketing industry in creating an image of successful aging, characterized by older people who are sexually active into very old age (Katz and Marshall 2004). Although such an image has its benefits as it potentially allows older people to maintain additional forms of sexual expression, it also acts as a limiting factor, which stresses activity and productivity and disregards the option of retreat from sex or of engaging in other forms of sexuality, which may not necessarily involve sexual intercourse (Gewirtz-Meydan, Hafford-Letchfield, et al. 2018).

Despite their extensive use and potential social implications to the lives of both men and their partners, we know little about the moral implications of prescribing PDE5i (Katz and Marshall 2003). The few studies that have addressed moral issues have stressed the fact that unlike other conditions, the treatment of sexual conditions has implications not only to the patient but also to his partner/s (Barnett, Robleda-Gomez, and Pachana 2012; Potts et al. 2004). Indeed, a study conducted with women whose partner was taking Viagra to enable sexual performance, found that many of them reported dissatisfaction as a result of changes in their partner's sexual functioning. Viagra has forced them to readjust to a new situation, in which sexual intercourse became a part of their lives once again, after years of absence (Potts, Gavey, Grace, and Vares 2003). Some women also blame Viagra for promoting masculine ideals, new problematic cultural expectations, and pressures related to sexuality (Loe 2004a)

This is the first study to examine physicians' perspective on moral dilemmas concerning the prescription of PDE5i. The term "moral dilemmas" refers to situations in which physicians need to choose between two possible options, with neither option being unambiguously acceptable. Dilemmas can also reflect conflict between different role obligations or duties, rather than between moral values (Bringedal, Rø, Magelssen, Førde, and Aasland 2018). Past research has mainly considered dilemmas related to patients' safety, dignity, and abuse (Monrouxe, Rees, Dennis, and Wells 2015). Identifying and addressing moral dilemmas in physicians is important as physicians are the first line of treatment, who serve people who face sexual challenges (Levkovich, Gewirtz-Meydan, Karkabi, and Ayalon 2018). A better understanding of physicians' moral considerations when considering the treatment of sexual conditions can be used to tailor educational interventions for physicians. Such information also can be used to refine treatment guidelines with people who seek out consultation for sexual problems.

Methods

The sample. The study was funded by the Israel National Institute for Health Policy Research to better understand barriers and facilitators to the treatment of sexual dysfunction. The study was approved by the ethics committee of Bar Ilan University and by the Helsinki committee of Meir hospital. As part of the study, seventeen primary care providers, three psychiatrists, six urologists, one physical medicine and rehabilitation physician, and eleven gynecologists (who also worked as physician sexual therapists) were interviewed. Their average years of experience ranged between 17 years and 45 years. A total of 16 woman physicians and 22 male physicians were interviewed. To recruit participants, we relied on lists of physicians detailing their certification status in sexual therapy. Additional physicians were identified through personal contacts and a direct approach by the research team, which was affiliated with the largest HMO in the country. We contacted physicians and invited them to participate in the study. All received detailed information about the study and signed a consent form prior to participating in the study. In selecting respondents, we aimed to interview physicians of different specialties and different levels of training in sexual therapy. We also aimed to include both men and women of varied number of years of experience.

Procedure. Trained interviewers approached physicians and invited them to participate in the study. Interviews occurred in the place of choice of respondents. All interviews were recorded and transcribed. The interview guide followed a funnel approach, starting with broad questions, such as “How do you define sexuality?,” “Tell me about the sexual functioning of older adults?,” and “How do you treat sexual issues in old age?” This was followed by questions that specifically targeted challenges and advantages associated with treating sexual dysfunction such as “How can open communication between patients and physicians be promoted?” Interviews lasted between 30 minutes and one hour. The initial focus on old age was inspired by the fact that age is a substantial predictor of PDE5i medication use, with an inverse correlation between age and sexual functioning (Lindau et al. 2007).

Analysis. Our analysis relied on grounded theory (Strauss and Corbin 1994), following our overall goal of developing a conceptual understanding of the topic. The overall idea behind this approach is to start inductively from the data and, through an iterative process, emerge with abstract, conceptual categories to explain patterns in the data. The analysis was conducted in stages. Analysis started by reading the interviews, noting major thematic topics brought up by respondents. This was followed by a line-by-line reading and coding of the entire interview (Thomas and Harden 2008). Subsequently, codes were collapsed into larger thematic categories, while comparing and contrasting their meaning across interviews. At this stage, selective coding (Malterud 2001) was employed to focus the present paper on the theme of moral issues associated with the medical treatment of sexual dysfunction using PDE5 inhibitors. Other themes of relevance and salience, such as treatment barriers and recommendations, were addressed in

other studies (Gewirtz-Meydan, Levkovich, Mock, Gur et al. 2018; Levkovich et al. 2018). An audit trail was maintained in order to establish the trustworthiness of the analysis (Rodgers and Cowles 1993). Direct quotes from the interviews are presented using a thick description to allow the reader to judge the accuracy of the interpretations (Shenton 2004).

Findings

Three major themes concerning moral dilemmas associated with the treatment of PDE5i were identified. These themes can be characterized along three dimensions, starting from the micro level to the meso and then the macro levels. Dilemmas at the *micro level* involved the individual patient who seeks out consultation despite potential adverse effects. Unlike other medical conditions, for which patients may not seek out a specific treatment, in the case of sexual dysfunction, many patients come well informed about potential treatment options and specifically request a medical solution, while disregarding the negative implications associated with the use of these medications. Because patients have the option to choose other providers and sources of treatment, some physicians are placed in a quandary. *The meso level* received the most attention and instigated a challenge to many of the physicians interviewed in this study. This is because, unlike other medical treatments that impact only the patient, the use of PDE5i impacts the patient's potential partner/s as well. Physicians explicitly discussed their struggle to make a distinction between their perspective on sexual and intimate relationships, the power dynamics in the relationship and their patients' views. Moving from the role of a provider to a role of a moral authority was challenging for most, as they did not view it as their responsibility, yet were unable to let go of their moral judgement, when working with patients with sexual concerns. Finally, at the *macro level*, physicians acknowledged the role of the pharmaceutical industry in shaping societal attitudes towards sexuality. Important to note that this was one area, which received the least attention from physicians, who regarded the involvement of the pharmaceutical industry in the treatment of sexual issues as beneficial and reported no explicit moral dilemmas regarding the industry's involvement.

Moral Dilemmas at the Micro Level

Moral dilemmas at the micro level concerned the fact that unlike other conditions, for which patients are not necessarily informed about in advance and do not know what type of treatment to ask for, when it comes to sexual treatment, patients have their own expectations which have been formed through exposure to public advertisements. These expectations and preferences displayed by the patient may not be in accordance with physicians' recommendation.

Avi, a family physician with over 23 years of experience gives an example for this:

I had an old man walk in, and he asked me for Viagra or Cialis, I don't remember which one. To give him the right treatment, I started asking him what exactly the problem was. In this case, he sexually performs with other women, but when it comes to his wife, he has all the guilt feeling, so he does not perform. I explained to him I think this is performance anxiety, the problem is emotional . . . a pill won't help.

In fact, in some cases prescribing PDE5i may even harm patients. This issue was identified as a dilemma by some physicians as they sensed that patients were so eager to obtain medical treatment for their sexual concerns that they had pursued whatever possible route to obtain the treatment, even if the treatment had endangered them.

Ben, a psychiatrist with prior training in sex therapy, stated:

There is a problem here because when a patient feels that we are indecisive and do not give him what he wants, he goes to a physician who gives him what he wants. If someone comes and asks for a treatment that I think is redundant and wrong and potentially problematic, he will find someone else who will give it to him. Dilemma solved. Because, he doesn't come back. So . . . I don't know how things evolve because if I felt at the time that it was not good to treat him, I would never see him again.

This clearly illustrates the challenges associated with the fact that medications are often seen as a very attractive form of treatment by patients, who are ill informed, yet highly motivated to obtain treatment at any cost.

Another dilemma brought up by physicians was the fact that the financial cost of treatment was too high for many patients, and thus precluded their ability to obtain adequate treatment. Hence, the following quote made by Don, a urologist of 22 years of experience, explicitly points to the financial cost of the medication as a barrier to adequate treatment: "Professionally, there are no considerations, no dilemmas. There is the financial issue though. This can be seen as a moral issue. Not an issue that I should be dealing with." Ariana, a urologist with prior education in human sexuality discusses the expenses associated with these pills: "it is not a small expense. That is why I always start them (the patients) with a small dose or tell them to split the pill in two. I never realized how expensive it is . . ." These excerpts illustrate how the physicians carefully consider the potential impact PDE5i have on the patient. In doing so, they regard not only the patient's medical conditions but also other aspects of his life.

Moral Dilemmas at the Meso Level

The meso level was the most prominent level at which physicians identified their moral concerns. Physicians were quite aware of the fact that the treatment of ED does not pertain only to the patient but also to his partner/s, and many had expressed very strong concerns about this. In general, physicians were torn between accepting the patient's decisions and preferences and serving as his advocates versus

considering the possible effects the treatment has on others in the patient's environment. At times, this dilemma was not even framed as a dilemma; as in the case of pedophiles or child-molesters, for whom, physicians had a clear-cut response.

Alex, a 69-year old psychiatrist, with over four decades of experience has stated:

There are also those cases, who come to treatment and meet your definition, above the age of 65, but the problem has been there all along. And, sometimes, you see old pedophiles, who mess up even at a very old age. You see cases of mental retardation after the age of 65, but they see themselves as fitting sexually only to a young boy or a young girl, let's call it, their peer. And then, you have to decide what to do legally. Also socially, to an older person who looks so harmless, but is actually dangerous to the place where he lives in. Sexuality is not always a beautiful thing. There is sick sexuality as well.

This excerpt clearly demonstrates the ambivalence Alex feels. Obviously, he feels no ambivalence about not treating pedophiles with PDE5i. But he expresses a great challenge about confronting his very strong stereotypes about old people as nice and harmless with the reality, in which even old people can cause horrendous atrocities.

Other physicians discussed situations that they have found morally wrong and their wish to deny their patients' desires, under these circumstances, were quite clear, as in the case of child molestation or sex with prostitutes. Kim, a primary care physician with no prior training in sex therapy, stated,

When someone tells me he is going to have sex with prostitutes. I don't. For me, it is uncomfortable to help him. I know this is his life, but there are women there. or when I know that someone who is married is having sex with another person. It is, immoral, I don't know, this is my belief, I guess. It bothers me to cooperate with this.

This reflects a somewhat paternalistic approach, when the physician believes she can determine what is right and wrong. It also reflects the current legal perspective in Israel, which views the consumption of prostitution as illegal.

Jonathan, a family physician, describes prescribing PDE5i for the use in extra marital relationship as uncomfortable, but does not really view it as a moral dilemma:

I have a 65-year-old patient that always comes with his wife, and when she leaves the room he asks me for a Viagra prescription. He asks to keep it a secret. I don't know if it's for his wife. Maybe he doesn't want her to know, but I guess it's not for her. Anyway, I give him what he wants.

Whereas the legal system clearly dictates a response in the case of pedophiles or consumers of prostitution, infidelity is seen as immoral, yet is not punished by the legal system. This is why physicians are less likely to react according to their own moral judgement in these circumstances.

Noa, a primary care physician with no prior training in sexual therapy stated:

It is always complex, and it always concerns more than one person. I mean- every patient who comes asking for Viagra, it is complex. Because there is always the question of whether this is for use with one's partner and if not with the partner, does

it bother the partner or not. Will the partner be happy with an improvement in sexual functioning or not?"

Clearly, Noa views the partner and not only the patient in this process. However, she does not have access to the partner's wishes and desires, and thus may harm the partner while helping the patient.

Similarly, John, a gynecologist and certified sex therapist describes how a prescription of Viagra came between a couple, stressing the importance of counselling alongside medication prescription:

"I once had a woman come in complaining her husband got Viagra from the GP, and now he wanted much more (sex) and she didn't. And I had to invite them both and do some mediation work, helping them to communicate and negotiate their sexual needs.

The following quote by Michelle, a physician and a certified sex therapist, illustrates the challenges associated with treating sexual issues, when the problems are non-medical but rather relational or emotional:

"Sometimes men, people who do not respond to anything, diabetics, in stress, have all risk factors and you give them pills to improve their erection, and you give them hormones, and nothing helps. They do not function. And, many times, I try to sit with both partners and see what the problem is because sometimes it is a problem between a man and a woman, so many times, I ask that he (the patient) comes alone so that he can say, 'I am not attracted to my wife.' But then, what am I going to do with that? I can't do anything, but clearly I can't treat them."

Irwin, a urologist with no prior training in sex therapy, also stressed the fact that this type of sexual treatment impacts not only the patient but also his or her partner/s and thus, should be considered from a holistic perspective:

I have to tell you, most men, even the older ones come alone, they do not bring their partner, so I can't say what their partner wants. Sometimes, I do suggest that they ask because sometimes the partner does not want him to become active, does not want more.

This quote in contrast to the previous one illustrates how physicians may address the dilemma differently. Some try to solve the dilemma by examining only the patient's perspective, yet others specifically seek out the perspective of the patient's partner/s, realizing that sex is relational in nature.

Moral Dilemmas at the Macro Level

Several interviewees acknowledged the impact of the pharmaceutical industry on the treatment of ED. Unanimously, they viewed the involvement of the industry in a positive light, and argued that the pharmaceutical industry has contributed to open discussion and increased awareness among patients and providers alike. Physicians believed that the pharmaceutical industry had provided patients with much needed sexual education. None of them expressed any concerns about the involvement of the industry in the field. Hence, this can be defined as a non-ethical issue discussed

by physicians who pointed out only to the positive aspects associated with the industry's involvement.

Michelle, a physician and a certified sex therapist, stressed the beneficial role that the pharmaceutical industry had played in educating both physicians and patients about the importance of medication in treating sexual dysfunction:

First of all, I think there is a need for a lot of education, to educate physicians. Not to be afraid to ask questions and not to be afraid to get into this field. In the past, they tried to do that. There were Viagra schools. Pfizer tried to establish special schools, to educate family physicians to talk about sexuality. I can't say they were successful, but I have no doubt that they (physicians) are a lot more open today to distribute pills or to ask questions. Many times, it is a lot easier for them to refer over here (sex therapy clinic) because it is a matter of time. When a physician sits for six minutes with a patient, he will not bring up sexual issues. He has no time for that.

Alex, a psychiatrist with prior training in sex therapy, also points to the beneficial role played by the pharmaceutical industry. However, he stresses the fact that the industry is driven by money. Once a patent expires, the industry becomes less invested in the topic:

As you know, there are two scientific companies that deal with this. Both are very active. There was a time that there was money from the pharmaceutical companies when Viagra entered the market and there was a lot of profit, and it went down. Nowadays, there is less of a drive to increase awareness to sexual problems.

Matthew, a psychiatrist with prior training in sex therapy, also emphasized the role of the media, arguing for the beneficial effects of advertisements to the treatment of sexual dysfunction:

It is important to encourage the media and there is a need to promote advertisements. There was a period that the pharmaceutical industry advertised this thing (sexual treatment). I mean the 'direct to consumer advertisement.' Unfortunately, the ministry of health stopped that. Moreover, in the past, there was this service to people, to give samples. The HMOs used to give samples of Viagra, for instance. Now, there are no samples. Fewer patients receive samples, and as a result, many go to the black market. Take fake meds that don't work because they are fake. Had they taken the original, it would have worked, and as a result, they think there is no way out.

Discussion

This study presented moral dilemmas associated with the medical treatment of ED among older men. While this study is part of a larger study on sexual health in later life, the moral dilemmas regarding the prescription of PDE5i can be generalized to the younger population as well. To date, there has been a substantial amount of interest and excitement regarding the opportunities brought by the use of PDE5i (Frajese and Pozzi 2005). Research on the potential negative implications of these medications has been somewhat scarcer, and it has relied primarily on theoretical

arguments rather than on empirical research. As a response to this lack of empirical exploration, the present study relies on a diverse sample of 38 physicians who are in daily contact with patients who seek treatment for their sexual dysfunction. Using a bottom-up approach to the data, the presence of moral dilemmas was evident in interviews with physicians.

Moral dilemmas were conceptualized in this study along a continuum of the micro-, meso-, and macro levels. Micro-level dilemmas concentrated mainly on the individual patient and the potential impact that PDE5i may have on the patient. Meso-level dilemmas addressed the interpersonal relations of the patient with others in his or her environment. Finally, macro-level dilemmas concerned the policy or health care system and its approach to PDE5i. This division into three levels of moral dilemmas is not new and has been used in past research with regard to moral behavior in organizations (McDonald and Nijhof 1999) and in health care (Bærøe 2008). It is new, however, with regard to the particular topic of the present study, namely, PDE5i prescription. This division is important because it allows for a more holistic and integrated outlook on the phenomenon.

Micro-level dilemmas addressed the negative, unintended impact of the medication on the patient. A moral concern brought by physicians was the fact that many patients were quite informed about their treatment options and came to the physician with a clear list of demands. In fact, Pfizer directs men to talk to their doctor and advises them on how to get a prescription for Viagra (<https://www.viagra.com/getting/how-to-get-a-prescription> [PE: Please check whether this should be set as a footnote]). Viagra is also advertised as a medicine that does not treat a *problem*, but rather *enhances* the man's ability to endure and perform and become a *real man* for his partner (Applequist 2018). Based on this advertisement strategy, it is possible that many men come to their physician asking for what they dream about and not necessarily for what they need (Applequist 2018). In the current study, physicians did not always think PDE5i was the right option for their patient. Yet patients refused to give up on the idea of solving their problems pharmacologically and, thus, looked out for alternative providers to meet their wishes. This clearly shows how the reputation of PDE5i as a "magic pill" or a "wonder drug" (Gesser-Edelsburg and Hijazi 2018), and the wide advertising campaign to market this line of treatment potentially have some negative effects on consumers, who seek out medications with limited understanding of potential undesired effects. It also demonstrates how in a world of almost impossible opportunities (Campbell, Clark, Stecher, and Goldstein 2012), physicians may no longer serve as gatekeepers, as patients have the knowledge and resources to obtain desired treatments elsewhere and even receive an internet-based prescription (Jones 2001). However, even when prescribing PDE5i, physicians need to inform patients about other potential factors that may cause their ED (e.g. relationship problems or work stress) in order to give them the full context of their condition (Carpiano 2001).

The pursuance of patients after ED medications as described by physicians can also point to the existence of many social norms and constructions around aging and

sexuality, such as masculine ideals and the hegemony of penetrative sex (Vares and Braun 2006). By prescribing PDE5i, physicians may be viewed as supporting or even persuading patients to meet these norms. Therefore, it is important that physicians ask patients for their desires and expectations regarding their sexual lives, explain the expected changes and side-effects, and outline alternative treatments as well. In addition, if the medication fails to improve patient's ED, or the patient does not wish to take the medication, it is important to acknowledge that penetrative sex is not the only way sexuality can be expressed (Gewirtz-Meydan, Levkovich, Mock, Gur, and Ayalon 2018). Interestingly, this option, which respects variations in sexuality (Potts, Grace, Vares, and Gavey 2006), was not raised by any of the physicians interviewed in this study, who have likely all internalized the biomedical model of sexuality.

The most common and most frequently acknowledged dilemmas reported by physicians were classified along the meso level. Most physicians readily acknowledged that the prescription of PDE5i has implications not only to the patient's health and well-being but also to his or her partner/s. These implications raise the questions as to whether the partner should be involved or aware of the prescription of PDE5i. On the more normative end, physicians discussed long-term relationships, which have become a-sexual over time, but following the use of PDE5i, the relationship required the readjustment of both partners. Past research has shown that, indeed, the introduction of medication to treat sexual dysfunction has implications not only to the patient but also to his partner/s. Hence, physicians' concerns are quite appropriate, and they reflect a sensitivity to the delicate situation produced by the introduction of PDE5i. This also opens the door to the importance of incorporating psychotherapy rather than treating sexual issues as a purely medical solution (Rowland 2007).

Hardly addressed by past research, however, were physicians' concerns about infidelity (Avci 2018). Most physicians acknowledged the fact that infidelity was not "within their role to judge." Nonetheless, being an accomplice to a partner's betrayal was perceived as quite problematic by most physicians. When physicians treat both partners, they may feel uncomfortable by holding this "secret" and even feel as if they assist in betraying the partner. This dilemma was intensified when sexual intercourse with a prostitute was considered. This potentially reflect the general value system in Israeli society, which is quite familistic and conservative in nature (Drach-Zahavy and Somech 2017). It was no longer framed as a dilemma or a moral concern in the case of child molestation, as the answer, in that case, was clear to physicians. This distinction undoubtedly shows the important role played by physicians, who are responsible for providing medication to assist the "identified patient" to function sexually, yet, cannot avoid considering the potential impact their "help" has on the patient's partner/s.

The issue of treating pedophiles is supposedly a non-moral issue as clearly one should not treat pedophiles at the expense of the victims. However, during the interviews, physicians stressed the fact that those people who come over asking for

medical assistance often are old, sick, and weak. It is the physicians' inclination to offer them treatment and it takes the physicians some time to understand and accept the fact that one can be old and sick, yet may also be vicious and harmful to his environment. This potentially represents an ageist stigma of old people as benign and weak or doddering, but dear, as put by Cuddy and Fiske (2002). Countering the stigma and acknowledging the evil that can be done even by old people was portrayed as a challenge by some physicians.

In the past decade, Israel has been actively marketing its more liberal attitudes towards gay rights as a means to show the world its respect to human rights and as a way to attract tourists (Schulman 2011). This trend coincides with a global trend of greater acceptance towards homosexuality in the Western world, which is even reflected in the recent marketization of Viagra to the gay community (Vares and Braun 2006). Nevertheless, there are still strong conservative forces in Israeli society with regard to gay rights. These include the strong hold of the religious authority and the army in Israeli society (Weishut 2000). Both of these bodies are quite conservative and tend to emphasize hegemonic heteronormative masculinity. Furthermore, even according to the medical community, homosexuality became a non-psychiatric disorder only in 1987 (Drescher 2015). Hence, it is not surprising that some physicians found themselves struggling with regard to treating homosexual men. This ambivalence might reflect personal conservative values and preferences that are now being challenged with more liberal views concerning homosexuality.

Macro-level unacknowledged dilemmas addressed the involvement of the pharmaceutical industry in the marketing of PDE5i. In contrast to other medical conditions, the pharmaceutical industry has used a direct to consumer advertising approach, which has made both knowledge and actual use of the medication quite accessible to patients (Applequist 2018). All physicians who commented on this in the present study viewed the direct to consumer advertisement strategy as a great benefit and as a means to educate patients. None of the physicians had identified the aggressive advertisement campaign as problematic, and none viewed the involvement of the pharmaceutical industry in direct marketing as undesirable. This is a surprising finding, which attests to the fact that physicians have internalized the message of the pharmaceutical industry and do not question the value of PDE5i for their patients, nor the motives of the pharmaceutical industry. This potentially creates a moral challenge as physicians refrain from critically appraising the role of the industry in medicalizing a condition that also has strong psychosocial origins and manifestations. The absence of an explicit moral dilemma around this issue attests to the strong role of the industry in educating physicians and in socially constructing biopsychosocial conditions as medical (Caplan 2013).

In interpreting the findings, the present study has several limitations that should be acknowledged. First, there is no attempt to generalize the findings, but rather to bring an in-depth understanding of the moral dilemmas faced by physicians. The self-selected sample in this study likely has resulted in physicians who were more comfortable to talk about sexual issues. Second, the subjective nature of the analysis

should be acknowledged. It also is important to note that the division into micro-, meso-, and macro levels considerations is not clear-cut and many moral issues can be classified along all three levels. The choice in one level and not in the other was based on physicians' emphasis and reports. The use of a thick description is meant to allow the reader to judge the relevance of the interpretations. Third, we did not ask physicians specifically about their involvement with the pharmaceutical industry nor about their attitudes towards this industry. The relative unanimous support for the involvement of the pharmaceutical industry in educating patients and physicians about sexuality could reflect the limited attention given in the interview guide to this topic. However, it may also reflect a non-critical view of the physicians interviewed concerning the involvement of the pharmaceutical industry in their practice. The latter explanation may coincide with the fact that certain regulations of the pharmaceutical industry in Israel are quite recent (Nissanholtz-Gannot and Yankelovich 2017). Finally, this study does not bring the point of view of patients or that of the pharmaceutical industry. These views should be presented in future research in order to enrich the understanding of this phenomenon.

Nevertheless, this study provides valuable insights into a phenomenon that has received only limited attention thus far. Sexual dysfunction has a strong psychosocial component that should be acknowledged. Even when medications are prescribed to treat sexual dysfunction, the psychosocial effects of the medications on the individual and his or her surroundings must be acknowledged. Moreover, sexual treatment is provided in a social context that favors the medicalization of the condition. Framing physicians' challenges as moral dilemmas opens a new approach to the treatment of sexual dysfunction as it brings medical and psychosocial aspects of sexual treatment more closely together.

Declaration of Conflicting Interests

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