

Chaperones

MPS



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In all consultations with patients, it is always the doctor's responsibility to manage and maintain professional boundaries. Utilising chaperones effectively is a way of managing relationships with patients, where the ultimate responsibility for ensuring that relations remain on professional footing rests with you. As a general rule, it is good practice to offer a chaperone to all patients undergoing an intimate examination.

Why use chaperones?

It is very rare for a practitioner to receive an allegation of sexual assault if a chaperone is present. Having a chaperone present would also assist in acknowledging the patient's vulnerability and providing emotional comfort and reassurance. Furthermore, a chaperone could assist the patient undress, assist the practitioner during the examination and could also act as an interpreter during the consultation.

If a patient does want a chaperone present, you should ensure there is another healthcare professional, or an assistant who can act as a chaperone, readily available.

What is an intimate examination?

Obvious examples include examinations of the breasts, genitalia and the rectum, but it also extends to any examination where it is necessary to touch or be close to the patient; for example, conducting eye examinations in dimmed lighting, taking the blood pressure cuff, and palpating the apex beat.

Communicating effectively can help to avoid situations where the patient feels uncomfortable. Explain to the patient in advance about the examination you are about to perform, so they are aware of what the examination involves and why it is necessary. Giving patients privacy to undress and using curtains during the examination can also help to avoid complaints.

Many allegations of sexual assault against doctors arise from inadvertent touching where the doctor does not realise the patient feels uncomfortable. Doctors should be extra vigilant in situations where the patient could feel vulnerable, and be careful not to use language which could be deemed inappropriate.

How to develop a chaperone policy

Having a chaperone policy in place will help patients feel able to ask for a chaperone if they start to feel

uncomfortable during a consultation.

Here is a useful checklist for the management of a consultation:

- Establish there is a need for an intimate examination and discuss this with the patient.
- Explain why an examination is necessary and give the opportunity to ask questions; obtain and record the patient's consent.
- Offer a chaperone to all patients for intimate examinations (or examinations that may be construed as such). If the patient does not want a chaperone, record this in the notes.
- If the patient declines a chaperone and as a doctor you would prefer to have one, explain to the patient that you would prefer to have a chaperone present and, with the patient's agreement, arrange for a chaperone.
- If the patient continues to decline a chaperone it may be appropriate to reschedule the visit or offer to refer the patient to another colleague.
- Be aware of and respect cultural differences. Religious beliefs may also have a bearing on the patient's decision over whether to have a chaperone present.
- Give the patient privacy to undress and dress. Use drapes where possible to maintain dignity.
- Explain what you are doing at each stage of the examination.
- Discuss your findings with the patient when it is complete and explain what you propose to do next. Keep the discussion relevant and avoid personal comments.

- Record the identity of the chaperone in the patient's notes.
- Record any other relevant issues or concerns immediately after the consultation.
- In addition, keep the presence of the chaperone to the minimum necessary period. There is no need for them to be present for any subsequent discussion of the patient's condition or treatment.

Written information detailing the policy should be provided for patients wherever possible, perhaps in the form of a leaflet.

Key points to remember

- Inform your patients of the practice's chaperone policy.
- Record the use, offer and declining of a chaperone in the patient's notes.
- Ensure training for all chaperones.
- GPs do not have to undertake an examination if a chaperone is declined.
- Be sensitive to a patient's ethnic/religious and cultural background. The patient may have a cultural dislike to being touched by a man or undressing.
- Do not proceed with an examination if you feel the patient has not understood due to a language barrier.

Further reading

- HPCSA, *Seeking Patients' Informed Consent: The Ethical Considerations* (2008) – www.hpcsa.co.za
- Criminal Law (Sexual Offences & Related Matters) Amendment Act 32 of 2007 – www.info.gov.za
- Rogstad, K.E, *Chaperones: Protecting the patient or protecting the doctor?* – www.publish.csiro.au
- Dhai, A. To chaperone or not to chaperone? *South African Journal of Bioethics and Law* December 2010, Vol. 3 no. 2 – www.sajbl.org.za
- Dhai, A. Gardner, J. Guidozzi, Y. Professionalism in the intimate examination: How healthcare practitioners feel about having chaperones present during an intimate consultation and examination. *SAMJ* (vol. 103, no. 1 - January 2013)
- Dhai, A. Gardner, J. et al. Professionalism and the intimate examination - are chaperones the answer? *SAMJ* (vol. 101, no. 11 - November 2011)

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