Avant Risk IQ factsheet

Why use a chaperone?

The presence of a chaperone during a medical examination can benefit both you and the patient. It can be reassuring to a patient who feels fearful, vulnerable or embarrassed, and it can provide some protection for you against allegations of improper comments or conduct.

Some complaints about medical practitioners allege improper or inappropriate remarks, insensitive examination or improper touching. Regardless of your intentions, it is the patient’s perception of your behaviour that may trigger a complaint.

The Medical Board of Australia’s publication, Sexual Boundaries: Guidelines for doctors¹ recommends that medical practitioners should discuss the value of a chaperone or support person being present during an examination if this will make the patient more comfortable. This involves considering the patient before you and being sensitive to their concerns.

When to use a chaperone

While many patients do not want a third person present during their examination, there are exceptions as per the below:

▶ Women are more likely than men to desire the presence of a chaperone.
▶ Most patients regard the offer of a chaperone as a sign of respect.
▶ Failure to offer the option of a chaperone removes choice from the patient and can reinforce perceptions of paternalism in the doctor-patient relationship.
▶ Patients are less likely to desire a chaperone if they consult their usual doctor.
▶ Most female teenagers want a third party present during an intimate examination, with a family member preferred.
▶ Female patients prefer a female nurse to act as a chaperone whereas men of all ages find the presence of a female nurse unwelcome.

The practice of medicine depends on trust and confidence between doctor and patient. Once trust and confidence have been established many doctors consider the routine presence of a chaperone unnecessary. Even so, it is good practice to offer to have a chaperone present when conducting an intimate examination on any patient.

When you are seeing the patient for the first time or there has been insufficient time to build up that trust and confidence, the offer of a chaperone should be made.

Circumstances requiring particular caution

Avant recommends that an appropriate adult witness or chaperone should be present when examining children. In relation to young females (and young males) they should be encouraged to consent to a chaperone being present and if they decline, you should not proceed with the examination if you feel uncomfortable.

Particular care should be taken when:

▶ a woman attends for the first time with a problem requiring breast, anal or genital examination.
▶ conducting an intimate examination on any patient, regardless of how long they have been your patient
▶ a patient consults with you after hours and the practice is otherwise deserted
▶ conducting a medico-legal assessment (such as acting as an independent assessor for a WorkCover claim or similar) on a person who is not a patient of the practice
▶ the patient is intellectually, mentally or physically impaired
▶ a patient uses sexually explicit language, displays inappropriate feelings or exhibits sexualised behaviour
▶ the patient has a history of sexual assault
▶ the patient is from a non-English speaking background.

Communication and consent

Before you examine a patient you should explain the nature of the examination or investigations required and obtain the patient’s consent before proceeding. This will assist in making the patient more comfortable and minimise the risk of your actions being misinterpreted.

Once the explanation has been given and the patient understands what is involved, your offer of a chaperone may follow as a matter of course as part of the consent process:

e.g. Now, would you like to have the nurse present while I do this examination?

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e.g. Now, would you like to have the nurse present while I do this examination?
If the patient declines the offer this should be noted in the patient’s medical record. You should also make a note if a chaperone or support person is present and record their name.

Medico-legal assessments

Patients may complain about medico-legal assessments being conducted insensitively, roughly, or inaccurately. This is particularly so when the patient does not know you and can perceive you as ‘working for the other side’, or when the purpose of the consultation is not adequately explained to the patient beforehand. A report that is adverse to the patient’s interests may also prompt a complaint.

Before conducting a medico-legal assessment, you should take care to explain your role and the requirement of any examination. During the course of the examination, it is important to continue to communicate with the patient. If the patient withdraws their consent while the examination is in progress, you should then cease the examination and record the withdrawal of consent in the patient’s notes.

As with any other consultation, a chaperone should be offered.

Who can act as a chaperone?

Arranging a chaperone can be difficult. The gender of the chaperone may be relevant and Avant does not recommend the use of non-clinical staff such as receptionists. The RACGP Position Paper on the use of chaperones in general practice recommends that the chaperone be the same gender as the patient, unless the patient requests otherwise, and that the chaperone be trained. This recommendation mirrors the Medical Board of Australia’s sexual boundary guidelines, which state that if a doctor provides a chaperone, the chaperone must:

- be qualified, e.g. a registered or enrolled nurse or appropriately trained so that the chaperone understands the support role they are performing on behalf of the patient
- be of a gender approved by the patient or the patient’s support person such as a parent, carer, guardian or friend
- respect the privacy and dignity of the patient.

If a patient’s friend or relative acts as a chaperone, care should be taken to maintain the patient’s privacy and dignity as far as possible. If a friend or relative acts as a chaperone, ideally they should observe the examination.

What if a chaperone is not available?

If a patient requests a chaperone and a suitable person is not available, you may wish to offer to reschedule the appointment so that a chaperone can be arranged or refer the patient to another doctor if they would feel more comfortable with a doctor who is the same gender. If the consultation is deferred, you should counsel the patient about the effect the delay may have on their health.

Remember, you have every right to refuse to conduct a non-urgent intimate examination unless you are satisfied with the arrangements.

Take-home messages

- Chaperones are a useful way of avoiding spurious allegations of sexual misconduct.
- It is important to document all offers of a chaperone and the patient’s response and if a chaperone is present, record their name in the medical record.
- Consider the patient before you and be sensitive to their possible need for a support person or chaperone having regard to their age, gender and ethnic background.
- Before examining a patient, always explain what you intend to do in detail, and the reason for it.
- Avoid performing intimate examinations when alone at a practice or in a patient’s residence.
- Both the doctor and patient have the right to insist on a suitable third person being present for intimate examinations.

For more advice, call Avant’s Medico-legal Advisory Service on 1800 128 268.


References: