

# Intimate Examinations by Remote Consultation

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Across all specialities, consultations by phone or video are becoming an everyday reality thanks to the COVID pandemic. Whether welcome or not, the need for remote consultations looks set to continue in the medium term at least, so the challenge remains how to safely deliver care remotely and for the purpose of this article whether it is appropriate to carry out an intimate examination remotely.

There are a number of very helpful guides to best practice in Telemedicine, including Medisec's articles and factsheets as well as guides produced by the Medical Council and the State Claims Agency. There are of course limitations to, and risks associated with, remote consultations and not every consultation can or should be conducted remotely.

## Recommendations

If an intimate examination is clinically indicated in order to provide care or reach a diagnosis, we recommend:

1. Considering whether it would be in the patient's best interests to defer the examination until they can attend in person. If delaying the examination could potentially cause further harm or delay further investigation, you may decide a remote examination is appropriate.
2. Deciding on the most appropriate modality for the intimate examination. A video consultation may provide a better overview whereas a photograph typically provides better resolution. Remember receiving and storing images securely introduces other considerations from a privacy and GDPR perspective.
3. Discussing with the patient the limitations of conducting examinations remotely and explain that ultimately, a physical examination may still be required.
4. Obtaining the patient's informed consent to proceed.

5. Considering the patient's need for privacy and comfort with their environment and ensuring no interruptions at your end.

## Chaperone

While the relevant paragraph (35.3) of the Medical Council Ethical Guide refers to "physical and intimate" examinations, the same standards are relevant to consultations carried out remotely

"Where an intimate examination is necessary, you must explain to the patient why it is needed and what it will entail. You must ask the patient if they would like a chaperone to be present – for example, a nurse or family member - and note in the patient's record that a chaperone was offered. You should also record if a chaperone was present, had been refused, or was not available but the patient was happy to proceed."

Remember, what might be categorised as an Intimate examination may well depend upon the patient so be sensitive to what the patient perceives as intimate, paying particular attention to cultural and religious differences in perception.

Ideally, any chaperone should be a colleague at the doctor's end but a patient may be happy with a trusted companion at their end if this is not possible. If a chaperone is unavailable, weigh up the risks of proceeding with the remote consultation against any potential harm in delaying the examination, clearly documenting the reasons for your decision.

## Records

The patient's records should reflect how the consultation was carried out (phone / video), the reasons why, patient's consent to proceed, offer of chaperone, chaperone's name where used or the fact that the chaperone was declined.

*If you have any concerns or queries about remote consultations or intimate examinations, you should contact your indemnifier for specific advice and guidance.*



Talk to Niall Rooney today  
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Niall Rooney Solicitor, is the In House Consultant, lead in Medisec and available, to answer any questions