

CHAPERONES: SAFEGUARDING BOTH PATIENT AND DOCTOR

The attendance of a chaperone can often safeguard patient dignity, reduce a patient's anxiety and ensure a safe environment, writes Kevin Healy from Medisec

At the core of the therapeutic relationship between a doctor and a patient is the concept of mutual trust and confidence. To maintain that trust, it is essential that patients are confident that their doctor will behave appropriately towards them, particularly during what might be described as an intimate examination. One method that may increase the patient's trust in the clinical interaction, while at the same time providing protection to the doctor, is the attendance of a chaperone.

Each year, a small percentage of complaints made to the Medical Council relate to physical and intimate examinations. Of course, the fact that there are only a small number of such complaints year on year is welcome, however, that will provide little solace to any doctor in receipt of such a complaint which can have devastating consequences for both their professional and personal lives.

With that in mind, it is of the utmost importance that doctors are aware of their ethical obligations and act in accordance with best practice guidance for their own protection, as well as that of the patient.

What is a chaperone and when might one be required?

A chaperone is a person who acts as an independent witness to a clinical interaction with the aim of safeguarding both the patient and the medical practitioner. The attendance of a chaperone can often safeguard patient dignity, reduce a patient's anxiety and ensure a safe environment. The presence of a chaperone may also provide an important layer of protection to a clinician should they be faced with an allegation of misconduct or an inappropriate examination.

While a patient may request a chaperone for any consultation, examination or clinical interaction if they

feel it is required, the necessity for a chaperone will most often arise in cases of intimate examinations or where a patient is required to undress or partially undress for the purposes of the examination.



What is an intimate examination?

The Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024,¹ (which will be addressed in further detail below), defines intimate examinations as including examinations of breasts, genitalia and rectum.

The definition set out by the Guide is non-exhaustive and an assessment of what constitutes an intimate examination should be made on a case-by-case basis, taking a patient's known medical history and background into account. What might be categorised as an intimate examination may well depend on the patient and it is important to bear this in mind at all times. For example, a patient with a known history of experiencing domestic violence may have a sensitivity to a physical examination of a certain area of their body that a patient without a similar

history may not have. Similarly, a medical practitioner ought to be aware of cultural or religious values which may impact on the necessity for a chaperone.

Essentially, the question of what constitutes an intimate examination should not be a one size fits all approach.

Ethical obligations

The Guide sets out clear guidance for medical practitioners concerning the use of chaperones for physical and intimate examinations. The relevant sections of paragraph 24 of the Guide states:

24.2 *Before undertaking any physical examination, including an intimate examination, you should discuss this with the patient, explaining why it is needed, what will be involved and addressing any concerns that the patient may have, and obtain consent.*

24.3 *Intimate examinations include examinations of breasts, genitalia and rectum. Consent for intimate examinations must be documented in the patient's medical record.*

24.4 *You should respect patients' dignity by giving them privacy to undress and dress, and keeping them covered as much as possible. You should not help the patient to remove clothing unless they have asked you to do so, or you have checked with them that they want your help.*

24.5 *A chaperone can act as a safeguard for both the doctor and the patient during an intimate examination. You should ask the patient if they would like a chaperone to be present and record their wishes.*

24.6 *If a chaperone is not available, you should confirm if the patient wishes to proceed or make alternative arrangements, as long as the delay would not adversely affect the patient's health.*

24.7 *You must not carry out intimate examinations on anaesthetised patients unless the patient has given explicit (usually written) consent to this in advance.*



The Guide utilises different terminology to distinguish between absolute duties and best practice guidance. As can be seen above, the Guide sets out an absolute duty on a doctor to document a patient's consent to an intimate examination by using the term 'must'. There is also an absolute duty placed on a medical practitioner not to carry out an intimate examination on an anaesthetised patient without explicit prior consent.

The Medical Council Guide uses the term 'should' to describe best practice guidance. Previous iterations of the Guide imposed an absolute duty on a medical practitioner to offer a chaperone for intimate examinations. Notwithstanding the fact that such a duty is no longer mandated by the Guide, Medisec strongly recommends that GPs use every effort to act in accordance with best practice guidance in this regard.

Who may act as a chaperone?

The Guide does not set out any specific guidance as to who may act as a chaperone. It is advisable that family members or friends of either the patient or the doctor should not undertake the chaperoning role as they may not fully appreciate the nature of the physical examination performed and may not be completely impartial.

Ideally, the chaperone should be a medically trained professional who is familiar with the examination being undertaken so that they may, if required, confirm that the examination was conducted appropriately. Where

a chaperone is a medically trained professional, they may feel more comfortable raising any issues with respect to the appropriateness of the examination.

If non-medical staff members at the practice are to undertake the chaperone role, they should be fully trained, which includes training in maintaining patient confidentiality, familiarity of the procedure, where to stand and how to raise concerns about a doctor if misconduct occurs.

Best practice tips

When offering a chaperone to a patient, the purpose of the presence of the chaperone and the role they will carry out during the examination should be fully explained to the patient.

The chaperone should only attend the consultation for the purpose which they are required. If the attendance of a chaperone is required for a physical examination, they should leave the consultation room following the examination and should not remain for the rest of the consultation.

There may be occasions where a chaperone is not available and, in those circumstances, the medical practitioner should consider whether the examination is urgent and necessary. If there is no urgency to the matter and a chaperone is required, it is advisable that the appointment be rescheduled for a time when a chaperone is available.

As the presence of a chaperone is there to protect both the patient and the medical practitioner, it is reasonable

for a doctor to prefer the presence of a chaperone for their own protection and/or comfort, even where a patient declines a chaperone. In those circumstances, the doctor should explain their position to the patient. If the patient continues to decline, the doctor will need to determine whether they are happy to proceed with the examination or not. This is a personal decision that the doctor will need to make exercising their own clinical skills and judgement.

For all matters relating to intimate examinations and the requirement of a chaperone, a medical practitioner should keep carefully detailed notes to include the patient's consent to an intimate examination, the fact of the offer of a chaperone, the identity and job title of the chaperone, the basis for proceeding in the absence of a chaperone, whether due to unavailability or patient refusal, etc.

It is advisable that practices have a chaperone policy and consider highlighting this to patients via waiting room posters, leaflets, etc.

If GPs have any specific queries about the use of chaperones in their practice, they should contact their indemnifier for advice.

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Reference

1. Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024. www.medicalcouncil.ie