

# Chaperone in medical examination

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## Chaperone in medical examination

**By Dr Brighton Chireka**

It was recently reported that a male nurse from Chizvirizvi Health Centre in Chiredzi Zimbabwe was sentenced to 8 years in prison for fondling a pregnant patient's clitoris while pretending to be carrying out a medical checkup. The pregnant patient had gone to the health centre for medical check up and was attended to by the male nurse. There was no one present in the consultation room except the male nurse and the patient. The male nurse is accused of inserting cotton wool into the patient's privates , rolling it until it became wet. He is alleged to have went on to fondle the patient's clitoris instead of just taking blood samples from patient by pricking her finger and also asking the patient to provide urine in a container for testing.

This behaviour by the male nurse brings the medical profession into disrepute so appropriate action must be taken to send a strong message to all the bad apples among health professionals. The judge did take it seriously and the sentence shows that this behaviour is not tolerated in our society. I have been reflecting on this case and have decided to compile an article on chaperoning in intimate medical examinations.

### **What is a chaperone?**

A Chaperone is an impartial observer present whenever possible when a health professional is carrying out intimate examination of the patient. The role of a chaperone is predominantly to comfort and protect the patient but they also serve a secondary role to protect doctors from false

allegations. In the case of the male nurse who was imprisoned , a chaperone will have helped to protect the nurse from false allegations. It will also have protected the patient as the health professional will not have carried out unnecessary intimate examinations. It is advisable that health professionals should offer a patient the option of having a chaperone present during intimate examinations.

Trust is an integral part of the doctor–patient relationship. Nowhere else in society will a person allow a stranger to have access to his or her body. According to the General Medical Council ( GMC) intimate examinations are likely to include examinations of breasts, genitalia and rectum, but could also include any examination where it is necessary for the doctor to touch or even be close to the patient. Intimate examinations can be embarrassing or distressing for patients and whenever a doctor examines a patient they should be sensitive to what the patient may think of as intimate. With the increasing recognition of homosexuality, it could also be argued that a male doctor examining a male patient should be chaperoned, and likewise for a female doctor examining a female patient. In other words, a chaperone should be present regardless of the sex of the doctor.

### **To have a chaperone or not ?**

As patients we differ in our desire for a chaperone so feel free to discuss your preferences with your doctor. Most women want the offer of a chaperone and feel uncomfortable asking for one if not offered. In the case above one can assume that the patient was not comfortable being examined alone by a male nurse but could not stop the examination. I urge all women to be bold and ask for a chaperone if there are not comfortable being examined without one. Most teenagers want a chaperone during intimate examinations, and a family member may be the preferred choice. Many women prefer having a third party present when the examining doctor is male, fewer if the examining doctor is female. For women a female nurse is generally the preferred choice as chaperone. Men, however, particularly teenagers, find the presence of a female nurse as observer during genital examination unwelcome. Interestingly, studies have shown that a substantial proportion of patients in primary care do not mind if a chaperone is present or not, although this finding may reflect an older patient sample and familiar doctors. Failure to offer a chaperone deprives patients of support they may want, and non-availability is an unacceptable excuse. It is unacceptable for a teenage woman to be alone with an unfamiliar male physician for genital examination. Moreover, it shouldn't be assumed that a female nurse will be an acceptable chaperone for a man.

### **Chaperoning**

The hospital, surgery or clinic should have a policy on chaperoning and patients must be informed that they can ask for a chaperone. The health professionals must clearly explain beforehand what they will be doing during the intimate examination and at each stage of procedure and encourage questions. The following is unprofessional behaviour and is not tolerated; overexposure of the patient's body, inappropriate comments, gestures, or facial expressions; sexual humour and examining patient in an unusual position.

The identity of the chaperone must be documented clearly in notes and also if patient refuses to have one. It is advisable to use a chaperone of the same gender as the patient unless the patient objects to it. The chaperone must hear the explanation of the examination and the patient's consent. They must be positioned where they can see the patient and how the examination is being conducted. The examination must not continue if the chaperone leaves the room, unless the patient agrees

The health professional must not assist the patient with undressing. It is advisable that they either leave the room while patients are undressing, or draw a curtain around them to give them privacy. A patient should be provided with a sheet to keep them covered before the health professional starts and when they have completed the examination, and only expose the part of the body they are examining at any point. There is need to be alert to any signs of discomfort or distress shown by the patient. The health professional must stop immediately the examination if the patient asks them to stop.

The patient should be allowed to get dressed in private before a health professional can talk to them about the findings and management plan. Once the patient is dressed or the examination completed, the chaperone is politely asked to leave to allow one-to-one communication to take place between the patient and doctor.

I hope I have managed to add more knowledge to your understanding about chaperones and you will act wisely from now onwards. As usual feel free to leave me your comments or share your experiences with me as I would love to hear from you .

This article was compiled by **Dr. Brighton Chireka** who is a GP and a Patient Engagement Advocate (PEA) in Folkestone Kent, UK. He is also an NHS Certificated Change Agent (CCA). You can contact him at: **[info@docbeecee.co.uk](mailto:info@docbeecee.co.uk)**

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