

Primary care

Chaperones for intimate examinations: cross sectional survey of attitudes and practices of general practitioners

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Introduction

The conduct of intimate examinations in medical settings has been a subject of controversy for many years, because of potential difficulties and pitfalls for both doctors and patients. The royal colleges,¹ the General Medical Council, and the defence organisations now emphasise the importance of ensuring that these examinations are not done by unaccompanied doctors. Some studies have shown, however, that the attitudes and behaviour of medical professionals are often at odds with these recommendations^{2,3} and that patients may not always welcome the offer, let alone the presence, of a third person in the consultation.⁴ We describe the attitudes and practices of general practitioners regarding the involvement of chaperones during intimate examinations and identify barriers and concerns affecting their use.

Participants, methods, and results

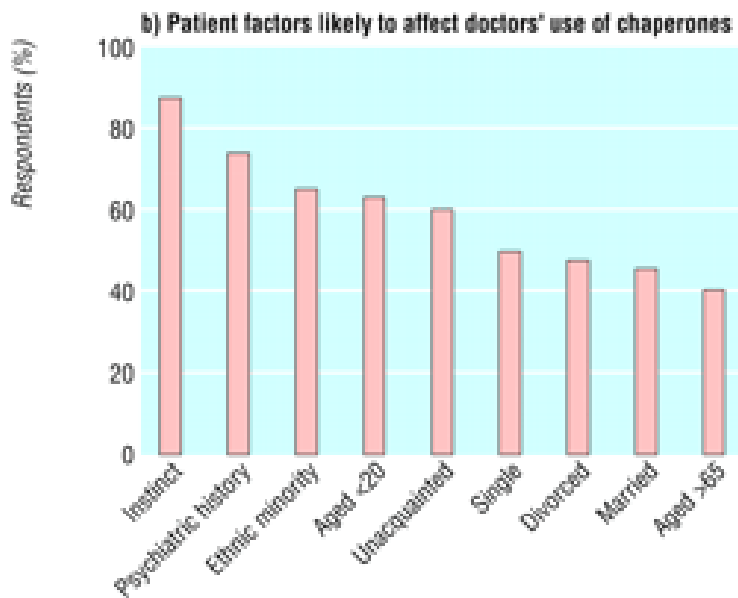
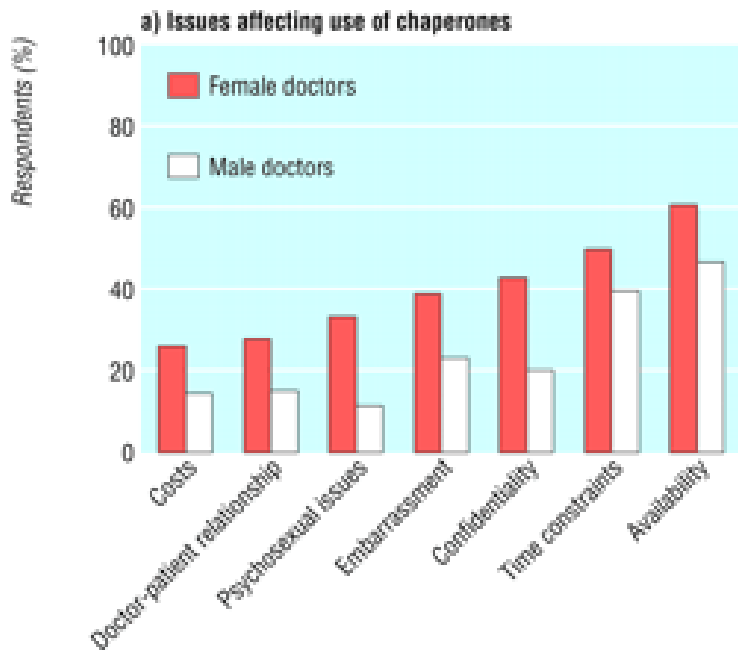
A self completion questionnaire, with 38 items, was developed from themes emerging from patient focus groups and was piloted and modified before being sent to 1813 doctors from 18 primary care trusts in England, selected to achieve geographical and demographic diversity. A single postal reminder was sent to non-responders.

We analysed 1246 (69%) of the questionnaires. The mean age of respondents was 45 (range 27-69); 754 (61%) were male and 972 (78%) were white. In all, 890 practices (71%) were urban, with 132 (11%) rural and 203 (16%) intermediate. There were more female general practitioners (GPs) in rural practices and more GPs from ethnic minorities in urban practices.

A total of 457 (37%) respondents had a policy on the use of chaperones. Altogether 517 (68%) male GPs and 24 (5%) women usually or always offered a chaperone; 410 (54%) men and 9 (2%) women usually or always used a chaperone; 60 males (8%) and 344 females (70%) never used one ($\chi^2 = 583.9$, 3 degrees of freedom, $P < 0.001$).

Use of chaperones was correlated with increasing age (Pearson's $r = 0.18$, $P < 0.01$), belonging to a non-white ethnic group ($\chi^2 = 68.9$, $P < 0.001$), and working in a smaller practice (Spearman's $r = 0.14$, $P < 0.01$).

Practice nurses were the most common chaperones with 969 (78%) GPs reporting that they were likely or very likely to be used. A family member or accompanying person (585; 47%), a non-clinical member of the practice staff (535; 43%), a student or GP registrar (275; 22%) or another doctor (119; 10%) were alternatives. Most respondents rarely or never recorded the offer (818; 66%) or the identity (884; 71%) of a chaperone. A number of factors influenced the use of chaperones (figure).



Comment

The use of chaperones by male doctors has substantially increased since the 1980s and '90s and a continuing low level of use by female doctors despite one third of practices having a policy. Record keeping about the offer and use of chaperones is poor, and significant barriers to the use of appropriate chaperones in general practice still undoubtedly exist. The recommendations of the royal colleges and other bodies are, therefore, difficult to implement fully. Their advice may be appropriate in most secondary care settings, but such recommendations may be difficult to translate into primary care practice. We suggest that more flexible guidance is needed for general practice, which must recognise the realities of current staffing and space arrangements, and take greater account of the wider context of the relationship between patients, their doctors, and the practice.⁵ Further research is needed into patients' views and wishes. We also need to gain more understanding of the circumstances in which problems might arise in this delicate area.

What is already known on this topic

Attitudes and behaviour of medical professionals are often at odds with the recommendations of the royal colleges and other bodies regarding the universal use of chaperones for intimate examinations

What this study adds

Use of chaperones by male doctors since the 1980s and '90s has substantially increased, but use by female doctors remains low

More flexible guidance is needed for general practice as well as further research into patients' views and wishes on the use of chaperones

This article was posted on *bmj.com* on 3 December 2004: <http://bmj.com/cgi/doi/10.1136/bmj.38315.646053.F7>

Contributors: RJ, JRo, and JRy had the original idea for the study. Data were collected by SH and SC. JB analysed the data and drafted a report. All authors wrote the paper. RJ is guarantor.

Funding: SH and SC were funded by the London Deanery GP Department as academic senior registrars in general practice.

Competing interests: None declared.

Ethical approval: South East Multicentre Research Ethics Committee.

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