

Use of chaperones in general practice

Chaperones protect both parties

EDITOR—The two papers on the use of chaperones in general practice are relevant to genitourinary medicine (GUM) clinics, where intimate examinations are routine.^{1,2} In response to recent guidance we published and repeated a survey on patients' preferences for chaperones (table).³⁻⁵

Results of chaperoning survey. Values are numbers of patients unless otherwise indicated

| Type of consultation | Patients seen by doctor | Chaperone not offered | Chaperone offered | Chaperone accepted (%) |
|------------------------|-------------------------|-----------------------|-------------------|------------------------|
| Female patient: | | | | |
| Female doctor | 93 | 10 [*] | 83 | 8 (9.6) |
| Male doctor | 56 | 8 [†] | 48 | 41 (85.4) |
| Male patient: | | | | |
| Female doctor | 44 | 2 [‡] | 42 | 1 (2.4) |
| Male doctor | 59 | 0 | 59 | 2 (3.4) |

^{*} No reason given (6), doctor forgot (1), language difficulties (1), mother present (1), sexual assault (1).

[†] Considered necessary because of male doctor.

[‡] Doctor forgot (1), examined by male doctor instead (1).

Doctors completed proformas before intimate examinations of patients, over consecutive sessions from June to December 2003. Patients declined chaperones because they trusted the doctor, thought it unnecessary, wanted privacy, were embarrassed, or were not bothered. Ninety two per cent of patients (232/252) were offered a chaperone; 22% (52) accepted, 12% (27) expressed no preference, and 66% (153) declined.

Significantly fewer male patients accepted chaperones than female patients (3.0%, 95% confidence interval 0.6% to 8.4%, and 37.4%, 29.1% to 45.7%, respectively). Significantly more female patients accepted chaperones from male doctors (85.4%) than from female doctors (9.6%; $P \leq 0.001$, χ^2 test).

Most patients declined chaperones, except when the doctor was male and the patient female. We continue offering chaperones to all patients requiring intimate examinations, which has not affected workload. However, Conway and Harvey found that nearly half of male general practitioners never and rarely used chaperones when intimately examining women. Some used

receptionists as chaperones, which is unsuitable in genitourinary medicine.¹ Rosenthal et al found that only 37% of general practitioners had a chaperoning policy, but lack of staffing and resources are unacceptable excuses.²

Doctors who continue performing intimate examinations unchaperoned risk allegations of misconduct.⁵ Chaperones are there for the protection of both parties. Perhaps further guidance will arise for other healthcare professionals, who until now may see patients unaccompanied.

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References

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2. Rosenthal J, Rymer J, Jones R, Haldane S, Cohen S, Bartholomew J. Chaperones for intimate examinations: cross sectional survey of attitudes and practices of general practitioners. *BMJ* 2005;330: 234-5. (29 January.)[\[Free Full Text\]](#)
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4. MSSVD report on chaperoning in genitourinary medicine clinics. *Sex Transm Infect* 2003;79: 422-3.[\[Free Full Text\]](#)
5. Cohen CE, McLean KA, Barton SE. Chaperoning in GUM clinics. *Sex Transm Infect* 2004;80: 250[\[Free Full Text\]](#)

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

Joe Rosenthal, Janice Rymer, Roger Jones, Sarah Haldane, Shoshana Cohen, and Jenny Bartholomew
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