

Abstract Title:

Intimate examination without a chaperone. (Fiction example)

Abstract Text:

Hypothesis / Aims of study

We wanted to assess doctors' and patients' attitude towards the use of a chaperone for intimate examinations. There are previous studies suggesting that male patients prefer not to have a chaperone while it is the opposite for females. Also there are studies suggesting that male doctors prefer to have a chaperone when examining female patients in contradistinction to female gynaecologists who feel quite comfortable carrying on the examination without a chaperone. The GMC in the UK has clear guidelines about offering a chaperone prior to any intimate examination.

Study design, materials and methods

We prepared a retrospective questionnaire to doctors and patients of a Urology and a Gynaecology clinic. The questionnaires were distributed in different clinics in order to obtain a variety of clinicians. We asked patients and doctors about their use of a chaperones in the consultation and how comfortable they were with their use. We collected data on the gender of patient and doctor, the presence of a companion during the consultation, and the age and ethnic origin of the respondents.

Results

We had responses from 68 patients and 34 doctors.

Patient's results:

From our patients 40 were males, 30 of them seen by a male and 10 of them seen by a female urologist. The specific results can be seen in table 1. From our 28 female patients 18 were seen by female and 10 by male urologists, the specific results can be seen in table 2.

Doctors results:

Our urologists were composed by 20 males and 14 females. Male and female urologists are much more comfortable examining patients of the same sex than examining patients for the opposite sex without chaperone. The specific results can be seen in table 3.

Table 1 – Male patients

Urologist	Patients						
	Males	Chaperone Offered - %		Chaperone Preferred - %		Chaperone Available - %	
		Yes	No	Yes	No	Yes	No
Female	10	70	30	70	30	50	50
Male	30	10	90	15	85	50	50

Table 2 – Female patients

Urologist	Patients						
	Female	Chaperone Offered - %		Chaperone Preferred - %		Chaperone Provided - %	
		Yes	No	Yes	No	Yes	No
Female	18	30 %	70 %	70 %	30 %	50 %	50 %
Male	10	10 %	90 %	100 %	0 %	50 %	50 %

Table 3 Doctors attitude towards examination depending on patient's gender.

Urologist Gender	Comfortable without a chaperone	
	Male Patient	Female Patient
Male Urol.	90 %	25 %
Female Urol	40 %	85 %

Interpretation of results

Male patients feel more comfortable when being examined by another male without a chaperone. Female patients largely prefer to have a chaperone irrespective of the gender of the physician. This proportion is increased when the examiner is a male. Our numbers were too small to analyse the variables of age and ethnic origin.

Concluding message

Even in the case of males being examined by males, a chaperone should be offered as in our sample 15% of men would have preferred it.

This study highlights several interesting ethical issues. Foremost, giving patients the choice of whether or not to have a chaperone respects their **autonomy**. The attitudes of the physicians are secondary. Learning the reasons that the physicians did not offer or like to use chaperones would shed light on their motivation. Those that do not offer chaperones for reasons of convenience or to control costs could be construed as not having patients' best interests at heart, if not actual **maleficence**, given the patient's vulnerability. Patient **privacy** is also a consideration. Having a chaperone in the room may be perceived by some patients as intrusive, while others may appreciate the protective aspects. Each patient should be permitted to exercise choice and to make their attitudes known.