

1.2.4 Use of Chaperones

Efforts to provide a comfortable and considerate atmosphere for the patient and the physician are part of respecting patients' dignity. These efforts may include providing appropriate gowns, private facilities for undressing, sensitive use of draping, and clearly explaining various components of the physical examination. They also include having chaperones available. Having chaperones present can also help prevent misunderstandings between patient and physician.

Physicians should:

- (a) Adopt a policy that patients are free to request a chaperone and ensure that the policy is communicated to patients.
- (b) Always honor a patient's request to have a chaperone.
- (c) Have an authorized member of the health care team serve as a chaperone. Physicians should establish clear expectations that chaperones will uphold professional standards of privacy and confidentiality.
- (d) In general, use a chaperone even when a patient's trusted companion is present.
- (e) Provide opportunity for private conversation with the patient without the chaperone present. Physicians should minimize inquiries or history taking of a sensitive nature during a chaperoned examination.

AMA Principles of Medical Ethics: I,IV

Background report(s):

CEJA Report 3-A-16 Modernized *Code of Medical Ethics*

CEJA Report 10-A-98 Use of chaperones in physical exams

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- (d) *In general, use a chaperone even when a patient's trusted companion is present. [new content addresses gap in current guidance]*
- (e) Provide opportunity for private conversation with the patient without the chaperone present. Physicians should minimize inquiries or history taking of a sensitive nature during a chaperoned examination.

CEJA Report 10 – A-98 Use of Chaperones during Physical Exams

INTRODUCTION

The presence of a chaperone during the physical examination of a patient offers several important benefits. First, it provides reassurance to patients of the professional character of the exam. The availability of this service also demonstrates an attention to the patients' well-being, a respect for their concerns, and an understanding of their vulnerability.

In addition to alleviating patients' apprehensions, the use of chaperones has been proposed for the less praiseworthy but more pragmatic goal of legal protection for the physician. In the event of any misunderstanding or false accusation on the part of the patient, the physician would have a witness to support his or her statement of innocence. In fact, many gynecologic and physical diagnostic texts have traditionally advocated the need for chaperones based on this reasoning.¹

Furthermore, there are advantages in convenience and time efficiency when physicians make use of the assistance of nurse-chaperones in such procedures as the gynecologic examination.

ARGUMENTS AGAINST CHAPERONE USE

Several reasons are given for not using chaperones. One arises from a concern that patient privacy and confidentiality may be compromised by the presence of a third party. This concern can be addressed by providing a separate opportunity for private conversation between the patient and the physician. The physician should also keep inquiries and history-taking to a minimum during the course of the chaperoned examination. Instead, the chaperoned time may well be spent on explaining the features of the exam and educating the patient—communication shown to be of significant value to patients.² There may, however, be findings revealed during physical examination that are not protected by these precautions. The physician must in any case establish clear rules for chaperones about respect for privacy and confidentiality.

Some physicians contend that the presence of a third party can hamper communication between the physician and patient. The presence of an observing stranger may only serve to heighten feelings of susceptibility and embarrassment on the part of the patient. A shy patient may feel even more inhibited about revealing personal and medically important information—regardless of the fact that an opportunity for private disclosure is ensured.

Another misgiving regarding the use of chaperones relates to the chill this practice may have on the patient-physician relationship. Some patients might perceive the chaperone's presence as an act of suspicion and mistrust by the physician—a perception that could be harmful to the rapport between the patient and physician.³ In a well-established patient-physician alliance grounded in trust, the use of chaperones may be seen by both parties as unnecessary and cumbersome, and may indeed be a moot issue.

Others have voiced practical reservations, arguing that chaperones can create more trouble than ease in the daily running of a clinic, as this provision requires extra staffing, funding, and coordination.

PRACTICAL CONSIDERATIONS

In light of the arguments outlined above, a standard policy that requires chaperones at every exam for every patient is likely to be impractical and inadvisable. A sweeping requirement would also fail to take

the patient's preferences into account and preclude an informative discussion between the patient and physician. An absolute rule also overlooks the variety of nuances that are part of the clinical encounter that might make the use of a chaperone more compelling in some instances than in others.

However a policy should be in place in every health care setting making it clear that chaperones are available. Patients should be informed of this policy, either by means of a conspicuous notice or preferably, through a conversation initiated by the intake nurse or the physician.

In evaluating the need for a chaperone, the physician might wish to weigh the following considerations:

The intimate nature of the exam

A sense of invasiveness towards different features of the physical exam can vary among individual patients. However, there is general consensus that an examination of reproductive organs (i.e. a pelvic, testicular, or breast exam) or an examination of the rectum heightens the importance of a chaperone.

The nature of the relationship

For a new visit or first-time examination, patients should be apprised of the availability of chaperones. Custom has dictated that chaperones are most commonly offered to patients of the opposite sex, and more frequently female patients of male physicians. One survey revealed that 30% of female versus only 7% of male patients preferred to have a chaperone present when the physician was of the opposite sex, while only 9% of female patients and 3% of male patients preferred to have a chaperone present for same-sex physicians.⁴ Whatever the social custom, it is important that patients from all demographic categories feel comfortable requesting a chaperone.

The type of chaperone

Whenever possible, authorized health professionals should serve as chaperones rather than office clerks or family members. Unless specifically requested by the patient, family members should not be used as chaperones. Health professionals are held to standards for safeguarding patient privacy and confidentiality. Furthermore their status affirms the formal nature of the examination.

Inappropriate alternatives to having a third party in the exam room have been described, such as leaving the examining room door ajar or keeping the intercom between the exam room and reception open.⁵ These are intrusive to the patient's privacy and generally unprofessional. These strategies should be avoided.

CONCLUSION

From the standpoint of ethics and prudence, the general protocol of having chaperones available on a consistent basis is advised. The decision to use a chaperone, however, should involve input from both the patient and physician. This safeguard must be seen in the larger goal of respecting the patient's dignity and of making a positive effort to secure a comfortable and considerate atmosphere for the patient—the dimensions of which include the provision of appropriate gowns, private facilities for undressing, sensitive use of draping, and clear explanations on various components of the physical examination.

RECOMMENDATIONS

The Council recommends that the following guidelines be adopted and that the remainder of this report be filed:

- 1) From the standpoint of ethics and prudence, the protocol of having chaperones available on a consistent basis for patient examinations is recommended. A policy that patients are free to make a request for a chaperone should be established in each health care setting. This policy should be communicated to patients, either by means of a prominent notice or preferably through a conversation initiated by the intake nurse or the physician.
- 2) The request by a patient to have a chaperone should be honored.
- 3) An authorized health professional should serve as a chaperone whenever possible.
- 4) In their practices, physicians should establish clear rules about respecting patient privacy and confidentiality to which all chaperones must adhere.
- 5) If a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should be arranged. The physician should keep inquiries and history-taking, especially those of a sensitive nature, to a minimum during the course of the chaperoned examination.

REFERENCES

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3. Clyman SG. Why do we chaperone the female pelvic exam? *Del Med Jrl.* 1982; 54: 105-108.
4. Penn MA. Patients' attitudes regarding chaperones during physical examinations. *J Fam Pract.* 1992; 35: 639-645.
5. Jones RH. The need for chaperones. *BMJ.* 1993; 307: 951-952.