Should a chaperone be present for this exam?

Introduction

Whether or not a chaperone should be present for a particular exam is a difficult question. When doctors and patients are asked if they prefer a chaperone in a given situation, there is no uniformity in their responses. A summary of existing studies on this topic found that some -- but not all -- female patients feel strongly about having a chaperone present for a pelvic exam. Additionally, physician practices vary: male primary care physicians appear to use chaperones routinely, while their female counterparts are less likely to do so. In light of the inconsistencies in preference and practice, physicians looking to establish their own policies have difficulty finding guidance.

Massachusetts does not explicitly require that a chaperone be present for intimate examinations such as pelvic, breast, or rectal exams. Nonetheless, office policies regarding the use and availability of chaperones can both improve patient relationships and protect against allegations of sexual misconduct or boundary violations. If an allegation of misconduct arises, the first question a physician is likely to be asked in the investigation is "What is your chaperone policy?"

What should an office policy include?

In the absence of a specific mandate, the best place to look for guidance on this topic is professional medical society standards. The Council on Ethical and Judicial Affairs of the American Medical Association (AMA) recommends establishing a policy that allows patients to request a chaperone. This policy should be communicated to patients via a well-displayed notice, or directly by the nurse or physician who sees the patient. The physician should honor any patient request, and whenever possible, a health professional should serve as the chaperone. The AMA recommends establishing clear expectations about respecting patient privacy and confidentiality to which chaperones must adhere. When providing a chaperone, there should also be a separate opportunity for private physician-patient conversation. The physician should keep inquiries and history-taking, especially those of a sensitive nature, to a minimum during the chaperoned portion of the patient encounter.

The American College of Obstetricians and Gynecologists (ACOG) Committee on Ethics recommends accommodating a request by either a patient or physician to have a chaperone present during a physical examination irrespective of the physician's sex. The ACOG also cautions that if a chaperone is present, the physician should provide the patient a separate opportunity for private conversation. And like the AMA, the ACOG notes that the physician must establish clear rules about respect for privacy and confidentiality when the chaperone is an employee of the practice (as opposed to a family member or friend of the patient). Some patients may consider the presence of family members an intrusion. Family members should therefore not be used as chaperones unless specifically requested by the patient.
The American Academy of Pediatrics (AAP) also published a statement on the use of chaperones during a physical exam. In its statement, the AAP indicates that “the pediatrician must be sensitive to the patient’s and parent’s feelings about an examination, particularly if the breasts, ano-rectal area, and/or genitalia require inspection or palpation. In some cases, either the patient, the parent, the pediatrician, or some combination of these persons may wish to have a chaperone present.” While the AAP instructs that “physician judgment and discretion must be paramount in evaluating the need for a chaperone,” it also notes that the highest priority should be given to the requests of the patient and the parent. Importantly, “if a patient is offered and declines the use of a chaperone, the pediatrician should document this fact in the chart.”

Read together, these guidelines suggest that any chaperone policy should contain the following components:

- Notifying patients that they may request a chaperone for any “intimate” exam, regardless of the gender of the patient or physician
- Honoring the patient’s request
- Documenting the patient’s desires (requesting or declining a chaperone) in the record
- A health care provider serving as the chaperone whenever possible
- Clear rules for chaperones regarding patient privacy and confidentiality
- A separate opportunity for private conversation between the patient and physician
- Use of family members as chaperones only upon the patient’s specific request

Should a chaperone be available for all physical exams?

A policy requiring a chaperone at every exam for every patient is impractical and may even be ill advised, due to the logistical burden it would impose. The decision to have a chaperone present will depend on the clinical setting, the preference of the patient, and the needs of the examiner. Circumstances in which a chaperone should be seriously considered include: when the patient has a history of sexual abuse, has extreme anxiety or a psychiatric disorder, is litigious, or is having a pelvic examination; when the patient’s behavior raises concerns in the physician; when terminating a patient; and when a patient has shown signs of drug-seeking behavior or appears intoxicated. As the AAP noted, physician discretion and judgment are paramount in making this decision. Nevertheless, “a policy should be in place in every health care setting making it clear that chaperones are available.” Such a policy should not be limited to pelvic exams or by the gender of the patient or physician.

Conclusion

Given the importance of protecting physicians from sexual misconduct and boundary violation claims, and given the ultimate goal of improving relationships with patients, each physician or practice should have a policy that makes it clear that chaperones are available and that incorporates the suggestions indicated above.

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