

## Chaperones in ENT out-patients; the patients' perspective

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### Abstract

Chaperones are used in order to avoid misunderstandings that can lead to false accusations. Consultations and examinations may be a minefield especially if the doctors are accused of sexual misconduct. The allegations may have irreparable effects on their reputation and may lead to removal from the medical register and to criminal charges being brought. We present the results of a questionnaire from 85 patients, exploring patient experience in ENT out-patients particularly with respect to examination of the ear under the microscope. This procedure necessitates close contact between the patient and doctor for several minutes and there may be inadvertent contact with intimate areas on the patient. Up to 30 per cent of patients expressed a preference for a chaperone during the ENT consultation. There was noticeably a greater proportion of men than women patients stating a preference for a chaperone during the consultation. Interestingly, there was a strong positive correlation between the presence of friends/relatives and the preference for a chaperone. Patients should be given the freedom to choose for or against the presence of a chaperone in clinic consultations. The most commonly predicted scenario requiring a chaperone is with the male doctor and female patient. This study shows that based on patient feedback, this scenario, although common is not the exclusive area in which chaperones should be used.

**Key words:** Ambulatory Care; Referral and Consultation; Otolaryngology; Great Britain

### Introduction

The General Medical Council (GMC) receives a significant number of complaints each year from patients concerned about the conduct of examinations done by doctors. These are usually, but not exclusively, as a result of intimate examinations. This is an area in which misunderstanding can easily arise. A chaperone may have many roles in these situations but primarily the protection of the doctor and/or the patient against misunderstanding is paramount. Intimate examinations should always be viewed from the patient's perspective and particular consideration should be given to religious and cultural differences.

Recommendations by the General Medical Council and Royal College of Nursing are aimed at respecting the patient's right to maintain their autonomy, and apply as much to same gender examinations as to opposite gender examinations.<sup>1,2</sup>

The offer of a chaperone can offend some patients who interpret it as a lack of trust in them by their doctor. The offer should be genuine and not the unwanted imposition of a spectator. Patients have the right to a professional examination without an uninvolved third party being present.

### Method

Nurse chaperones are not used routinely in the ENT out-patient department in our hospital. A questionnaire was given to all patients attending consecutive ENT clinics over a one month period (Appendix I). Questions asked included the sex of the patient and the sex of the doctor who carried out the consultation, if they had their ears examined under the microscope and if they would have liked a chaperone present during the consultation. Data was not collected on the religious beliefs or ethnicity of the patients. Statistical analysis was done using the chi-square test.

### Results

Eighty-five completed questionnaires were returned in the specified one month period. There were 43 female patients and 42 male patients. Twenty-seven patients saw a male doctor whilst the remaining 48 patients saw a female doctor. See Figures 1–5 and Tables I–IV.

Twenty-three per cent (9/39) of patients requested the presence of a chaperone during a routine consultation. Thirty-seven patients had an

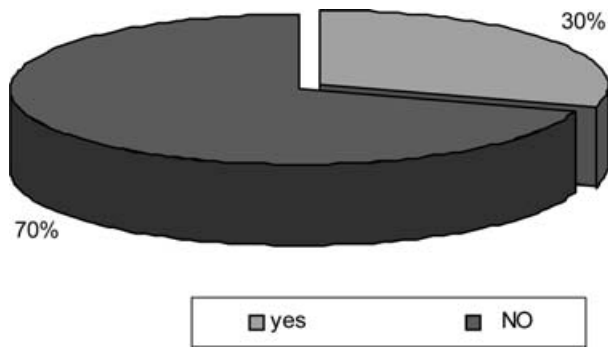


FIG. 1

Distribution of patients (who had ear microsuction) and their preference for a chaperone.

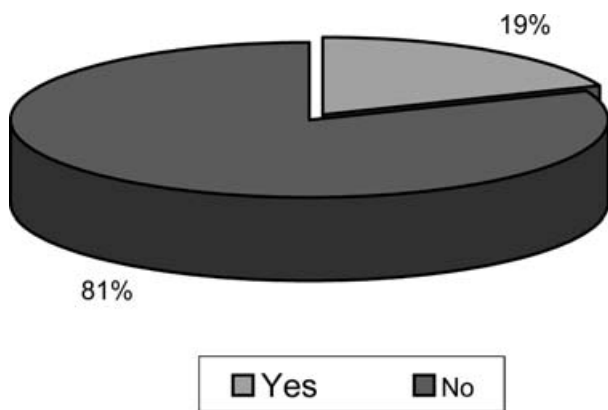


FIG. 2

Distribution of patients (without microsuction) and their preference for a chaperone.

ear microsuctioned/examined under the microscope, of these 30 per cent (11/37) patients expressed a preference for a chaperone. There was a noticeable difference between male and female patients in their request for a chaperone; 30 per cent compared to 16 per cent. There was no difference in the request for a chaperone when a male patient saw either a male or female doctor (38 per cent compared to 32 per cent). In comparison, 29 per cent of female patients preferred a chaperone when seeing a male doctor compared to 13 per cent when seeing a female doctor. There was a strong positive correlation between the presence of a friend/relative and the preference for a chaperone ( $p = 0.001$ ).

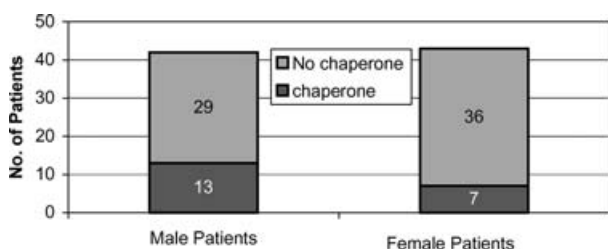


FIG. 3

Preference for a chaperone according to patients' gender.

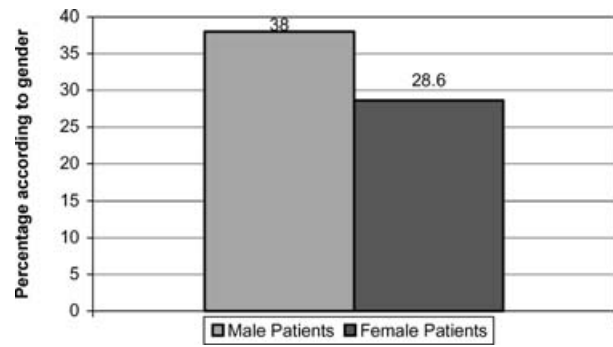


FIG. 4

Distribution of patients (seen by male doctors) that prefer a chaperone.

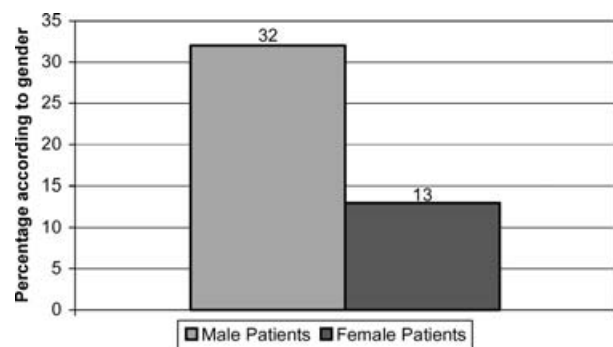


FIG. 5

Distribution of patients (seen by female doctors) that prefer a chaperone.

TABLE I

OVERALL CONSULTATIONS WITH A MALE DOCTOR ( $n = 27$ )

	Wanted a chaperone $n$ (%)
Female patients ( $n = 14$ )	4 (29)
Male patients ( $n = 13$ )	5 (38)

TABLE II

OVERALL CONSULTATIONS WITH A FEMALE DOCTOR ( $n = 48$ )

	Wanted a chaperone $n$ (%)
Female patients ( $n = 23$ )	3 (13)
Male patients ( $n = 25$ )	6 (32)

TABLE III

EAR MICROSUCTION/NO EAR MICROSUCTION WITH A MALE DOCTOR ( $n = 27$ )

	Wanted a chaperone $n$ (male : female)	Did not want a chaperone $n$ (male : female)
Ear microsuctioned ( $n = 12$ )	4 (2:2)	8 (4:4)
Not microsuctioned ( $n = 15$ )	5 (3:2)	

TABLE IV  
EAR MICROSUCTION/NO EAR MICROSUCTION WITH A FEMALE DOCTOR ( $n = 54$ )

	Wanted a chaperone $n$ (male : female)	Did not want a chaperone $n$ (male : female)
Ear microsuctioned ( $n = 24$ )	7 (6:1)	17 (6:11)
Not microsuctioned ( $n = 30$ )	4 (2:2)	

### Discussion

The role of chaperone includes protection for the doctor and/or patient against misunderstandings and false allegations of misconduct in addition to providing support to patients in vulnerable or uncomfortable situations. Information on the availability of chaperones and their use in hospital-based adult practice is sparse.<sup>3</sup>

This study shows that 30 per cent of patients would like the presence of a chaperone particularly during ear microsuction in comparison to 23 per cent who requested a chaperone during routine ENT consultation. The results highlight the point that some patients may feel more vulnerable when lying on a couch in close proximity to a doctor, especially a doctor of the opposite gender. An alternative explanation could be that patients prefer the presence of a third party for support, whilst undergoing what they may consider an unpleasant procedure.

- Chaperones are used in order to avoid misunderstandings that can lead to false accusations
- This paper presents the results of a questionnaire from 85 patients, exploring patient experience in ENT out-patients particularly with respect to examination of the ear under the microscope
- Up to 30 per cent of patients expressed a preference for a chaperone during the ENT consultation. There was a noticeably greater proportion of men than women patients stating a preference for a chaperone during the consultation

The unexpected results of a greater proportion of male patients preferring the presence of a chaperone compared to female patients may reflect the awareness of male patients of the need for a third party presence in order to avoid misunderstandings during consultations. Male patients showed no difference in requesting a chaperone with male

and female doctors. With female patients, there was a 16 per cent increase in the request for chaperones when a male doctor was seen compared to a female doctor.

### Conclusion

In the current climate of reduced NHS resources and funding, there are few nursing staff available in out-patients to provide adequate chaperoning for all doctors. The most commonly predicted scenario requiring a chaperone is with the male doctor and female patient. This study shows that based on patient feedback, this scenario, although common, is not the exclusive area in which chaperones should be used.

### References

- 1 General Medical Council. *Intimate examinations*. In: *Duties of a Doctor 2002*. London: GMC, 2002
- 2 Royal College of Nursing. *Chaperoning: the role of the nurse and the rights of patients. Guidance for nursing staff*. London: RCN, July 2002
- 3 Caroline JT, Robert D, Miles CA. Use of chaperones in clinics for genitourinary medicine: survey of consultants. *BMJ* 1999;**319**:159–60

### Appendix 1. The Questionnaire

The Ear, Nose and Throat Department at St George's Hospital is continuously taking steps to improve service delivery.

Please kindly fill up this questionnaire and hand it back to the receptionists after the clinic.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| Have you had your ears microsuctioned/<br>cleaned under the microscope/examined<br>under the microscope? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was the doctor male/female?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you male/female?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Did you have friends/relatives with you<br>during the consultation in the clinic?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you prefer to have a chaperone present<br>during the consultation?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you for filling up this questionnaire.

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Ms N Eze takes responsibility for the integrity of the content of the paper.

Competing interests: None declared