Commentary

Examining Genitalia—Chaperone or Go it Alone?

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Whenever a male physician examines a female patient's breast or genitalia, it has long been standard practice to always require that a chaperone be present. On the other hand, there has been no widely-accepted expectation, when a woman physician examines the genitalia of her patient, whether male or female, that a chaperone should likewise be present. However, the winds may now be changing. The #METOO movement is encouraging women to speak out against various forms of inappropriate behavior which, in the past, they might have tolerated in silence. Thus, this time-honored double-standard may soon be leaving us urologists, as well as our staff, at risk of accusations of sexual misconduct, with serious professional and medical legal consequences.

There is increasing justification for making the option of a chaperone available for *all* patients undergoing a genital examination. It is time, both within our individual practices and as a specialty, to take a close look at our current practice standards. Updating local policies and developing a specialty-wide consensus on the use of chaperones should improve the quality of care from the perspectives of urologists and of our patients, as well.

EXAMINING GENITALIA—CHAPERONE OR GO IT ALONE?

Whenever a male physician examines a female patient's breast or genitalia, it is standard practice to require always that a chaperone be present. On the other hand, there has been no widely-accepted expectation, when a woman physician examines the genitalia of a male patient, that a chaperone should likewise be present. Male medical technicians would not prep the genitalia of a female patient. Yet female medical technicians routinely prep the genitalia of male patients without requirement for a chaperone. This time-honored double-standard may soon be leaving us urologists, as well as our staff, at risk of accusations of sexual misconduct, with serious medical legal consequences.

The #METOO movement is now encouraging women to speak out against various forms of inappropriate behavior which, in the past, they might have tolerated in silence.

Recently, objectionable behavior on the part of a USA gymnastics doctor, involving his inappropriate examination of over 100 female patients, has led to long-term imprisonment for him and bankruptcy for his organization.[1]

In light of these events, it would behoove us to give strong consideration to offering our patients the presence of a chaperone routinely, whenever we are performing any genital examination.

What went on in the examining room has stayed in the examining room. Until now, the extent and degree of sexual misbehavior on the part of physicians within their examining room has been largely well-kept from the public. Investigative reporters at the Atlanta Journal-Constitution found, 2 years ago, that nationwide more than 2400 doctors had been sanctioned for sexually abusing their patients. Yet, in more than half the cases, the State medical boards allowed those doctors to keep their licenses.[2]

A follow-up Atlanta Journal-Constitution report in April 2018, "Still Forgiven," found no change in the interim. Between 2016 and 2017, 450 new cases have been brought before the courts with charges of sexual misconduct and sex crimes, and, in nearly half of these more recent cases, the doctors still remain in medical practice. Even doctors who had been criminally convicted were allowed back into practice.[3]

Heretofore, state medical boards may have tended to be supportive of accused physicians and lenient in the face of accusations against them. Up until now, victims may have been reluctant to complain. The winds may now be changing.

Already on the books: Administrative authorities already give strong support to providing availability of chaperones during the performance of all "intimate examinations" (of the breast, genitalia, or rectum).

Best Practice Guidelines in Britain have long recommended offering the option of a chaperone. In an article titled, "Someone to watch over me," the British Medical Defence Union outlines the justification for implementing more comprehensive chaperone availability.[4]

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The New Jersey State Board of Medical Examiners, among others, strongly recommends that we provide written notification to our patients of their option to request the presence of a chaperone.[5]

The American Medical Association Code of Medical Ethics also recommends that all patients be offered an option to request the presence of a chaperone.[6]

Everyone would be safer. Concern that words or actions could be construed as inappropriate or abusive should no longer be confined to the interface between male physicians and their female patients.

Women urologists, when performing an "intimate examination," on their male—or even their female patient, might reconsider whether their gender protects them from accusations of inappropriate behavior. Likewise, although the risk may be even less for male physicians examining their male patients, there is no guarantee, even here, of immunity.

Even though a recent survey found that only a small percentage of patients, when offered a chaperone, felt that one was necessary,[7] offering this option would provide, by itself, a layer of protection.

The presence of a chaperone may not only protect the patient from inappropriate contact on the part of physician, but also could discourage inappropriate comments or conduct on the part of the patient.

Thus, there seems to be major justification for making the option of a chaperone available to *all* patients undergoing a genital examination.

When the occasion arises... Rarely discussed in medical school, residency or beyond, is what action a urologist should take, during an examination of the genitalia, when the patient already has or proceeds to develop an erection. Ignore it and proceed? Ask the patient if he feels comfortable with your continuing the examination? Discontinue the examination and wait for things to settle down? How would the presence of a chaperone affect this situation?

The buck has always stopped us here. One can easily recognize the advantages of making the option of a chaperone available during every performance of an "intimate" examination. However, the show-stopper thus far, in most cases, has been the prohibitively high cost. In terms of finance, personnel, and logistics, offering this option has been dismissed by many as unrealistic. In the current atmosphere, however, could avoiding costly litigation and irreparable damage—both to individual careers and to the facility's reputation—justify this expense?

A timely review in the Family Practice literature recently concluded, "Decisions about chaperoning will continue to be made on a case-by-case basis. Nevertheless, it is imperative that we start talking about chaperones in our practices. Speak with your patients about their preferences regarding medical chaperones, and have frank conversations with your colleagues about current policies and procedures."[8]

Updating local policies and developing a specialty-wide consensus regarding the use of chaperones should improve the quality of care from the perspectives of urologists and of our patients, as well.

Warning: The #METOO movement may be coming to examining room near you soon. Performing a genital examination on your patient, whether male or female, without benefit of a chaperone, may no longer be risk-free, if it ever was. It is time, both within our individual practices and as a specialty, to take a close look at our current practice standards. Let's not get caught—not even figuratively speaking—with our pants down!

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