Chaperoning Medical Students During the Physical Examination of Patients

Dear Editor,

The Singapore Medical Council recommends that a female chaperone be present when male doctors examine female patients to protect patients' rights to dignity and privacy, and doctors from accusations of molestation. In some instances, female doctors examining patients without chaperones may also be subjected to harassment by male patients. The chaperoning of medical students during a patient's examination and extent of harassment of female medical students by male patients has not been examined locally before. We determined the proportion of male medical students who have examined female patients without a chaperone and female medical students who have been harassed by male patients before.

An anonymous survey was conducted on 4th and 5th (final) year medical students in October 2007. Male students were asked 2 questions on the examination of female patients with a female chaperone and 3 questions of availability of female chaperones at clinical teaching settings. Female students were asked if they have ever been harassed by male patients and if they felt they needed a chaperone when examining male patients. Chi-square test was used to compare proportions within gender and ethnicity. Ethics approval for the study was obtained.

The response rates for 4th and 5th years were 73.0% (176/241) and 82.1% (192/234), respectively. Males accounted for 55% of the study population. The survey results are detailed in Table 1. Although nearly 90% of male students agreed that the examination of a female patient required a female chaperone, 2 out of 5 of them have examined a female patient without a female chaperone. About a third of male medical students reported that availability of female chaperones was a problem in hospital and primary care outpatient clinics. Nearly an eighth of female medical students have been harassed by male patients and a quarter of them felt they need a chaperone when examining male patients. Male students in their 5th year were more likely to have examined a female patient without a chaperone than those in the 4th year (49.5% vs. 32.3%; OR, 2.06; 95% CI, 1.15-3.68; $P = 0.015$).

Considering that male medical students were likely to under-report examining a female patient without a chaperone, the proportion of positive responses to this question was notably high. The UK General Medical Council recommends chaperoning not only for intimate examinations (e.g. breast, genital and rectal examinations), but also during any examination where it is necessary to touch or even be close to the patient.[1] In St Helier Hospital in London, hospital guidelines insist that chaperones be present when male doctors examine women, and if the patient refuses, the examination must be deferred until a female practitioner is available to do it.[2] In the US, at least 1 out of every 200 physicians is accused of sexual misconduct with patients once during their career. The majority of such cases involved male physicians and female patients, and nearly all occurred without a chaperone

Table 1. Responses to Survey Questions by Gender

Questions	N (%) Who Said Yes
Male Students (n = 203)	
Do you agree that examination of a female patient requires a female chaperone?	176 (86.7%)
Have you ever examined a female patient without a female chaperone?	82 (40.4%)
Is availability of female chaperones a problem in specialist outpatient clinics?	60 (29.6%)
Is availability of female chaperones a problem in public general practice clinics?	58 (28.6%)
Is availability of female chaperones a problem in private general practice clinics?	84 (41.4%)
Female Students (n = 164)	
Have you ever been harassed by a male patient during clerking before?	18 (11.0%)
Do you feel you need a chaperone when examining male patients?	39 (23.8%)

* One student did not specify own gender.

present.[3] Although the degree of intimacy was not specified in our questions, routine respiratory, cardiovascular and abdominal examinations require adequate exposure of the chest and supra-pubic region. In females where breasts and supra-pubic hair may be exposed, even such less intimate examinations often warrant chaperones, especially in our conservative Asian context and increasingly litigious country. There were 2 high profile court cases of male healthcare workers accused of molestation in 2008 and one of them who examined a female patient without a chaperone was convicted.[4,5] Some doctors perform chest auscultations by placing the stethoscope headpiece over (or worse, under) an upper garment to avoid the need for chaperones. This is poor examination technique because of reduced sound conduction through cloth and failure to inspect the chest, and it is socio-culturally inappropriate for a male doctor to insert his fingers under a woman's blouse for auscultation. Teaching institutions also need to improve availability of chaperones in outpatient settings for patients and students, including female medical students who may feel uncomfortable examining male patients alone. A 1994 US study found that 71% of female and 29% of male medical students reported at least one past experience with inappropriate patient-initiated sexual behaviour, defined as any kind of sexual remark or behaviour directed toward students by patients.[6] The degree and severity of harassment experienced by female medical staff are confounded by socio-cultural norms, differing definitions and variable perceptions of situations. Nevertheless, although our survey was not specific to sexual harassment and did not examine harassment of male students, harassment of female students appears to be much less prevalent than in the US. Since student harassment by patients can damage physician-patient trust and put students in an unnecessarily vulnerable position, strategies such as faculty and student education and establishing a system for notification and response may be needed to help effectively manage such challenging patient behaviour.[7] Further qualitative study is also needed to better understand the nature and context of harassment experienced by local female medical students to assess the extent of the problem and generate solutions.

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