

Chaperones for Physical Exams

Guidelines from the Maine Board of Licensure in Medicine

The Board receives complaints alleging inappropriate behavior by clinicians during physical exams on a regular basis. The use of a chaperone can help avoid these complaints by providing reassurance to patients about the professional/medical character of the exam, and helping to support the clinician should a patient perceive part of the exam as unnecessarily intimate or inappropriate.

Clinicians should have a policy notifying patients of the right to have a chaperone present during any exam, but most certainly for any exam of the breast, genitalia or rectum. This is especially prudent if the patient is of the opposite sex of the clinician, however patients of all demographic categories should feel comfortable requesting a chaperone. The offer of a chaperone should be posted.

Clinicians should respect patient dignity and comfort by providing privacy to undress, providing dressing gowns or drapes, and explaining the components of the exam both before and during the exam.

An authorized health professional should serve as a chaperone whenever possible, rather than office clerks or family members. Health professionals are held to standards for safeguarding patient privacy, confidentiality and safety. The patient should approve of the gender of the chaperone. Clinicians should be careful not to reveal confidential patient information in the presence of the chaperone. The name and gender of the chaperone should be recorded in the patient's medical record.

If a suitable chaperone is not available, the clinician should offer to postpone the examination until one is available, if this does not impact the patient's healthcare. A clinician should ensure the patient does not feel pressured into proceeding with the exam if a chaperone is not available.

If the clinician would like a chaperone to be present as a general policy or because of particular concerns about a patient, but the patient does not consent to having a chaperone present, the clinician does not have to perform the examination and should consider deferring the exam to another clinician.

EFFECTIVE DATE: September 13, 2016