
This helpful paper looks directly at women's feelings about pelvic examination and their attitude towards chaperones being present during examination. It also reports on doctors' concerning opinions in this area.

This study was designed in response to guidelines from UK professional bodies on attitude towards chaperones being present during intimate examinations. The Royal College of Obstetricians and Gynaecologists (RCOG) recommends the routine presence of a chaperone regardless of the doctor's gender. The Faculty of Family Planning and Reproductive Health Care (FFPRHC) has responded with guidance more appropriate to the community setting, where many doctors are female and many patients probably do not want a chaperone during intimate examination. They recommend all patients should be aware that they can request a chaperone if they wish.

In this study, 1000 women attending family planning clinics (FPCs) were asked to complete patient questionnaires; the response rate was 69%. Half of the respondents were aged between 21 and 40 years, with only 8% aged under 21 years and the remainder being over 40 years. Provider questionnaires were given to 98 doctors attending a family planning update seminar in Edinburgh; this response rate was 90%. Only 11% of providers were male. Just over half the providers worked in general practice, 19% in family planning, and the remainder were hospital specialists, mostly in genitourinary medicine or gynaecology.

Most women were less concerned about pelvic examination than doctors predicted; 17% of women aged 21 and 21% of over 25-year-olds said they did not mind and would not expect to find the procedure unpleasant. Two-thirds of women said pelvic examination was somewhat unpleasant but tolerable. Only 23% of under 25-year-olds and 12% of over 25-year-olds felt anxious or distressed at the prospect and might even refuse examination. Most doctors predicted all women would find pelvic examination unpleasant but tolerable.

For preferences for gender of the doctor, 20% of women would accept a male and only 5% would accept a female. 65% would prefer a female. 24% had no preference and 1% would prefer a male doctor. If the examining doctor was female, 11% of women would prefer a male doctor, 34% would rather not have a chaperone and 55% would have no preference. When the examining doctor was male, 62% of women would want a chaperone, 9% would prefer no chaperone and 29% did not mind. Amongst providers, only 10% preferred the presence of a chaperone, most of these being males, who routinely used chaperones.

These results should be interpreted in light of the population studied; many women attend FPCs specifically to see a female doctor. Nevertheless these are important data to support the FFPRHC's guidelines to offer but never impose a chaperone during intimate examination by female doctors in the community setting. Most women would accept a chaperone when a male doctor examines them, but not when a female doctor examines them. This has important resource implications for FPCs where universal use of chaperones would be costly and time-consuming.

References
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