
Patient Examination Guidelines 2012

1. Preamble

1.1 In many circumstances, a patient who presents to their doctor with a particular ailment, injury, or other medical concern will need to undergo a physical examination in order to assist the doctor in making a diagnosis.

1.2 Physical examinations may require the doctor to touch the patient. Some examinations may require the patient to disrobe (in part or in full) while some may result in a level of physical discomfort for the patient. As such, the patient may feel vulnerable, anxious, embarrassed, or physically uncomfortable depending on the nature of the examination. Additionally, consideration should be given for potential cultural sensitivities.

1.3 In order to reduce a patient's stress and discomfort during a physical examination, a doctor must obtain patient consent to conduct the examination. This requires the patient to be informed of, and understand and appreciate, the purpose and need for the examination and how it will be undertaken. Obtaining patient consent demonstrates respect for the patient, helps to alleviate the patient's stress and anxiety, and reduces any confusion or misunderstanding over the purpose or nature of the examination.

1.4 These guidelines serve to assist doctors when conducting physical examinations.

2. Consent and communication

2.1 Whilst the doctor may understand the purpose and nature of conducting a particular physical examination, the patient may not; therefore, it is essential that the patient consent prior to the examination (there may be an exception in emergency circumstances). In order to consent, the patient must understand and appreciate:

- why the examination is necessary;
- what parts of the body are to be examined. If disrobing is required, this should be explained to the patient;
- what the examination entails. This may include any discomfort or sensations the patient may feel; and
- if anyone else will be present in the room when the examination is being undertaken (eg., a chaperone).

2.2 Patients should be given the opportunity to ask questions before, during (where possible), and after the examination.

2.3 The doctor should record the patient's consent and include anyone else in attendance during the examination such as family members, friends, chaperones, other members of the clinical team, and medical students.

2.4 Whilst the examination is being undertaken, it is important for the doctor to continue to communicate with the patient. The position of the doctor during the examination should be explained (this is particularly so when the doctor is standing behind the patient). If the steps of the examination differ to what was outlined during the consent discussion, explain to the patient why this is so.

2.5 A doctor should not conduct an examination if the patient does not consent. In these circumstances, the doctor should reiterate the importance of the examination with the patient. If practical, and with the patient's consent, the doctor may offer the patient a chaperone or support

person. If the patient continues to refuse to consent to the examination, the doctor should defer the examination or refer the patient to another doctor. The patient's refusal to undertake the examination should be included in the medical record along with any relevant discussion between doctor and patient. The doctor should record the recommended course of action – eg., defer the examination to another time, include a chaperone, refer the patient to another doctor.

2.6 If an examination is in progress and the patient withdraws consent, the doctor should cease the examination immediately. The doctor may wish to defer the examination or refer the patient to another doctor. The patient's withdrawal of consent should be recorded in the medical record along with any relevant discussion between doctor and patient. The doctor should record the recommended course of action.

2.7 The doctor should be alert to a patient experiencing undue distress during an examination.

2.8 The doctor should obtain explicit consent from the patient for the following situations:

- if photos or videos will be undertaken;
- if anyone else, including medical students, is to be present during an examination or consultation;
- if medical students or junior doctors will examine the patient for the purposes of education and training.

3. Examination of patients who lack decision-making capacity

3.1 Patients who lack decision-making capacity (such as children) require a surrogate decision-maker to consent to the examination. A familiar individual such as a family member or carer should generally accompany an individual during the examination.

4. Physical examination

4.1 The doctor should examine the patient in privacy, preserving the patient's modesty before and after the physical examination. The doctor should consider the following:

- providing a screen behind which the patient can dress and undress;
- excusing oneself from the consulting room whilst the patient is dressing and undressing;
- turning away while the patient is dressing and undressing;
- ensuring the door is locked when the patient is dressing and undressing;
- providing suitable cover such as a sheet or gown during the examination;
- avoiding exposing more of the patient's body than necessary;
- ensuring the patient remains undressed no longer than is needed for the examination;
- having a chaperone or support person present during the examination (see below).

4.2 The doctor should not assist a patient to dress or undress unless the patient is having difficulty and requests assistance.

4.3 The doctor should avoid making inappropriate verbal or non-verbal expressions during the examination.

4.4 The doctor should ensure the examination is not interrupted by phone calls or other unnecessary interference.

4.5 Following an examination or investigation, the findings should be communicated to the patient.

4.6 Intimate examinations such as examination of the genitals, breasts, or internal examinations can cause particular distress. Gloves should always be worn when conducting an intimate or internal examination.

4.7 Doctors should be aware that patients have their own views regarding what constitutes an intimate examination.

5. Chaperones

5.1 A chaperone should be an impartial observer to the examination.

5.2 A chaperone is different to a support person (which is often a relative or friend). Relatives and friends may not be appropriate to serve as chaperones as the patient's confidentiality may be breached due to the nature of the examination or the patient may be embarrassed to undertake the examination in front of their relative or friend. The most appropriate chaperone may be another member of the clinical team; however, in some cases, there may be no other option but to use a relative or friend as a chaperone although this should be a last resort.

5.3 There are certain situations where the patient, as well as the doctor, may benefit from the presence of a chaperone during an examination. For example,

- where the patient requests a chaperone;
- during an intimate examination;
- where a patient appears particularly reluctant or distressed to be examined;
- where the doctor is uncomfortable in examining the patient without a chaperone.

5.4 The patient must consent to having a chaperone and must agree to the individual who will serve as the chaperone.

5.5 If a chaperone is not available, or if the patient is not comfortable with the choice of chaperone, the doctor should offer to postpone the examination until an appropriate chaperone is available, if this does not impact on the patient's health care. A doctor should ensure the patient does not feel compromised or pressured into proceeding with an examination if a chaperone is not available.

5.6 Where a chaperone is provided, the chaperone must:

- be qualified e.g. a registered or enrolled nurse or appropriately trained, that is, the chaperone understands the support role they are performing on behalf of the patient;
- be of a gender approved by the patient or the patient's support person such as a parent, carer, guardian or friend;
- respect the privacy and dignity of the patient.

5.7 The doctor should be careful not to reveal confidential patient information in front of the chaperone.

5.8 The doctor should record the chaperone's name and qualifications in the patient's medical record.

5.9 If the doctor has concerns about a particular patient and would like to have a chaperone present, but the patient does not consent, the doctor does not have to perform the examination. The doctor may wish to defer the examination or refer the patient to another doctor.

References

The Royal Australian College of General Practitioners. Position Paper. The Use of Chaperones in General Practice. July 2007.

Medical Board of Australia. Sexual Boundaries: Guidelines for Doctors. 28 October 2011.