Patients' attitudes to chaperones

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SUMMARY. In a survey of 200 female patients attending a five-man practice in a health centre, 75 per cent of the respondents stated that they would like to be offered a chaperone at pelvic examinations. Only six per cent would accept the offer if the examination was performed by their own doctor and 17 per cent if a different doctor examined them. Patients expressing a definite wish for a chaperone were significantly younger and were less likely to have had a previous pelvic examination. Those who definitely did not want one had usually had a pelvic examination before and had been registered with their doctor for significantly longer. These findings may have implications for the conduct of pelvic examination in young women by trainee and locum general practitioners.

Introduction

A PREVIOUS report examined male general practitioners' views on chaperones and the extent of their use.[1] There were wide variations in attitudes and practices. In particular, 58 per cent of the doctors surveyed never asked their patients if they would like a chaperone to be provided, feeling that the suggestion introduced a 'sexual' element into the consultation, yet 36 per cent of them believed that having a chaperone in the room was of benefit to the patient. Many of the general practitioners considered that the presence of a third party interfered with the consultation and the doctor–patient relationship.

The present study was carried out in an attempt to clarify some of these uncertainties. While a doctor's personality and perception of his professional relationships will always influence his behaviour, so too should some appreciation of the expectations and beliefs of the patients.

Method

A questionnaire was given by receptionists to 200 successive female patients aged between 16 and 65 years attending a group practice in a health centre. The five male partners, aged between 35 and 55 years, have personal lists and patients consulting all five doctors during normal surgery hours were included. The practice is in a market town with a stable population of about 40 000. Chaperones are not used routinely by any of the partners, although nursing and ancillary staff are always available if needed.

The questionnaires were completed on the premises and posted into a large cardboard box; anonymity was emphasized.

The respondents indicated their age, marital status, husband's occupation and length of time registered with the doctor. They were asked if they were bothered about having another doctor in the surgery and if they found a different doctor easier to talk to. They were asked whether they had ever had a vaginal examination and whether they would prefer another female to be present at this with their own doctor or with another doctor. Finally, the women indicated whether they thought the doctor ought to ask them if they would like a chaperone to be present during a vaginal examination. Student's t test and the chi-square test with Yate's correction were used to test significance.

Results

One hundred and ninety of the 200 questionnaires (95 per cent) were completed and returned. All the questions were answered; errors were rare, except that few respondents provided adequate information about occupation and there was often uncertainty about the period of registration with the doctor.

The mean age of patients was 38.7 years; 17 (nine per cent) were single, 148 (78 per cent) were married, 19 (10 per cent) divorced or separated and six (three per cent) widowed. One hundred and nine (57 per cent) of them were employed outside the home. They had been registered with their doctor for an average of 11.5 years (range 1–56 years).

Only 25 patients (13 per cent) were 'bothered' by the presence of another doctor or a student in the surgery but 29 (15 per cent) sometimes found it easier to talk to a different doctor.

One hundred and sixty-seven of the respondents (88 per cent) had previously had a vaginal examination.

Table 1. Portion of the questionnaire with percentage responses shown (number of women = 190).

Question 7
If your own doctor needs to do an internal (vaginal) examination, for a smear test for example, would you prefer there to be another female there?

Yes *6* Don't mind *61* No *33*

Question 8
If this examination has to be done by a different doctor from your own, would you prefer there to be another female there?

Yes *17* Don't mind *57* No *26*

Question 9
Do you think that your doctor should ask you if you would like to have someone there before doing these examinations?

Yes *75* No *25*

The answers to questions 7, 8 and 9 are shown in Table 1; only 12 patients (six per cent) said they would like another female present when they had an examination but this rose to 32 (17 per cent) when the doctor was not their own. Despite this, 142 women (75 per cent of the total) thought their doctor should offer a chaperone. If another female is to be present at the vaginal examination, 83 per cent of these said this should be a nurse rather than a receptionist (13 per cent).

Comments about these examinations were made by 58 respondents (30 per cent). Half were favourable; 11 (19 per cent) of those who commented wanted more time, more explanation or more privacy, although two of the women wished it could be done more quickly and two wanted the general practitioner to keep talking and distract them. Several patients expressed a desire for a well women clinic and for a female general practitioner.

Are the women with clear preferences about chaperones a distinct group? The 63 women who definitely did not want someone else present were of the same age as the mean, 49 of them (77 per cent) were married and all but one had had a vaginal examination before. They had been registered for significantly longer than average (14.7 years compared with 10.1 years, $P < 0.01$).

The groups who definitely wanted a chaperone had more specific characteristics. The 12 women answering 'Yes' to question seven (six per cent of total) were younger than average (mean age 30.8 years, $P < 0.001$ years) and had been registered for a

Table 2. Preference for chaperone according to age and length of registration with the doctor.

	Number	Percentage	Mean age (years)	Mean time registered (years)
Patients who did not want a chaperone	63	*33*	37.9	14.7**
Patients who wanted a chaperone when examined by their own doctor	12	*6*	30.8***	9.2
Patients who wanted a chaperone when examined by a different doctor	32	*17*	35.5*	11.6
All patients	190	*100*	38.7	11.5

* $P<0.02$; ** $P<0.01$; *** $P<0.001$

shorter time (9.2 years compared with 11.3 years, $P>0.05$). Five out of 12 of this group (42 per cent) had had a vaginal examination before, compared with 99 out of 115 (86 per cent) of those who either did not mind or did not want a chaperone ($P<0.01$). They all answered questions 8 and 9 in the affirmative.

The 32 women answering 'Yes' to question 8, that is, the women who wished to have a chaperone when examined by a different doctor from their own included all but one of the women in the previous group. They were younger than average (mean age 35.5 years, $P<0.02$) and had been registered for a mean of 11.6 years. Of this group 23 women (72 per cent) had had a previous vaginal examination, significantly fewer than those who did not mind or did not want one ($P<0.001$). The women in both these groups all wished to be offered a chaperone by their doctor (Tables 2 and 3).

Discussion

This study shows that most women would like to be offered a chaperone at pelvic examinations, although the majority would decline the offer. This is at odds with the views and practices of many general practitioners; over half of a sample of 171 general practitioners in southern England never asked their patients if they would like someone else present, with some doctors suggesting that doing so introduced mistrust or an unwanted 'sexual' element into the consultation.[1] One-quarter of all the general practitioners in that survey also declared that they never used a chaperone; the reasons for this included constraints of time or space, the nearby presence of practice staff, the belief that patients did not want a chaperone and a conviction that the presence of a third party interfered with the consultation, confidentiality and the doctor–patient relationship.

Few female patients have a definite preference for a chaperone — between six and 17 per cent in this survey and less than 10 per cent in an American survey of college students and staff.[2] Nevertheless, there is clearly a mismatch between the expectations of female patients and doctors' perceptions of their needs. Rigid policies for always using or never using a chaperone seem equally inappropriate; a flexible approach is needed, although some guidelines would be helpful.

It seems that patients who would accept the offer of a chaperone are younger and much less likely to have had a previous vaginal examination and, although the numbers are small, nearly three times as many women want a chaperone when a pelvic examination is performed by a different doctor as do when they are examined by their own general practitioner. This study was carried out in a practice with a personal list system: the findings might be different in a practice without personal lists in which identification of an 'own' doctor may be more difficult. Some patients may prefer to have a cervical smear performed not by the doctor at all, but by a midwife,[3] although this study was performed in a three-man practice which does not have personal lists. In their study of patients and doctors, Cartwright and Anderson found that 21 per cent of women would sometimes prefer to see a female general practitioner, and that 75 per cent have no preference for the sex of their doctor.[4]

The patients in the present study who did not want a chaperone and would refuse the offer of one had almost all had a previous vaginal examination and had been registered with their doctor for longer. Although women with whom we are most familiar seem less likely to want a chaperone, it is perhaps with this group that our intention and behaviour could be misconstrued.

Although these results have identified a group of patients to whom the offer of a chaperone is appropriate, further research is required to determine whether it is the same group who, unchaperoned and frightened, might misinterpret the procedure and make unwarranted accusations of impropriety. It would, however, be prudent for trainees, locums and other 'strange' doctors to be aware of the probable need to offer a chaperone to young, medically naive women.

The constructive and critical suggestions made by the women are, interestingly, similar to those made in Weiss and Meadow's survey from Arizona,[2] namely provision of more time and explanation, encouraging relaxation and talking during the procedure to focus the patient's attention on the discussion rather than her fears. It is important that general practitioners do not lose sight of the fact that procedures which, for doctors, have become routine and unremarkable can still be frightening, embarrassing and unpleasant for patients.

Finally, this study was carried out in a single practice where chaperones are not used routinely. It would be worth repeating in other practices, including some, if they exist, where chaperones are used routinely.

References

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Acknowledgements

I am grateful to Dr Michael Campbell, Department of Community Medicine, University of Southampton, for statistical advice.

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Table 3. Preference for chaperone according to previous vaginal examination (numbers of women).

		Preference for chaperone with own doctor			Preference for chaperone with different doctor		
		Yes	Don't mind	No	Yes	Don't mind	No
Previous vaginal examination	Yes	5	99	62	23	107	49
	No	7	16	1	9	1	1
	Total	12	115	63	32	108	50
		$P<0.01$		NS	$P<0.001$		NS