

## **Fitness to Practise Determination**

The following case was heard by a Fitness to Practise Panel. It is presented here to give an example of one possible outcome of breaching a principle in *Good Medical Practice*. It is not intended to give a clear threshold between acceptable and unacceptable behaviour. Each case which comes before a Fitness to Practise Panel is judged on its own merits and assessed on the particular circumstances of the case.

### **Summary**

The doctor carried out inappropriate intimate examinations on a female patient and did not make a note of the examinations in the patient's medical record.

### **Relevant paragraphs of *Good Medical Practice***

The case relates to the *Probity* section of GMP, specifically paragraph 57 on being honest and trustworthy. It also relates to the *Relationships with patients* section, specifically paragraphs 21b and 21d on the doctor-patient partnership, and paragraph 32 on maintaining trust in the profession. Finally it relates to paragraph 3f and 3g of the *Good clinical care* section on record-keeping.

### **Determination on impaired fitness to practise**

At the material time you were a General Practitioner and partner at the XXXX Surgery, XXXX, (The Surgery). Patient A was a registered patient at that Surgery. On [date removed] you saw Patient A, who attended the surgery to consult you about dizziness and an ear infection. At that consultation, Patient A told you that following the removal of her contraceptive coil she had been experiencing heavy bleeding. You provided her with forms to undergo blood tests at XXXX General Hospital. You asked her if you could undertake an internal examination but she declined the offer as she had her period at the time. The Panel has found that your request to undertake an internal examination on that occasion was inappropriate and not clinically justified.

On XXXX, Patient A consulted you again in order to get the results of the blood test. You discussed her ear infection and dizziness and the results of her blood test. You asked her about her periods, if she was sexually active and if she had a partner.

The Panel has heard that at that consultation you also commented on Patient A's attractiveness. This comment was inappropriate, improper, and liable to bring the profession into disrepute.

You also asked her if you could carry out an internal examination. The Panel has found this request was not clinically justified. Patient A reluctantly agreed to an internal examination. You did not explain why it was necessary to conduct an internal examination nor what the clinical benefit would be. You neither offered her the presence of a chaperone, friend or relative, nor did you afford her appropriate privacy during the examination which followed. Your actions and omissions were inappropriate, improper and not in the best interests of the patient.

Once Patient A was undressed, you asked her about her naval piercing, began to fiddle with the piercing with your fingers and bent down and examined it through your cupped hands. The Panel has found this behaviour to have been inappropriate, an abuse of your position of trust, not in the best interests of the patient and indecent.

The Panel has found that you then purported to conduct an internal examination by inserting your fingers into Patient A's vagina and sliding your fingers in and out on a number of occasions. This was neither a proper internal examination, nor was it clinically justified. Further, it was inappropriate, indecent and not in the best interests of the patient. It was an abuse of your position of trust and liable to bring the profession into disrepute.

Following the internal examination, you asked Patient A about her breasts. She informed you that she had had breast surgery about four months previously. At your request, she exposed her breasts and then you cupped your hand around her right breast and tweaked her right nipple. Your actions were not clinically justified, not a proper breast examination, inappropriate, indecent, not in the best interests of the patient, an abuse of your position of trust and liable to bring the profession into disrepute.

Following the examination, you told Patient A that you would telephone her on the following Monday to make sure she was all right. You commented on a previous experience which you had had with an elderly patient asking for internal examinations. Your remarks were inappropriate. Further, you did not record in her medical notes that you had purported to conduct internal and breast examinations. Your failure to make a record of your examinations was inappropriate.

The GMC publication "Good Medical Practice" (2001) states clearly that "patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

- Treat every patient politely and considerately
- Respect patients' dignity and privacy
- Be honest and trustworthy
- Avoid abusing your position as a doctor."

It further states that

"Successful relationships between doctors and patients depend on trust"

Additionally:

“In providing care you must keep clear, accurate, legible and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to patients and any drugs or other treatment prescribed”.

You failed to adhere to these requirements.

Your actions and conduct in relation to this patient, constitute fundamental breaches of the principles and standards expected of a registered doctor and represent a gross abuse of the doctor/patient relationship. Accordingly, the Panel has found that your fitness to practise is impaired because of your misconduct.