Intimate Examinations

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The GMC regularly receives complaints from patients who feel that doctors have behaved inappropriately during an intimate examination. Intimate examinations, that is examinations of the breasts, genitalia or rectum, can be stressful and embarrassing for patients. When conducting intimate examinations you should:

- Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.

- Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any potential pain or discomfort (paragraph 13 of our booklet Seeking patients’ consent gives further guidance on presenting information to patients).

- Obtain the patient’s permission before the examination and be prepared to discontinue the examination if the patient asks you to. You should record that permission has been obtained.

- Keep discussion relevant and avoid unnecessary personal comments.

- Offer a chaperon or invite the patient (in advance if possible) to have a relative or friend present. If the patient does not want a chaperon, you should record that the offer was made and declined. If a chaperon is present, you should record that fact and make a note of the chaperon’s identity. If for justifiable practical reasons you cannot offer a chaperon, you should explain that to the patient and, if possible, offer to delay the examination to a later date. You should record the discussion and its outcome.

- Give the patient privacy to undress and dress and use drapes to maintain the patient’s dignity. Do not assist the patient in removing clothing unless you have clarified with them that your assistance is required.
Anaesthetised patients

You must obtain consent prior to anaesthetisation, usually in writing, for the intimate examination of anaesthetised patients. If you are supervising students you should ensure that valid consent has been obtained before they carry out any intimate examination under anaesthesia.