person (that is, additional to the patient and to the student carrying out the examination) who is of the same sex as the patient and is either a medical student or a health professional. The guidelines also state:

A relative of the patient is not a chaperone for the purposes of these recommendations ... Patients will sometimes want a friend or relative (companion) present during history taking and examination. In such circumstances the patient's wishes should be respected ... One purpose for the presence of a chaperone is for the protection of the student against false allegations of unprofessional behaviour and it is not appropriate for the patient's companion to fulfil this role.

The advice to medical students about who should be present when they examine child patients involved striking a balance between the protection of students from false allegations and ensuring that the chaperone requirements are not so burdensome that they interfere either with the student's education or the provision of health care.

Medical students should not examine any child patient less than 16 years old (or if the patient is incompetent, less than 18 years old) without at least one other person being present. In most situations a medical student can examine a child patient if at least one of the child's parents or a qualified health professional is present ... In the case of a female child patient aged 10 years or over, a male medical student is strongly advised to carry out an examination only if a qualified health professional or female medical student is present, as chaperone, even if a parent is present. Female medical students may sometimes prefer to have a chaperone present, in addition to a parent, when examining male teenagers.

The subcommittee had to make judgments, in the absence of good data, about risks to students and balance these against imposing too burdensome a requirement and, of course, respecting patients' wishes. Subcommittee members and external advisors raised two issues.

Firstly, the choice of "10 years or over" in the guideline is somewhat arbitrary. It was thought that requiring a chaperone (in addition to a parent) when examining young children was overly protective of medical students, would not reflect the practice that would be expected once medical students qualify, and could interfere with the relationship between the medical student and parent, where a sense of trust on both sides is desirable. On the other hand, as female patients approach puberty a male student should have the protection of a chaperone even when the parent is present.

Secondly, the guidelines allow female medical students to act as chaperones for male medical students. Some advisers thought this was not appropriate, but the subcommittee thought that acting as chaperones was not too much of a burden and is a reasonable responsibility for a medical student to take on. Because of the time constraints on busy staff, a requirement that a doctor or nurse act as chaperone would be likely to restrict the important learning opportunities available for male medical students.

Conclusions

Although professional guidelines with regard to the proper conduct of doctors are increasingly detailed, guidelines for medical students are few. In some situations guidelines for doctors are appropriate to

Summary points

Medical students need experience of examining sick children as part of their training

Such examination raises many issues, including the consent procedure; the value of chaperones; and whether intimate examinations should be carried out by students

Guidelines must recognise the importance of high standards of conduct by medical students when examining patients without imposing restrictions that would interfere substantially with medical education

students—for example, those concerning confidentiality—but other guidelines for doctors do not address issues for students. By balancing various principles, our guidelines attempt to provide useful advice to students about their conduct with regard to the physical examination of children.

Contributors and sources: This article is a result of the discussions by the sub-committee that developed the guidelines for medical students at the University of Oxford on their conduct with regard to the examination of patients. The authors include medical students, a consultant paediatrician, a medical ethicist, and a consultant physician with many years' experience in medical education and student welfare.

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Endpiece

The most lucrative branch of medicine

This branch of medicine had commonly been reckoned one of the most lucrative; for the subjects of it are generally found among the affluent: they are seldom without some complaint that requires assistance; and they measure their comforts too often by the quantity of medicine that is served up.

Trotter T. *A View of the Nervous Temperament Being a Practical Enquiry into the Increasing Prevalence, Prevention, and Treatment of Those Diseases Commonly Called Nervous, Biliary, Stomach and Liver Complaints; Indigestion; Low Spirits, Gout etc.* 2nd ed. London: Longman, Hurst, Rees, and Orme, 1807:231

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