Patients' attitude towards the use of a chaperone in breast examination

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ABSTRACT

INTRODUCTION The aim of this study was to assess the attitude and the preferences of patients towards the use of a chaperone during breast examination.

PATIENTS AND METHODS A two-part questionnaire was circulated among 204 consecutive new patients, attending both symptomatic breast and screened assessment clinics.

RESULTS A total of 200 questionnaires were fully completed and returned. Although 104 (52%) patients felt that they did not need a chaperone during breast examination, 65 (33%) preferred to have one. Amongst these 65 patients, the majority (52%) wanted a chaperone in the presence of both a male and female doctor whereas 19 (29%) wanted a chaperone in the presence of a male doctor. When patients were asked which person would be the best chaperone for them, 63 patients (32%) preferred their spouse to act as a chaperone, whereas 57 (29%) preferred a clinic nurse. However, the majority of teenagers and young adults (10–30 years) preferred their parents to act as a chaperone. On asking the reason for preferring a chaperone during breast examination, 69% felt a chaperone helped them to feel more at ease, 28% felt they get more support, 23% get less embarrassed and 10% felt safer. The majority (54%) preferred the nurse to offer a chaperone instead of the doctor (22%). Patients generally said they were comfortable in asking for a chaperone (68%). Overall, 68% of patients considered the offer of a chaperone as a sign of respect and the majority felt the attitude (32%) and gender (20%) of the clinician are the two most important factors influencing the chaperone use. Most patients were of the opinion that the presence of a chaperone does not have a negative effect on the doctor–patient relationship (75%), patient confidentiality (74%) and do not cause embarrassment (68%). Following their assessment in clinic, the patients' views on the use of a chaperone were not significantly changed.

CONCLUSIONS There is a wide variety of opinion among patients about the desirability of a chaperone during breast examination. However, the majority consider the offer of a chaperone as a sign of respect and many patients commented that the presence of a chaperone is important for medicolegal protection of both patient and clinician. In recent years, there has been an increasing call from medicolegal societies and medical insurance companies for greater use of chaperones during intimate examinations. We feel that recommendations regarding the use of a chaperone should now be incorporated into the British Association of Surgical Oncology guidelines.

KEYWORDS

Chaperone – Breast examination – Patients' attitude

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Professional guidelines and clinical practice regarding use of chaperones during intimate physical examinations vary substantially in different healthcare settings. In the UK, the General Medical Council (GMC) guidelines state that, whenever possible, patients undergoing an intimate examination should be offered a chaperone irrespective of the sex of the patient or clinician. The offer and the identity of chaperone should also be documented.¹ The Royal College of Obstetricians and Gynaecologists has incorporated these recommendations into their own guidelines.² Medicolegal societies and medical insurance companies, such as the Medical Defence Union, have also stressed the need for reg-

ular use of a chaperone during intimate examination.⁵ Although breast examination is considered to be an intimate examination, no such recommendations exist in British Association of Surgical Oncology (BASO) guidelines.

Several studies indicate that chaperone is used more often by male physicians during examination of a female patient unlike their female counterparts where chaperones are used less frequently. Reasons to have a chaperone vary among physicians, including medicolegal issues, the need for an assistant and custom. Although there are a number of studies available regarding the attitude of patients towards the use of a chaperone in primary care/family practice,⁴

there are no publications available about the patient's view regarding use of a chaperone during breast examination. The aim of our study was therefore to assess the attitude and the preferences of patients towards the use of a chaperone during breast examination.

Patients and Methods

A questionnaire was designed, and piloted on 4 patients. Following modifications, it was sent to the reader group of our local audit department for approval. In June and July 2006, it was circulated among 204 consecutive new patients, attending both symptomatic breast and screened assessment clinics. An information sheet explaining the purpose of survey and instruction regarding how to answer was given to each patient. In order to maintain the absolute confidentiality of the respondents, there were no identifying marks on the questionnaire.

The survey comprised two parts (A and B) where patients were asked to complete part-A before their assessment in the clinic and part-B after. Only completed questionnaire (both parts A and B) were included. Part-A of questionnaire elicited information regarding the patient's age, sex, ethnic background and chaperone preferences. Patients were also asked who would be the best chaperone (spouse, parents, nurse or friend), who should offer to provide the chaperone (nurse or clinician), whether they would feel uncomfortable to ask for a chaperone, whether presence of a chaperone would have a negative effect on the doctor-patient relationship, confidentiality and whether presence of a chaperone would be more embarrassing for the patient. Each question was phrased as a statement to which the patient could respond 'yes', 'no' or 'don't know'. Following their assessment in clinic, patients were requested to complete the second part of the questionnaire (part B) where similar questions regarding preference for a chaperone, best person to act as a chaperone and preference in relation to the sex of attending clinician were repeated to find out whether any of them have changed their mind.

The information obtained was entered into an Excel database for analysis using SPSS for Windows®. Comparisons between different age groups, between male and female patients and between before and after assessment were evaluated using chi-squared and Mann-Whitney tests.

Results

A total of 200 questionnaires were fully completed and returned (response rate, 98%). The median age of respondents was 49 years (range, 18–89 years) with the majority being female (97%) and from white background (99.5%). Although 104 (52%) patients felt that they did not need a

Table 1 Chaperone preference in different age groups

Age (years)	Patients (n)	Prefer a chaperone	%
< 20	3	1	33
20–30	16	7	44
31–50	72	25	35
51–70	94	25	27
>70	12	5	42

chaperone during breast examination, 65 (33%) preferred to have one. Amongst these 65 patients, the majority (52%) wanted a chaperone in the presence of both a male and female doctor whereas 19 (29%) wanted a chaperone in the presence of a male doctor. None of the male patients in this study opted for a chaperone. Of symptomatic patients, 41% wanted a chaperone compared to only 18% in the screen-detected group. There was no significant difference with age (Table 1).

When patients were asked which person would be the best chaperone for them, 63 patients (32%) preferred their spouse to act as a chaperone, whereas 57 (29%) preferred a clinic nurse (Table 2). However, the majority of teenagers and young adults (10–30 years) preferred their parents to act as a chaperone. On asking the reason for preferring a chaperone during breast examination, 69% felt a chaperone helped them to feel more at ease, 28% felt they get more support, 25% get less embarrassed and 10% felt safer (Table 3). The majority (54%) preferred the nurse to offer a chaperone instead of the doctor (22%). Patients generally said they were comfortable in asking for a chaperone (68%). Overall, 68% of patients considered the offer of a chaperone as a sign of respect and the majority felt the attitude (32%) and gender (20%) of the clinician are the two most important factors influencing the chaperone use

Table 2 Best person to act as chaperone

Patients (n = 200)	n	%
Spouse	63	31.5
Parents	9	4.5
Friends	20	10
Clinic nurse	57	28.5
Family member	7	3.5
Not stated	44	22

Table 3 Reason for chaperone preference

Reason	Patients (<i>n</i> = 65)	
	<i>n</i>	%
Feel more at ease	45	69
Feel safer	7	10
Get less embarrassed	15	23
Get more support	18	28
Help in hearing loss	1	1.5
Better understand consultation	1	1.5

Some patients ticked more than one reason.

(Table 4). Most patients were of the opinion that the presence of a chaperone does not have a negative effect on the doctor–patient relationship (75%), patient confidentiality (74%) and do not cause embarrassment (68%). Following their assessment in clinic, the patients' views on the use of a chaperone were not significantly changed ($P = 0.64$).

Discussion

This study demonstrates that, although half of the respondents felt that they do not need a chaperone during breast examination, about a third of them opted for one. Previous studies in primary care demonstrated younger patients are more likely to opt for a chaperone during intimate examination;^{5,6} in contrast, there was no variation in chaperone use among different age groups in our survey. The use of a chaperone was significantly higher among symptomatic patients (41%) compared to screen-detected patients (18%). This may be explained by an older age group and increased anxiety. As almost all the patients (99.5%) were white in this population, the unique perception about the chaperone by other races cannot be assessed in this study. There were only 7 male patients in our study and none opted for a chaperone. As the number of male patients participating in this study is very small (3.5%), it is not possible to draw conclusions regarding their views.

Previous studies have indicated that the sex of the examining physician consistently influences women's preferences for a chaperone with more women preferring a chaperone in the presence of a male physician.⁶ In contrast, the majority of patients in our study who wanted a chaperone preferred to have one irrespective of the sex of the clinician. Unfortunately, in our study, the number of female teenagers was very small, and does not give a clear picture of their preferences. In our data, adults (aged 31–70 years) felt that

Table 4 Factors influencing chaperone use

Factor	Patients (<i>n</i> = 200)	
	<i>n</i>	%
Attitude of clinician	64	32
Gender	40	20
Seniority	17	9
Appearance	12	6
Support	2	1
Confidence in clinician	1	0.5
Own feeling	1	0.5
Personal choice	1	0.5
Not answered	62	31

a spouse was the best chaperone followed by a clinic nurse, while teenagers and young adults (aged < 30 years) preferred a parent first and a nurse second. Two other studies have reported a similar experience with young teenagers.^{7,8} Most patients preferred that the nurse made the offer of a chaperone. GMC guidelines for intimate examination¹ state that a chaperone does not have to be medically qualified but will ideally be: (i) sensitive, and respectful of the patient's dignity and confidentiality; (ii) prepared to re-assure the patient if they show signs of distress or discomfort; (iii) familiar with the procedures involved in a routine intimate examination; and (iv) prepared to raise concerns about a doctor if misconduct occurs.

Table 5 Patients' comments

- All doctors should be chaperoned when examining patients to protect doctor and patient
- Difficult until actual examination takes place
- Female being seen by a male doctor should have a choice of chaperone and *vice versa*
- Can be re-assuring to have a friend as a companion or chaperone
- Helpful in patients with hearing problem
- Helpful to understand consultation better
- Should be asked when receive appointment
- Attitude is most important not the sex of doctor
- If I wanted, I would have brought one
- Important for protection of doctor

In some circumstances, a member of the practice staff or a relative or friend of the patient may be an acceptable chaperone.

In contrast to general belief, most patients said that they were comfortable in asking for a chaperone (68%). About half of patients in clinic said they did not need a chaperone. The exact reason is difficult to interpret. Although previous studies have highlighted gender of the doctor as the most important factor influencing chaperone use,⁶ patients in our study identified the attitude of the doctor (32%) as being most important influencing factor followed by gender (20%), seniority (9%) and appearance (6%). They also said that respect for the patient, re-assurance and clear communication were important. Previous studies have indicated younger patients are more likely to opt for a chaperone.^{5,6} Although we did not find any age-related differences in this study, the population of patients < 30 years was only 9.5%.

Some studies in primary care revealed that the presence of a third party interfered with the consultation, confidentiality or doctor–patient relationship and may be embarrassing.⁹ In our study, the majority felt that the use of a chaperone did not have any negative affect on the doctor–patient relationship (75%), confidentiality (74%) and was not an embarrassment (68%). In fact, 68% of patients consider the offer of a chaperone as a sign of respect. Following the assessment, patients were asked to complete part-B of the questionnaire where questions regarding preference for a chaperone, best person to act as a chaperone and preference in relation to the sex of attending clinician were repeated to determine how many had changed their mind; there was no significant change in their view.

Conclusions

This study shows a wide variety of opinion among patients about the desirability of a chaperone during breast examination.

However, the majority consider the offer of a chaperone as a sign of respect and many patients commented that the presence of a chaperone is important for medicolegal protection of both patient and clinician (Table 5). In recent years, there has been an increasing call from medicolegal societies and medical insurance companies for greater use of chaperones during intimate examinations. We feel that recommendations regarding the use of a chaperone should now be incorporated into the BASO guidelines.

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