
This helpful paper looks directly at women’s feelings about pelvic examination and their attitude towards chaperones being present during examination. It also reports on doctors’ concerning opinions in this area.

This study was designed in response to guidelines from UK professional bodies on attitude towards chaperones being present during pelvic examination. This provides guidance more appropriate to the community setting, where many doctors are female and many patients probably do not want a chaperone during intimate examination. They recommend all patients should be advised that they can request a chaperone if they wish.

In this study 1000 women attending family planning and reproductive health care (FPRHC) clinics were asked to complete patient questionnaires; the response rate was 90%. Only 11% of providers were male. Just over half the providers worked in general practice, 19% in family planning, and the remainder were hospital specialists, mostly in gynaecological or oncology.

Most women were less concerned about pelvic examination than doctors predicted; 17% of under 25-year-olds and 21% of over 25-year-olds said they did not mind and would not expect to find the procedure unpleasant. Two-thirds of women saw pelvic examination as somewhat unpleasant but tolerable. Only 23% of under 25-year-olds and 12% of over 25-year-olds felt anxious or distressed at the prospect and might even refuse examination. Most doctors predicted women would find pelvic examination unpleasant but tolerable.

On preferences for gender of the doctor, 20% of under 25-year-olds would only accept a female, 56% would prefer a female, 24% had no preference and 1% would prefer a male doctor. If the examining doctor was female, 11% of women would prefer a male, 33% would rather not have a chaperone and 55% would have no preference. When the examining doctor was male, 62% of women would want a chaperone, 9% would prefer no chaperone and 29% did not mind. Amongst providers, only 10% preferred the presence of a chaperone, most of these being males, who routinely used chaperones.

These results should be interpreted in light of the population studied; many women attend FPRHC clinics specifically to see a female doctor. Nevertheless these are important data to support the FPRHC’s guidelines to offer but never impose a chaperone during intimate examination.

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