



My thoughts

Mark Hersch

to:

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From: Mark Hersch <[REDACTED]>

To: "'ChaperoneReview@nhpopc.gov.au'" <ChaperoneReview@nhpopc.gov.au>,

Thank you.

I think the use of chaperones for certain procedures is very helpful to the doctor (and the patient).

As a neurologist, I very rarely need a chaperone, but will try to get one if the patient (female) has to disrobe at all, during which I leave the room. It is very hard to do one's work worrying that the patient, in all honesty, may feel insecure or liable to exploitation.

I also get a chaperone into the EMG lab if the patient is complaining about the test but wants me to carry on with the test.

However, it can be tricky as some patients resent having a chaperone, even though I usually say I need a helping hand for the test.

Also, whom to use? In my situation I have no nurse, only EEG technicians (female) and secretaries (female) and have had to ask them to come in. I always ask the patient for permission to do so.

Most understand the reasoning and reasons. Some do not.

I once had a cognitively impaired, very longstanding epileptic patient who was lose a lot of weight. She undress and dressed with my nurse (I had one then), my being outside the room. The nurse remained with me as I palpated the abdomen, all else being covered. When I next saw the patient she said her doctor was cross that I had done a pap smear! I was nonplussed as I had never examined other than the abdomen. I was very relieved that I had used a chaperoning nurse. I do not think my patient was malicious, and her misconception of the test was related to her cognition.

Doctors and much as patients need the protection of chaperones.

Thank you.

Mark Hersch

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