



Chaperones
Al McKay to: ChaperoneReview

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From: Al McKay [REDACTED]
To: ChaperoneReview@nhppoc.gov.au,

Dear Professor

Firstly let me advise you that I have been a registered medical practitioner since 1957 but have been acting in a none involved consultative teaching capacity for some years. During these 60 years I have never had a complaint lodged against me with the Medical Board. That aside, I see no answer to your Chaperone problem as I cannot imagine any remedy, short of laying criminal charges (in retrospect I know) of protecting a patient from a predatory practitioner. But in the same theme, I do not know of any way to protect a practitioner from a vexatious or unbalanced patient should she or he make false accusations. I recall a case of 30 or more years ago when claiming sexual harassment, the female's only complaint was "You could feel him undressing me with his eyes" even though no intimate examinations or even touching had occurred. Besides, in our modern society, where is the line to be drawn. If you recommend a chaperone of a female for intimate examination of any sort, internal or just palpation, then why not for males as well? And how are you going to protect the doctor who may innocently ask questions of a patient, male or female, that the patient may consider such inquiries to be unacceptable even though the practitioner sought the information in a purely clinical fashion?

My wife is sitting across the table as I type and she reminds me that in all of her more than 60 years of attending gynaecologists, surgeons and the like, on no occasions has she had a chaperone and in actual fact feels that such a third party may be intrusive and an invasion of confidentiality.

I am fully accept that there are sexual predators within the profession and, yes, I feel that a patient may well suffer as a result. This is the same as saying that I know that there are murderers, rapists and other baddies in the community but how to protect that community is a quandary. Such people are only obvious after the event. Chaperoning of patients for more intimate examinations is common practice as the equipment, draping etc is often carried out by a third party but practitioners consulting in more remote rural areas, or on house visits etc may not be in the position to provide such ancillary help. One should remember that many sexual predators are devious sometimes grooming their victims, such could also be said about a vexatious or litigious patients. And what can one do with the male equivalent? Please do not forget them.

I know what I have said is of no help and frankly I am glad that I no longer practice my healing skills, it's all in the too hard basket I suspect.

I think that all doctors should be advised to make detailed notes of any examination, I think that they should be more adequately advised of the ethics of their profession and of the privilege and responsibility of never straying over the line. As an old coot I can say that it was easy in the old days, such ethics were taken for granted and most practitioners assumed a more distant "Doctor" role without question. Nowadays every one, doctor and patient, are on first name terms; now as a patient I find that such intimacy is somewhat unacceptable and a bit off-putting. I must admit I would prefer that my medical attendant be remote much in the same vein as a priest. (No

I'm not religious). Short of a video record of all examinations (ridiculous I know), there is no way to protect the patient or the doctor.

My holistic view is that we are in a society of moral decay and no amount of legislation, rules or recommendations will be of any protection to any or all prospective victims.

Kind regards
Al McKay