Medical Ethics Today (3rd edition) update (as at August 2016)

BMA

Chapter 1: The doctor-patient relationship

Contents

LATEST!

Chaperones and accompanying persons and Intimate examinations (pages 47-48 & 48-49)

In 2013 the GMC issued updated explanatory guidance on intimate examinations and chaperones. Among the changes include a new clarification that 'a chaperone should usually be a health professional' and doctors must be satisfied that he or she 'can stay for the whole examination and be able to see what the doctor is doing, if practical'.

There is also amended advice on acceptability of a family member acting in this role:

'A relative or friend is not an impartial observer and so would not usually be a suitable chaperone, but you should comply with a reasonable request to have such a person present as well as a chaperone' (para 10)

The updated guidance also includes new guidance for circumstances when a doctor would not like to continue without a chaperone present but a patient would not like one:

'If you don't want to go ahead without a chaperone present but the patient has said no to having one, you must explain clearly why you want a chaperone present. Ultimately the patient's clinical needs must take precedence. You may wish to consider referring the patient to a colleague who would be willing to examine them without a chaperone, as long as a delay would not adversely affect the patient's health.' (para 12)

The full guidance is available on the GMC website:
http://www.gmc-uk.org/guidance/ethical_guidance/21168.asp

Managing personal relationships with patients (pages 51-52)

Early in 2013, the General Medical Council issued explanatory guidance on maintaining professional boundaries as a supplement to its new edition of Good Medical Practice. (The guidance on professional boundaries is available here: http://www.gmc-uk.org/guidance/ethical_guidance/21170.asp. The new edition of Good Medical Practice is available here: http://www.gmc-uk.org/guidance/good_medical_practice.asp.)

In its new guidance on professional boundaries, the GMC states: 'You must not end a professional relationship solely to pursue a personal relationship with them.' This appears to contradict the guidance given on page 52 of MET. Following discussion with the GMC, further clarification has been received, as set out below.

Although personal relationships can arise in good faith when doctors and patients meet in a purely social setting, it is essential that doctors take steps to establish and maintain clear boundaries. If they discover that a person with whom they are developing a relationship is also their patient, they should immediately cease the relationship or discuss with the patient the need to transfer responsibility for medical care to another doctor if a personal relationship is to develop.

- In a general practice setting, where it seems to both a doctor and a patient that a personal relationship may be developing, and there is mutual agreement that they would like the relationship to progress, care for the patient should be transferred to another doctor. It is important however that the patient is clear that he or she wishes the professional relationship to end, in order for the personal relationship to develop.
- The GMC points out that there will be some circumstances in which it is unlikely ever to be appropriate for a doctor to embark on a relationship with a former patient. This might be, for example, because the patient is or has been particularly vulnerable or if you are a psychiatrist or paediatrician. In the GMC's view, the more recently a professional relationship has ended, the less likely it is to be appropriate to form a personal relationship with them.
- The GMC's guidance makes it clear that a doctor must not, solely for the purpose of pursuing a relationship – without reference to the patient's knowledge or wishes – end a therapeutic relationship in order to pursue an intimate relationship.