RESEARCH

Breast and pelvic examinations

Easing women's discomfort

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OBJECTIVES To determine whether women prefer male or female physicians for gynecologic examinations, whether they want a third person present during examinations, and what behaviour physicians and third persons should exhibit. We also sought to determine whether women had experienced any unprofessional behaviour from doctors.

DESIGN Cross-sectional, 17-item questionnaire.

SETTING Two Saskatchewan family practices: one rural (Melfort), one urban (Saskatoon).

PARTICIPANTS All women 18 years old and older who visited their family physicians' offices between February and April 1993.

MAIN OUTCOME MEASURES Patient preferences regarding physician behaviour and any perceived unprofessional behaviour.

RESULTS Of 350 questionnaires, 336 were completed correctly. Responses indicated that 51% did not mind whether the physician was male or female, but 43% preferred female doctors. When being examined by a male physician, 62% wanted a third person present; only 30% wanted that if the physician was female. Of all women, 42% wanted the opportunity to choose whether a third person was present every time and another 19% only for the first examination by a new doctor. Supportive behaviours were indicated. "Unprofessional" conduct had been experienced by 8% of respondents.

CONCLUSIONS Many women do not mind whether they are examined by male or female doctors. Many prefer having a third person present when the examining physician is a man. Some want the opportunity to choose whether a chaperone is present.

OBJECTIFS Déterminer la préférence des femmes concernant le sexe du médecin qui procède à l'examen gynécologique, leur désir de voir une troisième personne présente pendant l'examen et les comportements que devraient adopter les médecins et les tierces personnes. Nous avons également cherché à déterminer si les femmes avaient vécu l'expérience d'un comportement non professionnel de la part des médecins.

CONCEPTION Étude transversale par questionnaire comportant 17 items.

CONTEXTE Deux pratiques familiales de la Saskatchewan : une rurale (Melfort) et une urbaine (Saskatoon).

PARTICIPANTES Toutes les femmes de 18 ans et plus qui ont consulté au bureau de leur médecin de famille entre février et avril 1993.

PRINCIPALES MESURES DES RÉSULTATS Préférences des patientes concernant le comportement du médecin et leur perception de tout comportement non professionnel.

RÉSULTATS Sur un total de 350 questionnaires, 336 étaient complétés correctement. Les réponses indiquent que 51% des répondantes n'avaient pas de préférence quant au sexe du médecin alors que 43% préféraient un médecin de sexe féminin. Lorsque l'examen était fait par un homme, 62% souhaitaient la présence d'une troisième personne alors que seulement 30% le souhaitaient lorsque l'examen était fait par une femme. Parmi l'ensemble des femmes, 42% souhaitaient avoir l'occasion de choisir la présence ou non de quelqu'un à chaque examen, alors qu'un autre 19% le souhaitaient seulement lors du premier examen par un nouveau médecin.
Les comportements de soutien étaient indiqués. Huit pour cent des répondantes ont été confrontées à une conduite non professionnelle.

CONCLUSIONS Beaucoup de femmes n'ont pas de préférence quant au sexe du médecin qui les examine. Plusieurs préfèrent la présence d'une tierce personne lorsque l'examinateur est un homme. Certaines autres souhaitent qu'on leur offre le choix de la présence ou non d'un chaperon.

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MANY RECENT ARTICLES HAVE DISCUSSED THE issue of physicians' sexual misconduct.[1-7] This has led to recommendations to help physicians avoid behaviour that might incite charges of sexual abuse. These recommendations, summarized in a 1992 Canadian Medical Protective Association letter,[1] suggested behaviours to avoid and specifically recommended that physicians have a third person present during breast and pelvic examinations. These actions, primarily intended to protect physicians, might not correspond with what female patients actually prefer.

Unfortunately, little has been published about women's preferences that might help to develop guidelines that both protect doctors and make patients more comfortable.[8,9] In the United States, Patton and associates[9] found that "over half of the patients had no gender preference,... [and] most women desired a chaperone when the physician was male...."

We undertook this study to gather information from a Canadian perspective. We aimed to investigate whether women preferred male or female doctors for pelvic examinations, whether they wanted a third person in the examining room, and what kind of behaviour might make examinations more comfortable. We also sought to determine to what extent women in Saskatchewan had experienced situations where they thought physicians had behaved unprofessionally.

METHOD

Women 18 years and older, visiting either the Melfort Associate Medical Clinic or the Family Medicine Department at Royal University Hospital in Saskatoon, were asked to complete a three-page, 17-item questionnaire on gynecologic examinations. The Melfort clinic, which had 10 male family physicians during the study, is in a rural Saskatchewan community of 6000 people with a catchment area of more than 12 000. As a rural teaching centre, it provides a full range of outpatient and inpatient services. The Family Medicine Department in Saskatoon has a patient population of about 15 000 and employs seven family doctors (three female, four male) who work directly with family medicine residents. The department is located in a tertiary care university hospital in a city of 190 000.

Ten questionnaires were pilot-tested at each centre. We estimated that a sample size of 314 would provide adequate statistical confidence for the items measured; significance was tested using the Mantel-Haenszel χ^2 test. Between February and April 1993, 350 questionnaires were distributed (175 in each practice) by office nurses to every woman attending for a routine visit.

The questionnaire was divided into three sections. The first collected demographic data (age, marital status, ethnic background, education, and number of pregnancies). The second asked about gynecologic experiences (number of previous breast or pelvic examinations, what proportion were done by male and female physicians, and how often a third person was present during these examinations) and whether a doctor had ever behaved in a less than professional manner during an examination. Those who replied yes (or unsure) to that question were also asked whether the physician was male or female and what the inappropriate behaviour was. Answers were given on a Likert-type scale (never, rarely, usually, always), or were open-ended written responses. The third section collected information on womens' preferences for male or female doctors, whether they wanted a third person in the room, and whether they wanted the opportunity to choose who the third person was. Finally, they were asked to indicate supportive behaviours a physician or third person should exhibit to make them more comfortable during the examination.

RESULTS

Although 336 of the 350 questionnaires were returned properly completed, answers were occasionally missing, reducing total responses for some questions. Most respondents (77%) were between

Table 1. **Patients' preferences for male or female doctors for pelvic and breast examinations**

EXAMINATION	MALE DOCTOR PREFERRED	FEMALE DOCTOR PREFERRED	NO PREFERENCE
Breast	6%	42%	52%
Pelvic	6%	43%	51%

Table 2. **Patients' preferences for third person present during pelvic and breast examinations by male and female physicians**

EXAMINATION	PREFER THIRD PERSON PRESENT
Breast	
• If male doctor	50%
• If female doctor	24%
Pelvic	
• If male doctor	62%
• If female doctor	30%

Table 3. **Patients' preferences regarding opportunity to choose whether a third person is present during examination**

RESPONSE	N = 305* (%)
No (does not matter)	119 (39)
Yes (for every examination)	128 (42)
Yes (only for first examination)	58 (19)

** Thirty-one women did not answer the question.*

25 and 64 years old, married (77%), white (88%), at least high-school educated, and had had one or more term pregnancies (78%). Virtually all (99%) had had at least one pelvic examination and 93% a previous breast examination. Male physicians were "usually or always" the examining doctors for 70% of women; 11% had had equal numbers of male and female doctors. A third person was more likely (usually or always) to have been present if the doctor was male during both pelvic (68% vs 18% with female doctors) and breast examinations (42% vs 14%).

Preference for male or female doctor

Women were asked whether they preferred male or female doctors to examine them (*Table 1*). Slightly more than half the women had no real preference for male or female physicians for either pelvic or breast examinations. When they did have a preference, most chose female physicians. Younger, single women tended to prefer female physicians (60% of the group younger than 25 years vs 36% with no preference), while most of the older and married or divorced women had either no real preference or would also choose a female doctor, if available. However, the difference among the age groups was not statistically significant ($P = 0.19$, $\chi^2 = 8.75$, 6 *df*).

Preference for third person

Most women (62%) wanted a third person present when a male physician was doing a pelvic examination; for breast examinations, their preference was evenly split (50%). This was true for all women, regardless of age, marital status, education, and number of previous examinations (*Table 2*). More than half the women wanted the opportunity to choose whether a third person was present: 42% wanted this choice for every examination; another 19% only for the first examination by a new physician. Of those who wanted a third person, 43% indicated they would like to choose who it was (*Table 3*).

Of the 186 women who wanted a third person present, 62% stated that "feeling more comfortable" was their primary reason for having an extra person, and "preventing possible unprofessional conduct" (32%) was second. Six percent had other reasons (eg, to protect the patient or doctor). For patients who did not want a third person present, embarrassment (54%) was the most common reason. Ten percent thought the room would become too crowded, 2% did not like the particular third person, and 34% had other reasons (trust the doctor, not necessary, want privacy, etc). It was reassuring to find that the preferences of women who did not want a third person present were consistent through the three responses dealing with that issue: the three questions found 43%, 39%, and 38%

preferring not to have a chaperone, a statistically insignificant difference ($P = 0.42$, $\chi^2 = 1.73$, 2 *df*).

Professional behaviour

Of the many choices offered, the supportive behaviour most preferred (70%) was to "talk about the examination" (*Table 4*). Considerably fewer women commented on the behaviour of a third person. Most preferred that the third person should "not talk." There were also a few written comments, such as "avoid silence – it's uncomfortable"; "give a detailed explanation"; "educate me"; and "discuss medical matters."

Unprofessional behaviour

Twenty-five women (8%) reported having experienced physicians who "behaved in a less than professional manner" (examined them in a peculiar way or made comments that made them feel uncomfortable). Three situations involved female doctors, 22 male doctors. Male doctors had "overexposed my body" (ie, improper draping) in 10 cases, made inappropriate comments in 10 cases, examined in an unusual position in four cases, and made an inappropriate gesture or facial expression in one case (more than one impropriety could be selected). Female physicians used peculiar examination positions in two situations and made an inappropriate gesture or facial expression in one case. No patient characteristics were particularly associated with having experienced unprofessional behaviours.

DISCUSSION

To our knowledge, this is the first published Canadian study of women's preferences for male or female physicians, for third party presence, and for behaviours of physicians and third parties during gynecologic examinations. It complements the work of Patton and associates[9] in the United States and offers food for thought to our family physician colleagues. Except for younger women, few women have strong preferences for male or female doctors. When they did choose, they chose female doctors. When patients had the option of choosing other professionals, such as nurses, to do these examinations, they had no particular people they wanted. This might be because our patients have never been in situations where such options were available.

We do not know why some women did not answer all the questions or why some failed to return the questionnaire. Despite pilot testing, the questions might have been confusing for some patients or simply seemed unimportant. Responses were similar at the two sites (165 and 171). It is unsurprising that more women prefer to have a third person present during examination by male physicians. Among women who preferred female doctors and were examined by men, 77% wanted chaperones; only 17% wanted them if the examining physicians were women. Even when they had no preference for male or female doctors, 52% of women wanted chaperones when being examined by men. The figures of Patton and colleagues[9] were almost identical.

Table 4. **Supportive behaviour preferred by women during pelvic examinations**

BEHAVIOUR*	FROM PHYSICIAN	FROM THIRD PERSON
Talk about examination	70%	1%
Say comforting things	25%	9%
Talk about unrelated things	19%	5%
Do not talk	2%	15%
Do not look at me	4%	5%
Does not matter	24%	10%

** Patients could indicate more than one behaviour in each column.*

An important finding was that most women wanted the option of having a third person present (*Table 3*). This might be even more important to women than the sex of the physician; unfortunately, we did not ask respondents to rank their preferences.

Our study requested patients' opinions on supportive behaviour by both physicians and third parties. The patients preferred supportive discussion from their physicians, with chaperones in the background. The study subjects of Patton and colleagues wanted chaperones to be more involved.[9]

All women want physicians who are more than just "mechanics" and whose behaviour is above reproach. While we did not find what some would term "sexual abuse," we did uncover situations where women had felt embarrassed or uncomfortable. Unfortunately we do not know what exactly constitutes "inappropriate comments," "overexposed," "inappropriate gestures and facial expressions," or "unusual positions." What one person considers acceptable is unusual to another.

The fact that one in 12 women had regrettable experiences reinforces our responsibility always to be sensitive to the physical and emotional needs of our patients. Sensitivity means not only being careful to use adequate draping and appropriate language, it also means asking each woman, regardless of the sex of the physician, whether she would like a third person in the examining room.

It should be noted that our own daily experience conflicts with the study findings: whereas most patients in the survey preferred to have a third person present during pelvic examinations by male physicians, the exact opposite is the case in daily practice. Does this mean that patients tell doctors one thing and actually prefer something else? Or is it that once they are comfortable with a doctor, their preference changes? We need to monitor the practice further and examine how the choice is being offered.

Medicolegal experts tell us we must always have a chaperone present during gynecologic examinations. Many physicians are uncomfortable without a third person and must be free to have someone present if they wish. In some situations, such as with adolescents (though not necessarily so, according to Buchta[8]), unknown patients, or anyone with "odd" behaviour, it might even be imperative. We think that, if family physicians treat each woman as an individual and are sensitive to her unique experiences, they will have little to fear and much to gain. ■

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