

From: [Heffer, Caroline](#)
To: [medboardconsultation](#)
Cc: [Donaldson, Anne](#)
Subject: Sexual Boundaries Guidelines
Date: Monday, 16 May 2011 3:45:09 PM

Thank you for the opportunity to make a submission on the draft guidelines, "Sexual boundaries: A guide for doctors and patients".

As the peak resolution body for complaints relating to health and disability service complaints across the state of Western Australia, The Health and Disability Services Complaints Office (HaDSCO), has a keen interest in ensuring both practitioners and patients understand and are aware of their rights. This enables both parties to feel empowered to raise and deal with complaints when things go wrong.

Acting impartially and in confidence, HaDSCO reviews and reports on the causes of complaints, undertakes investigations, advises on complaint management and suggests service improvements. Another key function is to encourage the creation and use of appropriate guidelines and policies that will minimise the likelihood of any behaviour that may lead to a complaint.

Anecdotal evidence and data collected by HaDSCO strongly supports the statement in the draft guidelines, "Good, clear communication is the most effective way to avoid misunderstandings". In fact, in over 10 per cent of the complaints received by HaDSCO, between July 2009 and May 2011, the complainant has cited poor communication or equivalent as their primary cause for making a complaint.

One of the issues raised in complaints made to HaDSCO is 'informed consent'. Included in the concept of informed consent is the idea that patients have the right to understand what procedure they are undergoing, why this procedure is necessary, what consequences (both positive and negative) the procedure may have and what alternatives, if any, are available. Patients also have the right to withdraw consent at any time. HaDSCO suggests that doctors should always ensure they have obtained full informed consent from a patient. In the context of intimate examinations, this is particularly important and could be highlighted more clearly in section six: "doctors should", of the draft guidelines.

Another issue, common in many complaints received by HaDSCO, is when patients misunderstand a practitioner's intent, and have been offended or upset by a certain line of questioning. The potential for the misunderstanding is possibly greater when intimate issues are being discussed. Complaints and misunderstandings may be avoided if practitioners are advised in the guide to explain the necessity and relevance of the questions being asked, especially when questions relate to a patient's sexual performance. Whilst the relevance may be clear to the practitioner, it may be less obvious to the patient.

A final issue the Board may wish to consider is that although a chaperone may make some patients feel more comfortable, there are cultural and religious issues that may affect many patients' willingness to consent to an intimate examination. It is likely to be in both the patient and the practitioner's best interest for these

issues to be discussed openly when determining whether it is appropriate for that practitioner to commence a procedure.

Thank you again for the opportunity to comment. I trust that the above information will be useful to you.

Regards

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