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Sent: Thursday, 29 March 2018 9:26 AM
To: medboardconsultation <medboardconsultation@ahpra.gov.au>
Subject: Draft revised guidelines re Sexual Boundaries in the doctor patient relationship

Please accept the following submission

Clause 7 Physical boundaries – proposal to expand the first paragraphs

Reason for change:

This is a difficult area to get the message right. We need to make it clear that inappropriate examination is not acceptable. At the same time, we need to reinforce that examination of the genital area is often a requirement for good medical care. The current statement that “doctors should only conduct a physical examination if clinically warranted” is true but is subjective and open to a wide variety of interpretations as to what “clinically warranted” means. In 2018, at major teaching hospitals, many patients come to harm because doctors do not examine them adequately enough to develop a correct diagnosis and management plan. One reason is the extreme reluctance of many doctors including specialists to briefly inspect the genital area even when good clinical reasons for examination exist. This reluctance is accelerating through the profession. It is not in the best interests of patients and directly leads to harm. A restatement of this first paragraph would help to at least establish some clarity about the term “clinically warranted”.

The initial paragraph in this section should be modified as per the proposal below.

Proposal: That the first paragraph in Section 7 “Physical Boundaries” be expanded to read as follows (the added text is in bold):

A physical examination, including a brief genital examination where indicated, is an important component of many consultations. Incomplete examinations can lead to errors in diagnosis and management and can directly lead to patient harm. At the same time, doctors should only conduct a physical examination if it is clinically warranted. An unnecessary physical examination may constitute sexual assault. This includes conducting, or allowing others, such as students to conduct examinations on anaesthetised patients, when the patient has not given explicit consent for the examination.

At times, the clinical reasons for a brief examination of the genital area may not be obvious to patients and/or parents. This situation can arise when the presenting clinical findings are at an unrelated body site. Examples would include patients where the clinical findings raise concerns about a generalised or systemic process, or where it is important to look for skin changes that may reinforce or change a diagnosis, or where the patient has a diagnosis such as psoriasis that is often associated with asymptomatic genital pathology. In such cases there is a higher risk of misunderstanding and particular attention needs to be paid to the requirements for explanation and consent described below.

Before conducting a physical ... *continuing as per draft*

Rod Phillips