

## **STATE MEDICAL BOARD OF OHIO - POSITION PAPER**

### **PHYSICAL EXAMINATIONS BY PHYSICIANS**

March 8, 1989

Patient complaints of sexual misconduct by physicians are the most sensitive and difficult cases the Board investigates. The incidents are rarely witnessed. Allegations of sexual misconduct are particularly difficult to prove and can lead to public humiliation for both the patient and the involved physician.

Physicians will, of course, continue to routinely perform physical examination in the course of patient care out of medical necessity and professional responsibility. In order to prevent misunderstandings and protect physicians and their patients from allegations of sexual misconduct, the following guidelines are advocated as policy by the State Medical Board.

- (1) Maintaining patient dignity should be foremost in the physician's mind when undertaking a physical examination. The patient should be assured of adequate auditory and visual privacy and should never be asked to disrobe in the physician's presence. Examining rooms should be safe, clean and well-maintained, and should be equipped with appropriate furniture for the examination and treatment (examining table, chairs, etc.). Gowns, sheets and/or other appropriate apparel should be made available to protect patient dignity and decrease embarrassment to the patient while promoting a thorough and professional examination.
- (2) A third party should be readily available at all times during a physical examination and it is suggested that the third party be actually present when the physician performs an examination of the sexual and reproductive organs or rectum. It is incumbent upon the physician to inform the patient of the option to have a third party present. This precaution is essential regardless of physician/patient gender.
- (3) The physician should individualize his/her approach to physical examinations so that the patient's apprehension, fear and embarrassment are diminished as much as possible. An explanation for the necessity of a complete physical examination, the components of that examination and the purpose of disrobing may be necessary in order to minimize the patient's apprehension and possible misunderstanding.
- (4) The physician and his/her staff should exercise the same degree of professionalism and caution when performing diagnostic procedures (i.e., electrocardiograms, electromyograms, endoscopic procedures and radiological

studies, etc.) as well as surgical procedures and post-surgical follow-up examinations when the patient is in varying stages of consciousness.

- (5) The physician should be alert to suggestive or flirtatious behavior or mannerisms on the part of the patient and should not put him or herself in a compromising position.
- (6) The physician shall not exploit the physician/patient relationship for sexual or any other purposes. Moreover, such an allegation against a physician constitutes grounds for investigation on the basis of alleged unethical behavior.

*This policy or position statement is only a guideline and should not be interpreted as being all inclusive or exclusive. The Board will review possible violations of the Medical Practices Act and/or rules promulgated hereunder on a case by case basis.*

*Approved 3/8/1989*

*Revised 7/10/08 to include disclaimer*