

MALE DOCTORS AND FEMALE PATIENTS: CAUTIONARY NOTES

A male gynecologist examined his patient while her husband waited outside the room. The nurses were very busy attending to some emergency and hence no one else was present at the time of the examination. Several hours later, the patient made a Police complaint alleging sexual molestation by the doctor. Prima facie, the charges appeared to be concocted and motivated and appeared to be easy to challenge. However, in the interim period, damaging media reporting, police investigations and other harassment followed.

In yet another case, a young girl was being counseled by a senior Psychiatrist. At the end of the session, she mentioned having received an intramuscular injection in the gluteal region some time back and said the injection site was painful. Could the doctor have a look? The Psychiatrist obliged and asked her to undo her jeans so that he could examine. Following this he assured the girl that there was nothing to worry and the pain would go away in a couple of days. Incidentally, just as she was rebuttoning her jeans, her mother (who also happened to be this doctor's patient) entered the room. She appeared to be scandalized and demanded an explanation as to why her daughter had been asked to undress. This was duly done and the matter appeared to have been resolved. However, the very next day, the family of the patient trooped into the Psychiatrist's office and made allegations of sexual misconduct and threatened to make a Police complaint and to take other action including informing the media, the Medical Council, women activists and so on. Following this, the doctor went through a nightmarish experience. Fortunately, after several rounds of discussions, the family relented and let off the Psychiatrist with a 'warning'.

Quite occasionally, we hear of allegations of sexual misconduct by female patients against male doctors. These are serious charges which can be devastating to the concerned doctor, and though, not known to be very frequent, we need to analyze the various issues and determine the preventive aspects.

Every case of alleged sexual misconduct against a doctor not only severely damages his personal reputation but also results in the image of the medical profession taking a beating. The Doctor-Patient relationship is a fiduciary relationship based on utmost faith and trust. .Fiduciary is a legal term that is applied to a professional in whom a client places his or her trust. Because such professionals are in positions of power relative to their clients, the law holds them to a higher standard of behavior. There is nothing new about this. Hippocrates referred to this in the fourth century BC and incorporated it in the Hippocratic Oath. Similar references warning doctors against inappropriate sexual behavior towards their patients have been found in European medical texts from the Middle Ages.

It may thus be realised how important it is to uphold this faith and do our utmost to prevent such allegations being made.

For obvious reasons there are some medical specialties which are somewhat more vulnerable to such allegations and hence should be more cautious. These are:

- Radiologists / Imaging Specialists (Dark room)
- Gynecologists (male)
- Cosmetic Surgeons
- Anesthetists / Surgeons –O.T.
- Psychiatrists / Psychotherapists
- Ophthalmologists (Dark room)

What are the possible sequelae of allegations of sexual misconduct in the course of your professional work?

- Criminal prosecution under Sec 354 and Sec 376 of IPC
- Disciplinary action --Medical Council
- Damage to reputation –professional as well as personal.
- Compounded with malpractice allegations
- Media pandering to its voyeuristic readers / viewers
- Loss of practice

It must also be remembered that such allegations are a frontal attack on your personal character.

You may thus see that there is a great incentive to scrupulously avoid being at the receiving end of such allegations.

In keeping with my favourite *mantra* 'Better Safe than Sorry', I'd like to submit some prophylactic and preemptive measures which include a heightened awareness of such possibilities, a greater sensitivity to patient vulnerability and of course safeguarding against high risk patients and situations.

These are a few Dos and Don'ts:

1. ***If you are a male doctor never examine a female patient without a female assistant or a relative , preferably female, or spouse being present.***

This is such a time-honoured rule , yet it is surprising to find that many doctors still do not realize the importance of it.

Of course, there is a rider to this. A Physician was examining a female patient for pain in abdomen. He took the usual precaution of doing so in the presence of a nurse (of course female!). However, half way through the examination, the nurse who was standing behind the doctor, out of his sight, suddenly decided to fetch something from the ward. Unknown to the doctor, the nurse had disappeared. Later, the patient alleged sexual misconduct on the part of the doctor.

This kind of irresponsible behavior on the part of the nursing staff is not uncommon. This must be specifically curbed. Nurses must be specifically instructed not to leave until the examination is complete. Evening a ringing phone should be left unanswered rather than abandoning the doctor. Thus , to ensure foolproof precautions , not only should the male doctor examine a female patient in the presence of another female (nurse or relative) , the person should be instructed to stay put till the examination is concluded.

However, this needs to be followed every time and not most of the times because the only time you didn't follow this may be the time the problem arose!

2. ***Explain clearly the nature of the examination or procedure in advance***

There are many examples of failure to do this being the cause of allegations of misconduct, but I will mention just one.

A dental surgeon was carrying out a procedure on a female patient under general anesthesia on a dental chair. At the end of it he introduced a diclofenac suppository for subsequent pain relief. On returning home the patient noticed some moistness in her vagina which she could not explain. She was alarmed as she suspected some inappropriate behavior on the part of the doctor .She and her husband went back to the doctor in an agitated frame of mind. Apparently, the dental surgeon had mistakenly inserted the suppository in the vagina and that was the cause of the moistness. But no explanations on the part of the doctor were acceptable .The reason for this of course was the fact that the patient had not been told of the procedure and was being explained of the same *post facto*. Such a situation can be avoided if the nature of examination or procedure you are going to carry out are clearly explained to the patient *in advance*.

- 3. Do not examine if the patient refuses another female to be present.**
- 4. Give proper instructions on which clothing is to be removed**
- 5. Ensure privacy, arrange for appropriate dress such as gown, if called for ,and drape adequately. All this with the help of a female assistant.**
- 6. Important to note: Even while examining female minor patient, do not dispense with these measures. Many doctors feel that such allegations will not be made in case of small children. Always examine in presence of a guardian. I know of at least 2 cases where allegations were made with respect to examination of 4 to 5 year old female patients.**
- 7. Avoid narrating inappropriate jokes with the patient . It is unprofessional and can be misconstrued.**
- 8. Do not appear to be overfriendly with the patient.**
- 9. Do not discuss personal issues such as financial, marital, etc. with the patient.**
- 10. Do not exchange gifts with patients**
- 11. Do not be lax in collecting fees. This can be misconstrued..**
- 12. Some of my colleagues were very impressed with the Munnabhai movie and started adopting the “jadoo ki jhappi” with patients. May look good in movies , but most dangerous in real life !!**

Another aspect that should be understood is the various categories of the allegations. In some cases the allegations may be genuine (and I would like to believe these are rare). Undoubtedly, this is despicable behavior and such doctors do not deserve any sympathy for the outcome. On the other hand, some cases may be perceived to be sexual misconduct, though it is unintended. Every effort must be made to avoid such situations by consciously following the dos and don'ts.

Lastly there is a category of cases which are concocted and pre-planned with an idea of defaming or extorting money. Occasionally, it is engineered by professional rivalry .I am aware of a few cases in this category.

Finally, by way of abundant caution you must learn to identify 'high-risk patients'. These are flirtatious patients .Take extra care once you identify

them. As part of their *modus operandi*, they may try to appeal to your ego and may have a hidden agenda. Beware.

What are the warning signs? A few tips may help:

- May remove more clothing than required
- Dressed in seductive clothing, perfume, etc.
- Often want last appointment or out of office hours appointment when female staff would have gone.

As an after thought, one more category that comes to my mind is one in which the female patient actually falls in love with her doctor. This is also a dangerous category and all doctors, as soon as they sense this, must terminate the doctor-patient relationship and, on some pretext refer the patient to a same gender specialist.

Bottom line: In spite of all care, you may still face allegations of sexual misconduct, if your *karma* dictates it. But you must definitely try to minimize the risks. An ounce of prevention is better than a ton of cure!!

Feedback awaited on lalitprabha@hotmail.com