

**Title:** Usage of Informed Consent for Pelvic Examinations when Performed by Medical Students

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**Position Statement:** Pelvic exams performed without consent are a violation of the trust between a patient and their physician. While pelvic exams are important for medical school education, AMWA advocates that patients should always have control over who is allowed to perform these exams.

**Background:** AMWA supports the prohibition of non-consensual pelvic examinations. Whether performed by a physician, medical student, or other healthcare worker, pelvic examinations should not take place on anesthetized or otherwise unconscious patients without their explicit consent, unless “immediately necessary for diagnosis or treatment of the patient.”<sup>1</sup>

While some states have chosen a legislative route on the issue of unauthorized pelvic examinations, AMWA feels that creating strict policy could result in unintended consequences in which patients are not receiving needed care.<sup>2,3</sup> Due to the imperfect nature of the legislative system, creating legal policy around pelvic exams could result in unintended negative impacts, and impede emergency medical care.<sup>3,4</sup> For this reason, AMWA implores health systems to create a policy for consent that ensures patients have control over who performs their pelvic examinations.

It is recommended by the American College of Obstetricians and Gynecologists (ACOG) that pelvic exams be performed when indicated by medical history or symptoms.<sup>4,5</sup> ACOG released a statement on teaching pelvic examinations to medical students, recommending that students perform a pelvic examination only when the patient provides explicit consent and recognizes that the student is part of their care team, when the examination is clinically relevant and when an educator directly supervises the examination.<sup>6</sup>

A study published in 2002 of 401 medical students in Philadelphia found that students who had already performed a pelvic exam felt it was much less important to gain consent from their patients before examining them than students who had not yet had the chance to perform a pelvic exam.<sup>7</sup> A similar survey of students at the University of Oklahoma’s medical school, found that nearly 75% of survey participants reported that they believed their patients hadn’t been informed of their involvement in their pelvic exams.<sup>8</sup> Anecdotal concerns of medical students included comments that “Sometimes, more than one student [on their gynecology rotation] will practice the exam, with many sets of gloved fingers in the patient’s vagina without their knowledge.”<sup>9</sup>

In the Spring of 2019, Elle magazine performed a survey on 101 medical students, asking about their involvement with pelvic examinations during their time in medical school. According to the survey, 92% of participants had taken part in a pelvic exam, and 61% reported not having explicit consent from their patients. In addition to that statistic, 49% of participants had not even met the patient before performing the procedure.<sup>10</sup>

Publications with similar findings noted that “students who have completed Obstetrics-gynecology clerkships place significantly less importance on seeking permission from women who are to be anesthetized before performing pelvic examinations.”<sup>11</sup> Of the medical students

surveyed by Elle, 47% stated that they were uncomfortable with how their schools handled the teaching of pelvic exams.<sup>10</sup> Medical students share this feeling of uncomfortableness with the patients the exams are being performed on. When polled, the majority of patients say they would consent to having medical students perform pelvic examinations on them while they are under anesthetic. Moreover, when consent for pelvic exams under anesthetic has been made routine, most patients agree to take part.<sup>9</sup>

Though most medical schools hire professional patients to guide students through the process of performing a pelvic exam, no patient should fear being subjected to a pelvic examination for which they have not given consent at any institution, teaching or otherwise. Keeping patients involved in their own care and encouraging an interactive and informed consent process allows patients to have a voice. AMWA calls for patients to be empowered to give informed consent for their own healthcare, especially for intimate examinations such as pelvic exams.

AMWA supports the prohibition of physicians, medical students, or anyone else involved in a patient's care from performing a pelvic examination on an anesthetized or unconscious patient unless the patient has given their informed consent, the examination is within the scope of care for the procedure or diagnostic examination, or the assumption of implied consent applies in an emergent situation where the patient is unable to consent.

## References:

<sup>1</sup> S.B. 188, 2019 Gen. Sess. (Utah 2019). <https://le.utah.gov/~2019/bills/static/SB0188.html>.

<sup>2</sup> *States seek explicit patient consent for pelvic exams.* (2021, April 20). AP NEWS. <https://apnews.com/article/north-america-ut-state-wire-bills-wa-state-wire-ct-state-wire-c309d388b10b4fe582753e3b1f768f94>.

<sup>3</sup> Dube, N. *Non-Consensual Pelvic Examinations.* Connecticut General Assembly, 28 Jan. 2019.

<sup>4</sup> Statement of Yale University School of Medicine Concerning SB 16, An Act Prohibiting an Unauthorized Pelvic Exam on a Woman Who is Under Deep Sedation or Anesthesia. 2019.

<sup>5</sup> The utility of and indications for routine pelvic exam. ACOG Committee Opinion No. 754. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2018;132:e174–80.

<sup>6</sup> The Association of Professors of Gynecology and Obstetrics' Statement on Teaching Pelvic Exams to Medical Students. (2019). Available at: <https://apgo.org/page/teachingpelvicexamstomedstudents>.

<sup>7</sup> Schniederjan, S., & Donovan, G. K. (2005). Ethics versus education: pelvic exams on anesthetized women. *The Journal of the Oklahoma State Medical Association*, 98(8), 386–388.

<sup>8</sup> Ubel, P. A., Jepson, C., & Silver-Isenstadt, A. (2003). Don't ask, don't tell: a change in medical student attitudes after obstetrics/gynecology clerkships toward seeking consent for pelvic examinations on an anesthetized patient. *Obstet Gynecol*, 188(2), 575–579.

<sup>9</sup> Martyn, F., & O'Connor, R. (2009). Written consent for intimate examinations undertaken by medical students in the operating theatre--time for national guidelines?. *Ir Med J*, 102(10), 336–337.

<sup>10</sup> Tsai, D. J. (2019, June 24). *Medical Students Regularly Practice Pelvic Exams on Unconscious Patients. Should They?* ELLE. <https://www.elle.com/life-love/a28125604/nonconsensual-pelvic-exams-teaching-hospitals/>.

<sup>11</sup> Hammoud, Maya M., et al. Consent for the Pelvic Examination under Anesthesia by Medical Students. *Obstet Gynecol*, vol. 134, no. 6, Dec. 2019, pp. 1303–1307. Accessed 6 Jan. 2020.