Pelvic Examinations Under Anesthesia (EUA) Informed Consent Policy

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Abstract

It is a common practice for medical students to perform pelvic exams under anesthesia (EUAs) on women undergoing procedures without the patient explicitly consenting to this exam, despite various governing bodies advising against this practice for over a decade. The Association of American Medical Colleges (AAMC) in 2003 and American College of Obstetricians (ACOG) in 2011 released statements against pelvic exams under anesthesia (EUA) without explicit consent. Additionally, 15 states have outlawed non-consensual pelvic exams, with 2 states in the process of passing legislation, including Pennsylvania. At Geisinger Commonwealth School of Medicine, we established a policy to protect patients and students from participating in sensitive genitourinary and breast examinations under anesthesia without explicit patient consent. Our policy is in keeping with the guidelines set by the governing bodies and expands on them by including breast and prostate exams, to ensure high-quality patient care and maintain ethical medical training.

Introduction

Pelvic examination under anesthesia (EUA) is an internal exam during which the vagina, cervix, uterus, bladder, and/or rectum are visualized by scopes or examined by a digital exam for abnormalities. Risks of this exam are minimal but can include infection, bleeding, or traumatic damage. It is indicated when a patient cannot be adequately examined without sedation or general anesthesia for reasons of physical or psychological discomfort, or to provide information that will help guide a subsequent surgical procedure.

It is common practice during medical school training to allow students to perform pelvic exams on patients under anesthesia, involving inserting fingers of a gloved hand in the patient's vagina. The Association of Professors of Gynecology and Obstetrics (APGO) supports this practice and considers it essential to student education, clarifying that student involvement is only indicated when the procedure has been "Explicitly consented to; Related to the planned procedure; Performed by a student who is recognized by the patient as a part of their care team; And done under direct supervision by the educator" (1). In their publication of "Professional Responsibilities in Obstetric–Gynecologic Medical Education and Training," APGO acknowledges the inherent disparity in power and authority that students face in their learning environment and how essential medical student education is to maintaining standards of medical competence (2). They offer recommendations to student education, including respecting patient autonomy by allowing the patient to choose when not to be cared for by learners and EUAs to be performed only when specific informed consent is obtained prior to surgery (2). Additionally, learners should not be placed in situations where they are required to provide care or perform procedures for which they were not consented and not adequately supervised (2).

Other educational bodies have spoken on the subject, including the AMA Council on Ethical and Judicial Affairs and the Association of American Medical Colleges (AAMC), echoing the importance of obtaining explicit consent when students are anticipated to be involved in EUAs (3).

In 2018, *Bioethics* published "Educational pelvic exams on anesthetized women: Why consent matters" (4). The article addresses the ethical justification for informed consent in maintaining the patient's autonomy, trust, and basic rights and how foregoing this process is a violation, regardless of whether she becomes aware of it. It acknowledges the objections based in utilitarianism that EUAs offer benefit to the student's education and thus are justified. The practice of standardized patients to teach pelvic exams is widely accepted by teaching institutions and has been argued to be more valuable with the added benefit of guidance by the patient.

Despite the guidance from several medical governing bodies, it has been common practice for medical students to practice pelvic exams on patients under anesthesia without first obtaining explicit consent. In 2019, ELLE conducted a survey of 101 medical students from seven major American medical schools (5). Ninety-two percent reported performing a pelvic exam on an anesthetized female patient. Of that group, 61% reported performing this procedure without explicit patient consent. Nearly one-third of the respondents felt unable to opt out of performing these exams. Since supervising residents and attending physicians write evaluations, students feared jeopardizing their grades and future careers. This elucidates that a common medical student experience is not as benign as many believe. A student is quoted after performing a prostate exam on an anesthetized elderly man, stating "I feel like I just sexually assaulted a patient…That I had to violate a patient's bodily autonomy in order to check off a requirement for a pass/fail one-week rotation is absurd." It is evident that educational institutions need to change their standards to protect both patients and students.

Methods

In order to develop a proposal for the need to establish a policy, as well as to write the policy once we had approval, we researched state laws on EUAs passed at the time our initiative began in August 2019, including those of California, Hawaii, Illinois, Iowa, Oregon, Utah, Virginia, Michigan, and New York. Additionally, we referenced established policies from the AAMC and the American College of Obstetricians (ACOG) for

formatting and terminology. Beginning in October 2019, we presented our proposal to both school and Geisinger leadership to convince all parties of the need to establish a policy. Once approved to create a policy, we drafted it using the resources noted above and then worked with two administrative leaders who are practicing OB/GYN physicians to finalize the language. It was presented to and approved by the Medical Curriculum Committee in June 2020.

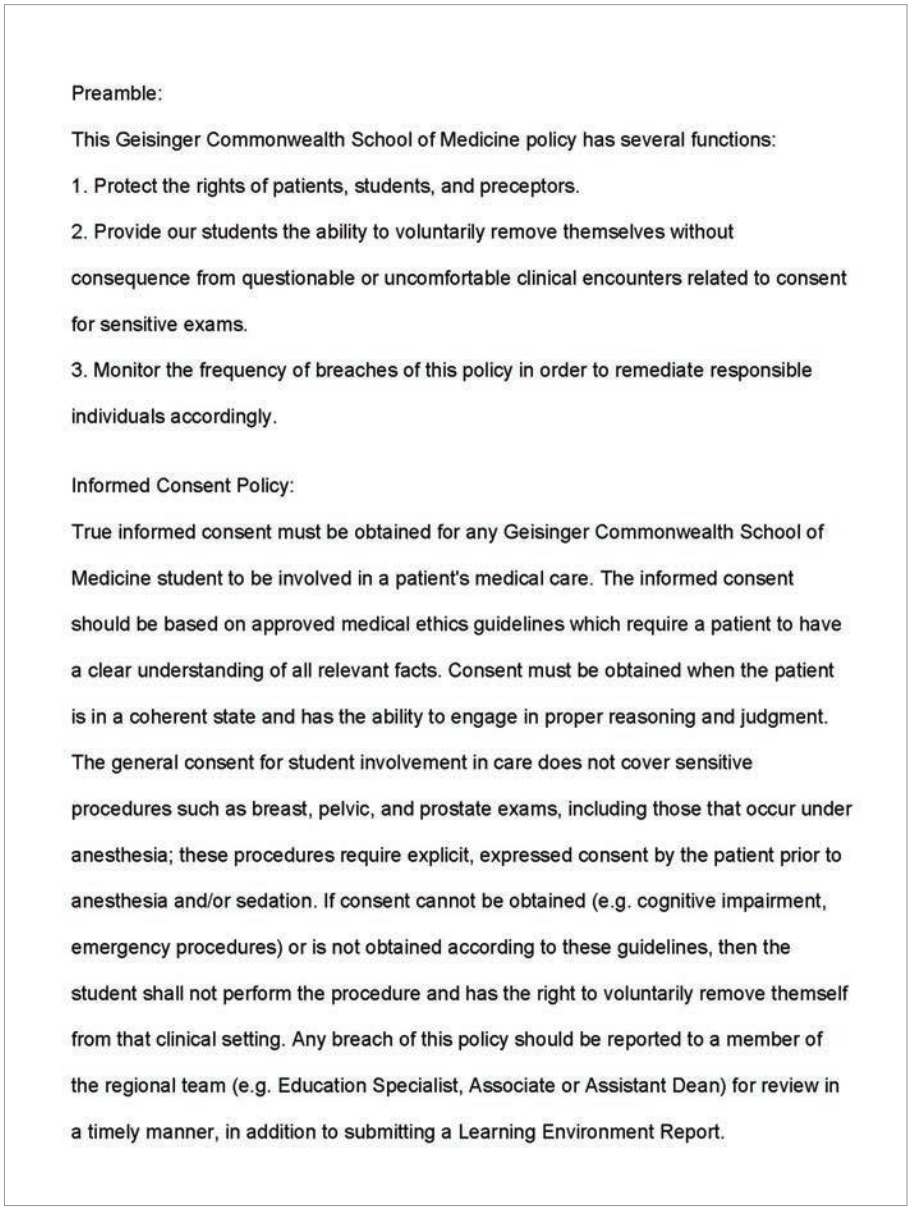
Discussion

This policy was implemented to protect the patients' autonomy and bodily rights as well as to protect students from participating in sensitive genitourinary and breast examinations under anesthesia without explicit consent obtained from the patient (Figure 1). A study reported that several of their respondents said they would feel "physically assaulted" if not explicitly consented (6). As many as 72% to 100% of women said that they would want to be consented before an educational pelvic EUA was performed on them (7). These statistics are especially important when put in context that, according to the Centers for Disease Control and Prevention, 1 in 3 women in the United States have experienced sexual violence (8).

This school policy is crucial to establish ethical practice in students before they become practicing physicians. Students learn medical practice norms from mentors, and it is important to instill trust and respect supported by policy during this formative time. A 2003 study of 401 Philadelphia medical students found that trainees who had completed an OB/GYN rotation viewed consent as significantly less important than those who had not yet completed an OB/GYN rotation (51% compared to 70%) (9). These results suggest that the environment in which you learn to practice significantly influences attitudes about ethics, and the current environment is not teaching future physicians to value or respect patient autonomy.

A common misconception revealed during our research suggested that obtaining explicit consent would hinder teaching. However, studies have shown that a majority of women would consent if explicitly asked; a survey in Canada found that the majority of women (62%) report that they would agree to have a pelvic EUA performed on them by a medical student, while 5% say they would consent only if the student was female, 18% are not sure, and only 14% would refuse (10). A study in Ireland tracked the number of women who agreed to having a pelvic EUA performed by a medical student and found that 74% consented (11). These studies support that obtaining explicit consent would not interfere with educational opportunities.

Performing an EUA is only indicated when a normal pelvic examination cannot be adequately performed due to physical or psychological pain or when proper staging of vaginal or cervical cancer is needed for surgery. When a pelvic EUA is clinically warranted, informed consent should be performed including discussion from the primary physician with the patient about why the pelvic EUA is needed and who would be involved in the process. After the context of the pelvic EUA is explicitly given, it can be documented, and a surgical consent form can be signed stating that which was consented.



Preamble:

This Geisinger Commonwealth School of Medicine policy has several functions:

1. Protect the rights of patients, students, and preceptors.

2. Provide our students the ability to voluntarily remove themselves without consequence from questionable or uncomfortable clinical encounters related to consent for sensitive exams.

3. Monitor the frequency of breaches of this policy in order to remediate responsible individuals accordingly.

Informed Consent Policy:

True informed consent must be obtained for any Geisinger Commonwealth School of Medicine student to be involved in a patient's medical care. The informed consent should be based on approved medical ethics guidelines which require a patient to have a clear understanding of all relevant facts. Consent must be obtained when the patient is in a coherent state and has the ability to engage in proper reasoning and judgment. The general consent for student involvement in care does not cover sensitive procedures such as breast, pelvic, and prostate exams, including those that occur under anesthesia; these procedures require explicit, expressed consent by the patient prior to anesthesia and/or sedation. If consent cannot be obtained (e.g. cognitive impairment, emergency procedures) or is not obtained according to these guidelines, then the student shall not perform the procedure and has the right to voluntarily remove themself from that clinical setting. Any breach of this policy should be reported to a member of the regional team (e.g. Education Specialist, Associate or Assistant Dean) for review in a timely manner, in addition to submitting a Learning Environment Report.

Figure 1. Geisinger Commonwealth School of Medicine Informed Consent Policy

Students have been asked to perform EUAs during procedures when it is clinically indicated and when it is not; they sometimes even occur during non-OB/GYN procedures. However, a student performing an EUA is never indicated and is always for educational purposes. Even if an EUA is clinically warranted, it must be repeated by a licensed provider, evidencing the student's exam as superfluous and possibly injurious. Therefore, it is important that patients be given the right to decide whether they want any person, particularly an unlicensed one, performing a sensitive exam that is not required for their care. A patient being unconscious does not negate the autonomy and respect due to them; the vulnerability of sedation requires us to be even more sensitive to upholding a patient's rights when they are unable to for themselves.

Revising policies on this practice at the school level will ensure that students will develop ethical practices regardless of where they subsequently practice, and ideally instill these ethics into institutions nationwide. While the policy will increase awareness and compliance with best practices, we advise that the baseline consent forms for all procedures requiring anesthesia should include a subsection requiring signature to explicitly consent to a medical student performing a pelvic, breast, or prostate EUA, with the option to not consent to this; this guarantees the patient is aware of the possibility for an exam and gives consent, eliminating the potential for human error in failing to obtain consent. Additionally, a nurse or physician should orally and explicitly discuss this with the patient prior to the exam.

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Disclosures

The authors have nothing to disclose.

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