In my practice I use a practice nurse as a chaperone sometimes. By tradition chaperones have always been used by the medical profession to protect doctors against false complaints from patients. This is because the nature of medical practice sometimes involves intimate examination which can be misinterpreted. In all western countries doctors performing intimate examinations and procedures are encouraged to have a chaperone. It is normal practice.

The use of chaperones as a protection for patients against doctors is not usual. It is a device created by our medical authorities to use while they assess a complaint. This would not be common. The figure of 47 is clearly a tiny minority. The one or two cases where a rogue individual breaches even chaperone protection would be so rare that it does not justify any changes to the chaperone system. No matter what is in place there will always be a rogue breakthrough occurrence.

It is not comparable to other professions outside of medicine such as teaching because the nature of medical practice does commonly involve intimate examinations and procedures which are prone to false complaint.

To discredit the use of chaperones in medicine is damaging. Criticism of the use of a chaperone in the medical sense will spillover to the more common use of chaperones by ordinary doctors in their standard day to day practice. By breaking down the validity of the protection of a chaperone doctors will be vulnerable to false complaints. Doctors need to feel safe to perform intimate procedures and examinations. The only way is with a chaperone present (or perhaps video surveillance).

Otherwise no male doctor can practice medicine without risk of false complaints.