BMUS

Ethical Decision Making in Gynaecological Ultrasound Practice

Presented by : Melanie McColgan,
Advanced Practice Sonographer
Altnagelvin Hospital, NI

Ethical Decision Making in Gynaecological Ultrasound Practice

Consent, autonomy and professional accountability in TVUS

BMUS

Disclaimer

This presentation is based on research conducted to the best of the presenter's abilities, acknowledging inherent uncertainties and limitations. The findings may be influenced by factors such as data quality, methodology, and interpretation, and do not guarantee real-world accuracy.

The content is intended for informational purposes only and does not necessarily reflect the views of the British Medical Ultrasound Society (BMUS) or its affiliates. The presenter is responsible for ensuring objectivity and disclosing any relevant financial/industry interests. BMUS and its affiliates disclaim liability for any claims arising from this educational activity.

Learning Objectives

This session focuses on ethical decision-making in autonomous gynaecological ultrasound practice, with emphasis on:

- Transvaginal ultrasound (TVUS) as an intimate examination
- Real-time consent and patient-centred decision-making
- Managing complexity: capacity, safeguarding, and distress
- Professional accountability and documentation

Why Ethics Matters in Gynaecological Ultrasound

Where ethical risk arises in practice

- TVUS as an intimate and potentially distressing procedure
- Power imbalance between practitioner and patient
- Real-time decision-making without immediate clinical oversight
- Increasing diversity in patient populations
- Complaints and litigation often relate to communication, consent, and dignity—not diagnosis

Fundamental Principles of Ethics

Applying ethical principles in real-time scanning

- Autonomy: valid, ongoing, withdrawable consent
- Beneficence / non-maleficence: clinical value vs patient distress
- Dignity: privacy, language, positioning, control
- Justice: equitable access without assumption or bias

Professional and legal framework

- BMUS (2025): Transvaginal Ultrasound Guidance
- SoR (2023): Intimate Examinations & Chaperone Policy
- SoR/BMUS: Guidelines for Professional Ultrasound Practice
- GMC (2024): Intimate examinations and chaperones
- RCR guidance
- Local trust policies

Practice must be defensible, documented, and patient-centred

Infection prevention

Infection prevention and governance

- Use sterile ultrasound gel where indicated
- Follow probe decontamination protocols
- Use probe covers appropriately
- Align with local IPC and national guidance

Ethical practice includes safe systems, not just communication

Consent in TVUS

Must be informed, voluntary, and ongoing

Requires explanation of:

- – Nature of examination
- – Alternatives (e.g. transabdominal)
- – Potential discomfort

- Explicit verbal consent required before probe insertion
- Patients may pause or withdraw consent at any time

Operationalising consent

- Consent is a process, not a one-off event
- Check understanding, not just agreement
- Monitor verbal and non-verbal cues
- Reconfirm consent if:
  - Technique changes
  - Discomfort increases
  - Findings require extended examination

Students / trainees

Learners in intimate examinations

- Must be clearly identified and consented to
- Patients must not be disadvantaged if they decline
- Trainees should not perform TVUS unsupervised
- Supervisor retains responsibility

Minors and capacity

TVUS in patients under 18:

  - Only in specific clinical circumstances
  - Requires senior decision-making
- Assess:
  - Capacity (Gillick competence)
  - Best interests
- Follow local policy and escalate if unsure

Scenario

- A 32-year-old patient attends for TVUS with pelvic pain.
- She gives clear verbal consent and the scan begins.
- During the examination she becomes quiet, avoids eye contact, and grips the couch.
- When asked if she’s okay, she says “yeah, it’s fine.”

Chaperones

Chaperones in TVUS (BMUS / SoR)

- A chaperone should be present for TVUS
- Must be:
  - A trained member of staff
  - Positioned to observe the examination
- If declined:
  - Decision to proceed is at practitioner discretion
  - Must be clearly documented
- Documentation must include:
  - Offer, acceptance/decline, and identity of chaperone

Scenario

- A patient attends alone and declines a chaperone.
- You are the only sonographer available.
- The scan is clinically important (e.g. query ectopic pregnancy).

Privacy and Dignity

- Ensure appropriate exposure only
- Maintain verbal communication throughout
- Use clear, respectful, non-assumptive language
- Avoid unnecessary observers
- Give patient control (e.g. probe insertion if appropriate)

Cultural sensitivity and Individualised care

Individualised approach to patient context

- Trauma history
- Cultural/religious views on intimate examinations
- Gender preference for practitioner
- Need for clear explanation and choice
- Communication barriers
- Anxiety or previous negative experiences

Never assume tolerance or acceptability — always individualise

Patients with no previous penetrative vaginal intercourse

Requires careful, individualised consent discussion

TVUS should not be assumed appropriate or inappropriate solely on this basis

Consider:

- Clinical indication
- Patient preference
- Likely tolerance of examination

Alternatives should be discussed

Decision and rationale must be clearly documented

Scenario

- A 24-year-old patient is referred for TVUS.
- She states she has never had penetrative vaginal intercourse and appears anxious.
- The indication is clinically relevant but not urgent.

Transgender patients

Inclusive and person-centred practice

- Use correct name and pronouns
- Focus on relevant anatomy, not identity labels
- Avoid assumptions about anatomy or history
- Ensure privacy, dignity, and clear explanation
- Adapt approach based on individual needs

Later-life TVUS considerations

Vaginal atrophy → potential discomfort

- May require:
  - Smaller probe movements
  - Increased lubrication
  - Slower technique
- Consider:
  - Capacity
  - Cognitive impairment
- Balance diagnostic benefit vs distress

Safeguarding

Safeguarding considerations

- Offer opportunity to speak without accompanying person present
- Be alert to:
  - Coercion
  - Controlling behaviour
  - Trafficking indicators
- Follow local safeguarding pathways
- Document concerns and actions taken

Scenario

- A patient attends with a partner who insists on staying.
- She avoids eye contact and lets the partner answer questions.
- She appears reluctant to proceed but does not refuse.

FGM

- May be identified incidentally during gynaecological scanning
- Do not assume prior disclosure
- Consider:
  - Pain or difficulty with examination
  - Psychological impact
- Maintain:
  - Privacy
  - Neutral, non-judgemental language
- Legal duty: mandatory reporting in under 18s
- Escalate via safeguarding pathways

When stopping is the safest decision

- Withdrawal of consent
- Distress or pain
- Unclear clinical benefit
- Safeguarding concerns

Stopping is a defensible clinical decision

Scenario

- During TVUS, the patient develops increasing discomfort.
- You have partial views but not a complete assessment.
- The indication is important but not immediately life-threatening.

Documentation

Record:

- Verbal consent obtained
- Chaperone (offer + outcome)
- Patient preferences (e.g. accompaniment)
- Any distress or adaptations
- Withdrawal or refusal
- Rationale for proceeding or not proceeding

Documentation examples

- “Verbal consent obtained. Chaperone offered, patient declined. Examination tolerated well.”

- “TVUS declined following discussion of options. Transabdominal scan performed.”

Complaints and learning from practice

Complaints in gynaecological ultrasound

- Most complaints relate to:
  - **Communication**
  - **Consent**
  - **Patient experience**
- Rarely about diagnostic accuracy

Common themes:

- Feeling rushed or not listened to
- Insufficient explanation of the procedure
- Discomfort not acknowledged
- Concerns about dignity or privacy

Complaints and learning from practice

Good practice reduces risk:

- Clear, ongoing consent
- Active communication during the scan
- Appropriate use of chaperones
- Accurate, concise documentation

Complaints as learning:

- Opportunity for reflection and improvement
- Reinforces importance of patient-centred care

Key messages

Ethical TVUS practice requires:

- Ongoing consent
- Skilled communication
- Situational judgement
- Clear documentation

- Technical competence alone is not sufficient

References

- BMUS (2025) Transvaginal Ultrasound Guidance
- SoR (2023) Intimate Examinations & Chaperone Policy
- SoR/BMUS Ultrasound Practice Guidelines
- GMC (2024) Intimate examinations and chaperones
- RCR guidance
- RCOG consent resources