



## Recommendations for healthcare professionals asked to perform intimate body searches

Guidance for doctors from the British Medical Association and the Faculty of Forensic & Legal Medicine

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Doctors and nurses are sometimes asked to perform intimate body searches of people in police custody, prisoners or people suspected by HM Customs & Excise of smuggling drugs or other goods. The BMA and the Faculty of Forensic & Legal Medicine (FFLM) believe that detained individuals and suspects who are capable of considering the issues and reaching a decision should always be invited to give consent irrespective of the fact that, in certain circumstances, consent is not a legal requirement. At its annual representative meeting in 1989, the BMA discussed this issue and passed the following resolution, which became the formal policy of the Association:

*'That this meeting believes that no medical practitioner should take part in an intimate body search of a subject without that subject's consent.'*

This guidance specifically addresses the situation where an intimate examination is proposed, which is not primarily for the medical benefit of the individual. Although doctors and nurses may undertake such examinations where valid consent is obtained intimate searches of the vagina or rectum are NOT recommended, even with the aid of a speculum or proctoscope as it may result in injury to the patient or examiner, risk breaking the packages and may not reveal deeply located packages.

In most circumstances a Low Dose CT scan (LDCT) of the abdomen and pelvis can be used to find the object of the search and this option should always be explored first. There will, however, be circumstances in which, or individuals for whom, a CT scan is not appropriate – or where there is a need to find and remove items concealed in orifices other than the vagina/rectum – where an intimate body search is the only way of achieving this aim. This guidance applies to those limited circumstances.

### 1 What is an intimate search?

An intimate search is a search that consists of a physical examination of a person's body orifices other than the mouth.

### 2 Consent

A fundamental ethical principle guiding medical practice is that no examination, diagnosis or treatment of a competent adult should be undertaken without the person's consent. The ethical obligation to seek consent applies even where this is not a legal requirement.

In order for consent to be 'valid' the individual must have been given sufficient, accurate and relevant information; the individual must have the competence to consider the issues and to reach a decision; and that decision must be voluntary in terms of not being coerced. There are a number of ways in which the ability of detainees to give consent may be compromised:

- the individual's competence to make a decision may be affected by illness, fear, fatigue, distress or by the effects of alcohol or drugs
- the lack of privacy during the consultation may affect the individual's willingness to ask questions in order to receive sufficient information to make an informed decision

- the individual may give general consent to anything proposed in the hope of being released more quickly without considering the actual procedure to be undertaken
- the fact that a refusal to permit an intimate search may be seen to imply guilt, may pressurise the patient to give consent
- in limited circumstances (see below) the individual has no choice about whether the search will proceed, only the choice of whether it is carried out by a medical practitioner/nurse or by a police officer.

It has been suggested that, because of these pressures, a detainee will never be capable of giving consent which is truly 'valid'. This purist position, however, does not reflect reality in the sense that most people can make valid choices even in situations of crisis. There are other situations where pressure is clearly exerted on the individual, but the consent is still considered to be valid. It is important that the doctor/nurse assessing the validity of the consent is aware of the ways in which the individual's ability to consent may be compromised and has taken these factors into account.



## 2.1 The clinician's ethical duty

Some clinicians may decide that, because of the pressures on detainees, they will not undertake intimate body searches even where the individuals give apparent consent. It is important to recognise, however, that despite the inevitable pressures imposed by the nature of being detained, the individual is still likely to be able to make valid choices. An individual may, for example, have no option about whether the search will be undertaken but may, nevertheless, wish to express a preference between the search being undertaken by a medically qualified practitioner/nurse rather than by a police or prison officer (where this is the only other option). An individual suspected of concealing drugs in the rectum may prefer to have an intimate search undertaken, in the hope of being released sooner, rather than being detained for a longer period (see other options below).

The BMA and FFLM advise doctors and nurses working in, or contracted to, an institution where intimate searches are likely to be undertaken to seek agreement with the appropriate officers that, except in emergencies, the clinician will always be called, and attend, when an intimate search is proposed. This does not commit the doctor or nurse to carrying out the search but allows the doctor or nurse to talk to the detainee in order to ascertain his or her wishes about the conduct of the search and to establish whether the patient gives consent to the procedure being carried out.

The doctor or nurse has an important role to play in ensuring that whatever decision the individual makes, it is based on accurate information about the possible consequences and options. So, for example, the individual should be informed:

- that, in some limited circumstances (see below), refusal to give consent may result in the search being carried out by a police officer rather than a medical practitioner/nurse
- that a court may draw inferences from a refusal to consent which means, in practice, that a refusal may be taken to imply guilt
- of the health risks, if any, of refusing the search, e.g. the risk of a package of drugs concealed in the rectum splitting and the drugs being absorbed into the blood stream causing an overdose
- of the risks associated with the search being carried out including, where appropriate, the possibly greater risk associated with the search being carried out by a person who is not clinically qualified
- of any different procedures which may be used (see below).

Based on this information, it is for the subject to make a decision about whether to consent to the doctor or nurse carrying out the search. If the doctor or nurse is satisfied the subject has understood the implications and given valid consent, despite the pressures, the search may proceed. When consent is withheld, this should be recorded in the notes and the BMA and FFLM advise doctors and nurses not to participate.

There may be very rare circumstances where an intimate search may be justified in order to save the individual's life, notwithstanding that the patient had previously refused

consent to the search for forensic purposes. This situation could arise, for example, if the suspect collapses and there are reasonable grounds to believe that he or she may be carrying a toxic substance. In such circumstances the search is no longer for forensic purposes, but in order to save the individual's life.

## 2.2 Young people and those who lack capacity

The law is clear that an intimate search of a child or young person (under 18 years of age), or of an individual with a mental health problem or learning disability may take place only in the presence of an appropriate adult<sup>1</sup> of the same sex (unless the person specifically requests the presence of a particular adult of the opposite sex who is readily available). The search of a child may take place in the absence of the appropriate adult only if the child states, in the presence of the appropriate adult, that he or she would prefer the search to be done without that person present and the appropriate adult agrees. Consent should be sought from the person with parental responsibility for those under 18 years of age.<sup>2</sup>

The BMA and the FFLM, however, advise doctors and nurses not to participate in an intimate body search in the absence of valid consent. If an adult or child lacks the capacity to consent to an intimate body search, their consent will not be valid.<sup>3</sup> If the procedure is not in the subject's best interests, the BMA and the FFLM advise doctors and nurses not to participate, regardless of the presence of an appropriate adult.

## 3 Other Options

The police may, in certain specified circumstances, detain a suspect in custody for up to 192 hours (eight days) by applying for warrants for further detention. Where an extended period of detention has been authorised and it is suspected that an object is concealed in the subject's rectum, or has been swallowed, unless there are compelling reasons for immediate action, a search can often be avoided by using this time to allow for the body's natural processes to either pass or dislodge the concealed object.

The time interval is of less practical benefit where it is suspected that the object is concealed in a woman's vagina. There are, however, less invasive means of searching which should be used wherever possible, although the use of such techniques also presents problems (see section 4.1.2).

## 4 Legal provisions

Various pieces of legislation (see below) permit some intimate body searches to be undertaken without the need for the subject's consent. While these statutory provisions permit doctors to undertake such searches, without fear of legal recourse, they do not oblige doctors to do so. The BMA and FFLM do not consider it appropriate for doctors to be involved in forced intimate searches and believe that doctors should only agree to participate where the individual has given consent or where the situation is life-threatening (see above). For information, the relevant legislation is summarised on the next page.



#### 4.1 Police and Criminal Evidence Act 1984 Police and Criminal Evidence (Northern Ireland) Order 1989 Criminal Justice and Public Order Act 1994 Drugs Act 2005

The rules governing intimate body searches carried out in England and Wales at the request of the police are covered by section 55 of the Police and Criminal Evidence Act 1984, as amended by section 59 of the Criminal Justice and Public Order Act 1994 and the Drugs Act 2005, sections 3 and 5.

In Northern Ireland, they are covered by Article 56 of the Police and Criminal Evidence (Northern Ireland) Order 1989, as amended, and the Drugs Act 2005, section 6.

An intimate body search may be undertaken if an officer of at least the rank of inspector has reasonable grounds for believing:

- a) that a person who has been arrested and is in police detention may have concealed on him anything which:
  - i. he could use to cause physical injury to himself or others; and
  - ii. he might use while he is in police detention or in the custody of a court; or
- b) that such a person:
  - i. may have a Class A drug concealed on him; and
  - ii. was in possession of it with the appropriate criminal intent before his arrest.

An officer may not authorise an intimate search of a suspect unless he or she has reasonable grounds for believing that the object of the search cannot be found without the suspect being intimately searched.

The subject's consent to the search is not a requirement for searches undertaken under 4.1(a) above, although the BMA and FFLM consider that, ethically, such searches should only be carried out by doctors when the detainee has given consent. To undertake an intimate body search under 4.1(b) above, written consent is required.

##### 4.1.1 Searches for something that could and might be used to cause physical injury

The police may authorise an intimate body search to remove an object, which the individual may use, while in custody, to cause physical harm to himself or herself, or others. Searches under this section:

- may be carried out by a constable of the same sex as the detainee if an officer of at least the rank of inspector considers that it is not practical for the search to be carried out by a 'suitably qualified person' (a medical practitioner or a registered nurse)
- may be carried out at a police station, a hospital, a doctor's surgery or other medical premises.

The FFLM and BMA have been informed of attempts to use this section of the legislation to authorise a search for drugs for forensic purposes on the grounds that the drugs constitute an object, which could cause physical harm to the person concealing them. Using this section, rather than the section authorising searches for drugs, would allow the search to proceed without consent and would allow a police officer to carry out the search if a doctor refused to participate.

We consider this practice to be totally unacceptable, potentially dangerous and a misuse of the legislation. While, as discussed in section 2.1, a doctor should always be called, and attend, when an intimate search is proposed, any doctor confronted with an attempt to use the legislation in this way should withdraw from any involvement with the search and raise the matter with the senior officer responsible for giving authorisation; the BMA or FFLM should also be informed.

As mentioned above, there may be very rare circumstances where an intimate search may be justified in order to save the individual's life, notwithstanding that the patient had previously refused consent to the search for forensic purposes.

Those who are carrying out intimate searches for weapons or other objects that could be used to cause physical injury should assess and take steps to protect their own safety during the search.

##### 4.1.2 Searches for Class A drugs

The Codes of Practice Annex K state that the police may authorise an intimate body search or an ultrasound or X-ray to be taken if they have reasonable grounds to suspect that the person has concealed a Class A drug with the intent to supply or export. All such procedures can only be carried out with the written consent of the person to be searched or scanned. If an individual refuses, appropriate inferences may subsequently be drawn by a court or jury. The authorisation for the procedure, grounds for that authorisation and the consent of the person due to be searched or scanned, must be recorded in the custody record.

A Low Dose CT scan (LDCT) of the abdomen/pelvis is the investigation of choice for suspected internal drug traffickers (SIDTs).<sup>4</sup>

Class A drugs include heroin, cocaine, ecstasy, methadone and injectable amphetamines but not cannabis. Searches or scans under this section must:

- be carried out by a 'suitably qualified person' (a medical practitioner or a registered nurse), not by a police officer
- be carried out at a hospital, a doctor's surgery or other medical premises, not at a police station.

While, where appropriate, the BMA and the FFLM advise that less invasive search procedures should be used in preference to intimate body searches, it should be borne in mind that X-ray techniques involve irradiating the patient. Such techniques are not suitable for pregnant or potentially pregnant women; at present in the UK, abdominal X-ray examinations are not normally carried out in the second half of the menstrual cycle in case conception has occurred.





## 4.2 Intimate searches in Scotland

The Police and Criminal Evidence Act (PACE) does not apply to Scotland. Instead, Section 14 of the Criminal Procedure Act 1975 allows a healthcare professional to perform an intimate search if a Class A drug or object which may cause physical harm is suspected by police of being concealed. Where an intimate search is considered necessary in Scotland in the interests of justice and in order to obtain evidence, this may lawfully be carried out under the authority of a sheriff's warrant. As with searches authorised under PACE, however, the BMA and FFLM consider that such searches should be carried out by a doctor or nurse only when the individual has given consent. If consent is not given, the doctor or nurse should refuse to participate and have no further involvement in the search.

## 4.3 Customs and Excise Management Act 1979

Legal provision under S164 of the 1979 Act is also provided for intimate searches authorised by Border Force; these searches are for investigative purposes and may be carried out before or after arrest. There is no legal requirement to obtain the individual's consent to the search, although the BMA and FFLM considers there to be an ethical obligation for doctors to do so. An intimate search carried out under the Customs and Excise Management Act must be:

- based on an assessment that there are reasonable grounds to suspect that the individual is carrying an article which is chargeable with any duty which has not been paid or secured or with respect to the importation or exportation of which any prohibition or restriction is for the time being in force under or by virtue of any enactment.
- authorised at senior executive officer level
- carried out by a suitably qualified person (a registered medical practitioner or registered nurse).

The individual has the legal right to appeal to a justice of the peace or to a superior of the officer who authorised the search. The person hearing the appeal will consider the grounds for suspicion and decide whether the suspect is to be submitted to the search.

## 5 Other places of detention

Doctors may also be asked to participate in intimate body searches in other circumstances, such as searches of people detained in prison or under the Mental Health Act. Regardless of the circumstances or premises in which the search is requested, the same ethical standards apply and the BMA considers that doctors should only agree to undertake such searches with the individual's consent or, in relation to an adult lacking capacity, if it is in his or her best interests.

## 6 Guidelines for practice

The BMA and FFLM advise doctors or nurses working in, or contracted to, an institution where intimate searches are likely to be undertaken to seek agreement with the appropriate officers that, except in emergencies, the doctor or nurse will always be called, and attend, when an intimate search is proposed.

These institutions should have written agreements in place with the senior management and/or clinical staff at a local hospital or other medical premises so that appropriate facilities are available, within a reasonable timescale, when a search is required.

When faced with a request for an intimate body search, doctors and nurses are advised to take into account the following factors.

- The doctor or nurse should ensure that urgent therapeutic requirements of the detainee have first been met.
- The doctor or nurse should satisfy him or herself that proper authorisation for the search has been obtained and that the authorisation, and the patient's consent, has been recorded in the custody record. If the doctor or nurse is not satisfied, he or she should refuse to perform the search.
- The doctor or nurse should always speak to the suspect when an intimate body search has been proposed. Arrangements should be made to permit the greatest degree of privacy possible without putting the doctor or nurse at risk. The procedure for undertaking the search should be explained as well as the grounds on which the search was authorised and what the options are. Where refusal is likely to be seen to imply guilt, this should be explained to the detainee and, similarly, where the search has been authorised for something that could and might be used to cause injury, and the alternative is for the search to be carried out by a police officer, the detainee should be informed of this.
- If the patient consents to the search, and the doctor or nurse is satisfied that the consent is valid – despite the obvious pressures on consent (see above) – the search may proceed. The doctor or nurse should speak to the senior staff at a local hospital or medical premises to seek permission for the use of appropriate premises to undertake the search (unless prior agreement has already been reached).
- If the patient refuses consent, and has been informed of the consequences and options, the refusal should be respected and the doctor or nurse should withdraw from any further involvement with the search. The doctor or nurse should explain to those requesting the search why he or she will not comply with the request. It may be helpful, as part of this explanation, to refer to these guidelines.

## For further information about these guidelines

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## References

1. Code C of the Codes of Practice of the Police and Criminal Evidence Act 1984 defines an appropriate adult in section 1.7:

In the case of a juvenile:

- i. the parent, guardian or, if the juvenile is in the care of a local authority or voluntary organisation, a person representing that authority or organisation;
- ii. a social worker of a local authority;
- iii. failing these, some other responsible adult aged 18 or over who is not a police officer; employed by the police; under the direction or control of the chief officer of a police force; or a person who provides services under contractual arrangements (but without being employed by the chief officer of a police force), to assist that force in relation to the discharge of its chief officer's functions, whether or not they are on duty at the time

In the case of a person who is vulnerable:

- i. a relative, guardian or other person responsible for their care or custody;
- ii. someone experienced in dealing with vulnerable persons but who is not a police officer; employed by the police; under the direction or control of the chief officer of a police force; or a person who provides services under contractual arrangements (but without being employed by the chief officer of a police force), to assist that force in relation to the discharge of its chief officer's functions, whether or not they are on duty at the time;
- iii. failing these, some other responsible adult aged 18 or over other than a person described in the bullet points in sub- paragraph (ii) above.

*Home Office: Police and Criminal Evidence Act 1984 (PACE)*  
Last updated December 2023

- 2 *Consent from children and young people in police custody in England & Wales*  
FFLM Oct 2023
- 3 *Consent from patients who may have been seriously assaulted*  
FFLM Aug 2022
- 4 *Management of Suspected Internal Drug Trafficker (SIDT)*  
RCEM Sept 2020



## Frequently Asked Questions

### How often are intimate searches requested by the police?

In England & Wales intimate searches are not often requested by the police.

The latest National Statistics<sup>1</sup> covering England and Wales (from the 41 forces who provided data) reveal there were 11 intimate searches carried out by police in the year ending March 2023, a decrease of 8 compared with the year ending March 2022, in which 19 intimate searches were carried out. All 11 of the intimate searches in the latest year were carried out by a medical practitioner or other suitably qualified person.

Ten intimate searches were performed to find Class A drugs and one conducted to find harmful articles. Of the 10 searches made for drugs in the year ending March 2023, Class A drugs were found in 2 cases, a similar proportion to the year ending March 2022. A harmful article was not found in the 1 search conducted to find them.

Ten intimate searches were undertaken on males and 1 on a female. One of the people searched (a male) was aged 17 or under.

In Scotland requests to HCPs are more common.<sup>2</sup>

### Whilst intimate searches of the vagina and rectum are not recommended which other orifices may be used to conceal drugs/weapons and should be examined?<sup>3</sup>

Any of the following orifices may be used to conceal drugs/weapons and should be examined in the following manner:

- mouth: visual inspection with light source
- nostrils: visual inspection with auroscope
- ears: visual inspection with auroscope
- umbilicus: visual inspection with light source
- foreskin: visual inspection with light source

### Which radiological investigations can be requested?

Annex K<sup>4</sup> of the PACE Code C provides information in relation to X-rays and Ultrasound scans. Under Notes for Guidance K1 it states:

*'If authority is given for an x-ray to be taken or an ultrasound scan to be carried out (or both), consideration should be given to asking a registered medical practitioner or registered nurse to explain to the detainee what is involved*

*and to allay any concerns the detainee might have about the effect which taking an x-ray or carrying out an ultrasound scan might have on them. If appropriate consent is not given, evidence of the explanation may, if the case comes to trial, be relevant to determining whether the detainee had a good cause for refusing.'*

However, the FFLM/BMA recommendations and the RCEM<sup>5</sup> state that a Low Dose CT scan (LDCT) of the abdomen is the investigation of choice for suspected internal drug traffickers.

### Why is an LDCT scan the best method for the detection of drug packages?

Low dose CT of the abdomen and pelvis has been shown to be effective in the detection of packages and objects.

A forensic radiologist or a radiologist with appropriate expertise or specialisation in such imaging should report the LDCT examinations.

X-Rays are less sensitive and specific.

### Surely LDCT will only pick up body packers? Will it ever pick up packages secreted by body stuffers/body pushers?

The likelihood of picking up positive images is dependent on the amount/weight of the drugs in any wraps or packages.

### The PACE Codes of Practice Annex K still state that the police should request an ultrasound (US) or an X-ray. Is this ever recommended?

Rarely. Both X-rays and US are less specific and sensitive for the detection of drug packages than LDCT.

### How do I allay any concerns detainees may have about the effect of having a LDCT scan?

The detainee can be reassured that the dose used is low/an optimised dose. CT scanners vary and so local expertise is needed from the medical physicist to ensure the correct dose. The dose of radiation is no more than an X-ray.

Produced by Prof Margaret Stark and Dr Curtis Offiah on behalf of the Faculty of Forensic & Legal Medicine and the British Medical Association

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<sup>1</sup> National statistics. Police powers and procedures: Other PACE powers, England and Wales, year ending 31 March 2023 (second edition). Updated 19 April 2024

<https://www.gov.uk/government/statistics/other-pace-powers-year-ending-march-2023/police-powers-and-procedures-other-pace-powers-england-and-wales-year-ending-31-march-2023>

<sup>2</sup> Jamieson RJ. Journal of Forensic and Legal Medicine 2018; 59: 60-61

<sup>3</sup> Stark MM. 2008. Intimate searches. In: Stark, M.M., Rogers, D.J., Norfolk, G.A. (Eds.), Good Practice Guidelines for Forensic Medical Examiners. London: Metropolitan Police.

<sup>4</sup> Home Office Code C - Annex K

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/903473/pace-code-c-2019.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/903473/pace-code-c-2019.pdf)

<sup>5</sup> <https://fflm.ac.uk/resources/publications/recommendations-healthcare-professionals-asked-to-perform-intimate-body-searches/>  
<https://fflm.ac.uk/resources/publications/intimate-searches-in-police-custody-flow-chart/>  
[The Royal College of Emergency Medicine, 2020. Best Practice Guideline. Management of Suspected Internal Drug Trafficker \(SIDT\). https://rcem.ac.uk/wp-content/uploads/2021/10/Management\\_of\\_Suspected\\_Internal\\_Drug\\_Trafficker\\_December\\_2020.pdf](https://www.rcem.ac.uk/wp-content/uploads/2021/10/Management_of_Suspected_Internal_Drug_Trafficker_December_2020.pdf)