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Boundary Violations in the Patient-Physician Relationship FAQs

The following attempts to address some of the questions raised by the profession.

Is it necessary to have a chaperone for every type of exam?

While it is not necessary to have a chaperone present for every type of examination, the presence of a third person during a sensitive examination is widely considered best practice as it provides protection and reassurance for patients and physicians alike, regardless of gender. A chaperone's primary role is to guard a patient from abuse, but a chaperone can also provide emotional support during any type of examination where the patient may feel concerned, embarrassed or awkward. The best approach for both male and female physicians is to ask patients whether they would like to have another person present for any type of examination, and to routinely have a chaperone present during all sensitive examinations. Details of the examination including presence/absence of a chaperone and the information provided to the patient must be documented in the patient's medical record.

Why is it inappropriate for a physician to accept a gift from a patient?

There is an inherent risk that accepting a gift may affect the patient-physician relationship by influencing decision-making and encouraging favouritism or preferential treatment of that patient. For that reason, physicians are encouraged to carefully consider any offer of a gift from patients to avoid any real or perceived conflict of interest, including real or perceived abuse of trust or power.

The General Medical Council's *Good Medical Practice* guidelines include advice on how to deal with offers of gifts from patients: Physicians "must not encourage patients to give, lend or bequeath money or gifts that will directly or indirectly benefit them." However, the guidelines add that physicians may accept unsolicited gifts from patients or their relatives provided: a) the gift does not affect, or appear to affect, the way a physician prescribes for, advises, treats, refers, or commissions services for patients, and b) the physician has not used his/her influence to pressure or persuade patients or their relatives to offer gifts.¹

The College strongly recommends adopting and consistently applying criteria to ensure that gifts are modest tokens of appreciation. For example, by limiting the value of gifts deemed acceptable. It is reasonable to manage the awkwardness by advising patients that physicians are not allowed to accept substantial gifts.

¹ General Medical Council. Financial and commercial arrangements and conflicts of interest (2013)

Is it ever appropriate for a physician to end the therapeutic patient-physician relationship to pursue a personal relationship with a patient?

No, it is never acceptable for a physician to intentionally end a therapeutic relationship with a patient for the purpose of pursuing a personal relationship. Similarly, if the therapeutic relationship was longstanding, or involved any kind of psychotherapy, the pursuit of a personal relationship after the therapeutic relationship ends is still unethical due to the inherent power and information imbalance that would have existed (and continues to exist) where the patient was vulnerable and likely disclosed personal details of his/her life. Such situations may result in a finding of professional misconduct in a complaint matter.

In rare situations where a physician has treated a patient one time only for a very minor concern, the pursuit of a personal relationship may not be problematic if it evolves sometime later in a unique and unrelated setting. In all situations, it is the physician's responsibility to be aware of the power imbalance that exists in a therapeutic patient-physician relationship and to manage all risk associated with crossing a professional boundary.

How should a physician handle relationships with patients in small communities where these patients may also form part of the physician's social network?

Living and working in small communities inevitably increases the chance that a physician will be invited to, or engaged in, social events and activities with patients. While avoiding friendships and declining every invitation is not altogether necessary, the responsibility lies entirely with the physician to be aware of the increased risk associated with managing a dual relationship with a patient, including the potential for distorted professional judgement and/or unreasonable patient expectations, which can be difficult to navigate. By maintaining appropriate boundaries, physicians mitigate the risk of complaints alleging professional misconduct.

Physicians who have questions or concerns about boundaries in the patient-physician relationship should contact the College to speak with a deputy registrar, or the CMPA.