



College of Physicians and Surgeons of British Columbia

Practice Standard

Boundary Violations in the Patient-Physician Relationship

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Related topic(s):	Conflict of Interest , Photographic, Video and Audio Recording of Patients , Physical Examinations and Procedures , Treating Self, Family Members and Those with Whom You Have a Non-professional Relationship , Social Media

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

COLLEGE'S POSITION

Clear professional boundaries ensure the protection of both patients and physicians. The College considers any violation of a professional boundary between a patient and a treating physician as an extremely serious matter. It is the physician's responsibility to ensure that appropriate professional boundaries are maintained, regardless of how the patient may behave.

BOUNDARY VIOLATIONS

A boundary defines the limit of a clinical or professional role; this includes, but is not limited to, the emotional and physical distance expected between the patient and physician. A physician is expected to only have a professional relationship with a patient. Other interactions may compromise the patient-physician relationship. A violation of a boundary undermines the patient-physician relationship. If boundaries are not maintained, a physician's interest may end up superseding or replacing that of the patient. Boundary violations can exploit patients and have the potential to cause harm.

Examples of physician boundary violations include:

1. Sexual
 - sexual interactions (see page 2)
2. Financial/business
 - borrowing money from patients
 - entering into a business relationship with a patient
 - soliciting patients to make donations to charities or political parties
3. Social
 - giving or receiving inappropriate or elaborate gifts
 - asking patients directly, or searching other sources, for private information that has no relevance to the clinical issue
 - asking patients to join faith communities or personal causes

THE PATIENT-PHYSICIAN RELATIONSHIP

In a patient-physician relationship, there is a power imbalance where the patient is considered to be vulnerable, especially if the patient is very ill, experiencing pain, afraid or worried, does not speak the same language, or is undressed or exposed.

Trust is the foundation upon which the patient-physician relationship is built. The patient trusts that the physician will be professional and ethical, and will act in the patient's best interest at all times.

Physicians must never place their interests above those of their patients. By maintaining appropriate boundaries, physicians mitigate the risk of complaints alleging professional misconduct.

SEXUAL INTERACTIONS BETWEEN PATIENTS AND PHYSICIANS

Sexual involvement of any kind is unacceptable in the patient-physician relationship. Physicians are cautioned to minimize personal vulnerability by recognizing and paying attention to their own emotional stressors, which may lead to boundary violations, and to avoid deliberately pursuing a personal relationship with a patient.

Termination of a professional relationship in order to pursue a personal or intimate relationship is considered unethical.

To ensure proper boundaries are maintained and to avoid any misinterpretation, physicians must:

- Inquire whether the patient wishes to have another person of their choice present during the physical examination or procedure. This is particularly important for sensitive examinations or where disrobing is required.
- Only ask questions or make comments about the patient's sexual history, behaviour or performance when the information is relevant to the physical examination or procedure, or the patient's overall health and the care being provided.
- Be aware and respectful of the patient's cultural or religious background.
- Not make any sexual comments or advances towards the patient, and refrain from responding to any form of sexual advance made by the patient.
- Clearly explain to the patient the scope and the rationale for any examination, treatment or procedure, and answer any questions the patient may have.
- Stop the physical examination or procedure upon the patient's request.
- Give the patient privacy to undress/dress when it is required for the physical examination or procedure.
- Not assist the patient with the adjustment or removal of clothing unless the patient consents.
- Provide the patient with a gown or cloth to drape during the physical examination or procedure if clothing needs to be removed, and only expose the area specifically related to the physical examination or procedure. Frequently both a gown and a drape are required to ensure patient privacy and comfort.
- Only touch the patient's breasts and/or genitals when it is medically necessary.
- Use gloves when performing genital, rectal or oral examinations.
- Ensure a parent, guardian or trusted adult is present during a genital examination of a child, unless the child has capacity to consent otherwise.

REPORTING SEXUAL MISCONDUCT

Physicians have statutory duty under [section 32.4 of the Health Professions Act](#) to report sexual misconduct by another registrant to the College.

- 32.4 (1) If a registrant has reasonable and probable grounds to believe that another registrant has engaged in sexual misconduct, the registrant must report the circumstances in writing to the registrar of the other registrant's college.

(2) Despite subsection (1), if a registrant's belief concerning sexual misconduct is based on information given in writing, or stated, by the registrant's patient, the registrant must obtain, before making the report, the consent of

(a) the patient, or

(b) a parent, guardian or committee of the patient, if the patient is not competent to consent to treatment.

(3) On receiving the report under subsection (1), the registrar must act under section 32(2) as though the registrar had received a complaint under section 32(1).

Note: Physicians must also be aware of their duty to report a child in need of protection under the [Child, Family and Community Service Act \[RSBC 1996\] c.46, sections 13 and 14\(1\)](#).

ADJUDICATION OF SEXUAL MISCONDUCT COMPLAINTS

All allegations of sexual misconduct are investigated by the College.

REFERENCES

See also Canadian Medical Protective Association: [Recognizing boundary issues](#)