



College of Physicians and Surgeons of British Columbia

# Practice Standard

## Non-sexual Boundary Violations

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<b>Version:</b>	1.0
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<b>Related topic(s):</b>	<a href="#">Conflict of Interest</a> , <a href="#">Photographic, Video and Audio Recording of Patients</a> , <a href="#">Physical Examinations and Procedures</a> , <a href="#">Treating Self, Family Members and Those with Whom You Have a Non-professional Relationship</a> , <a href="#">Sexual Misconduct</a> , <a href="#">Social Media</a>

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in the province). 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 or other entity.**

## 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 registrants. The College considers any violation of a professional boundary between a patient and a registrant as an extremely serious matter. It is the registrant's responsibility to ensure that appropriate professional boundaries are maintained, regardless of how the patient may behave, to prevent sexual misconduct and other professional misconduct.

This practice standard outlines non-sexual boundary expectations, for sexual boundary expectations see the *Sexual Misconduct* practice standard.

## THE PATIENT-REGISTRANT RELATIONSHIP

Trust is the foundation upon which the patient-registrant relationship is built. The patient trusts that the registrant will be professional and ethical and will always act in the patient's best interest.

In a patient-registrant 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, has experienced trauma, is of a different cultural background, or is undressed or exposed. This power imbalance may extend to a patient's family members and/or caregivers.

The law imposes a fiduciary duty on registrants (an obligation to act in the best interest of their patients). Registrants must therefore never place their own interests above those of their patients. By maintaining appropriate boundaries, registrants mitigate the risk of complaints and ensure a therapeutic patient-registrant relationship is not compromised.

The designation of "**patient**," for the purpose of this standard, means an individual who has formed a patient-registrant relationship. Whether or not a patient-registrant relationship exists is a factual inquiry; however, this type of relationship is generally formed when the registrant has engaged in one or more of the following activities directly with a person:

- gathered clinical information for the purpose of making an assessment
- provided a diagnosis
- provided medical advice and/or treatment
- provided counselling
- contributed to the health record or file
- charged or received payment for medical services
- prescribed a drug for which a prescription is needed

## PATIENT-REGISTRANT BOUNDARIES

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 registrant. A registrant is expected

to only have a therapeutic relationship with a patient. If boundaries are not maintained, a registrant's interest may end up compromising the fiduciary relationship.

### **BOUNDARY CROSSING**

Within a therapeutic patient-registrant relationship, a boundary crossing may be inevitable. A boundary crossing is a deviation from classical therapeutic activity that is harmless and non-exploitative (i.e. if a registrant purchased a car from the only local car dealership in their community, owned by one of their patients, but ensured they paid the same amount as other customers). Registrants are responsible for appropriately managing any dual relationship formed with a patient, should a boundary crossing occur.

### **BOUNDARY VIOLATIONS**

A boundary violation is harmful or potentially harmful to the patient and undermines the patient-registrant relationship. Registrants who commit boundary violations can exploit patients and have the potential to cause harm, whether that was the registrant's intent or not.

Examples of non-sexual boundary violations include, but are not limited to:

- borrowing from or lending money to patients
- entering a business relationship with a patient
- soliciting patients to make donations to charities or political parties
- giving or receiving inappropriate or elaborate gifts to or from the patient
- probing the patient for private information that has no relevance to the patient's clinical issue
- asking patients to join faith communities or personal causes

### **PRACTICE STANDARDS**

Registrants are responsible for maintaining professional boundaries in any interaction with a patient, and for considering and minimizing any potential conflict of interest when engaging with a patient in a non-clinical context (i.e. in a social or business relationship).

Registrants must not:

- enter a business or close social relationship with a patient or a person closely associated with a patient (any person with whom a patient has a dependent or reliant relationship, such as a parent, guardian, child or significant other)
- socialize or communicate with a patient for the purpose of pursuing a social or business relationship
- terminate a patient-registrant relationship for the purpose of pursuing a social or business relationship
- enter a business or close social relationship with a former patient if
  - the registrant has ever provided the patient with psychotherapeutic treatment,
  - there is any risk of a continuing power imbalance, and
  - sufficient time has not passed since the last clinical encounter, given the nature and extent of the patient-registrant relationship

- promote their personal, political, or religious beliefs or causes to a patient in the context of the patient-registrant relationship

The College acknowledges that registrants practising in rural, remote, or exclusive social settings face unique circumstances. Although registrants in small communities may not be able to avoid all social or business interactions with their patients, the College expects that registrants always use their best judgement to manage relationships appropriately so that patient care is not compromised and the vulnerability of the patient is not exploited, even unintentionally. The responsibility lies entirely with the registrant to be aware of the increased risk associated with managing a dual relationship with a patient. By maintaining appropriate boundaries, registrants mitigate the risk of complaints alleging professional misconduct.

The College regulates its registrants in a complaints-driven manner, with each complaint reviewed on a case-by-case basis. Registrants may seek further advice regarding non-sexual boundary violations by contacting the College, the CMPA or other entity.

## REFERENCES

CMPA [Internet]. Ottawa: Canadian Medical Protective Agency; 2020. Recognizing boundary issues; 2014 Sep [cited **2020-Aug-26**]. Available from: <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/recognizing-boundary-issues>

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