



[Registrar's message—New reality, same standards: what practising medicine means in the #MeToo era](#) [\[1\]](#)

These days, few could be blamed for finding that a visit to an online news source or a scroll through their social media feeds is more difficult than ever. They are inundated with heartbreaking stories of sexual impropriety in both professional and non-professional settings, and the repercussions that follow: years of shame, mental and emotional scarring, and stymied careers. The much needed #MeToo and #TimesUp movements are significant, breaking a code of silence that has forced many people to confront this issue, triggering deep reflection and uncomfortable soul-searching.

No amount of unplugging from social media will change the new reality: the world is much different than it was six months ago. Of course, the practice of medicine does not exist in a vacuum. Far from it.

Stories from the profession and patients have emerged as a result of the discussion. The prevailing theme is familiar: the unwanted sexual advances come from someone who is in a position of power, leaving the survivor with the difficult decision to either acquiesce, or face sizable consequences.

In medicine, it is well accepted that a power imbalance exists between a patient

and physician. Patients are considered to be vulnerable especially if they are very ill, experiencing pain, afraid or worried, do not speak the same language, or are undressed or exposed. They are also often required to disclose the most personal details of their lives and consent to sensitive exams. The Canadian Medical Protective Association offers this advice:

Courts have long recognized that the doctor-patient relationship is built on trust; this relationship of trust is recognized as fiduciary duty. Physicians must act in good faith and demonstrate loyalty toward the patient, never placing their personal interest ahead of the patient's.

If that trust is betrayed, there is the potential to cause serious harm to the patient. Negative psychological effects can carry into other areas of a patient's life, and may even prevent them from seeking medical care in the future.

It is the physician's responsibility to ensure that appropriate professional boundaries are maintained, even if the patient seems willing to cross those boundaries. Now more than ever, at a time when there is greater scrutiny on the actions on those in positions of responsibility, it is important for physicians to equip themselves with the right tools to prevent harm to patients.

Registrants seeking guidance on recognizing and maintaining professional boundaries are strongly encouraged to enroll in the [Professionalism in Medical Practice](#) [2] course, which takes place in November. Registrants should also be aware of these applicable practice standards [Boundary Violations in the Patient-Physician Relationship](#) [3] and [Physical Examinations and Procedures](#) [4] to ensure the protection of patients, and themselves.

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Comments on this or any other article published in the *College Connector* can be submitted to the communications and public affairs department at communications@cpsbc.ca [5].

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