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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

# Boundary Violations: Personal

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the CPSA Standards of Practice. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

## Contents



The medical profession has long acknowledged physicians' interactions with patients outside the clinical physician-patient relationship may intrude upon the trust that must exist if the patient is to receive optimal care.

The *Boundary Violations: Personal* standard is intended to protect professional relationships between patients and physicians, and also physicians and learners or colleagues in subordinate roles. It is **not** intended to prohibit all relationships outside the professional realm. That would be neither sensible nor possible; CPSA recognizes physicians need to be part of and engaged in their communities.

Physicians should use the standard as a framework for clarifying whether interactions outside their professional lives might have significant impacts on their ability to fulfil their professional roles. Professional boundaries are a constant consideration for most

physicians and, in the vast majority of circumstances, physicians thoughtfully and sensibly negotiate issues as they arise.

Having clear boundaries protects not only the patient or learner, but also the physician who may be asked or feel compelled to do something he or she would not otherwise do.

## Types of boundary violations

Traditionally, the standard focused on sexual boundaries. The latest amendment to the standard recognizes that other types of relationships can also expose patients and physicians to risks of conflict of interest and coercion. Sexual boundary violations are addressed in the *Boundary Violations: Sexual* standard of practice and accompanying Advice to the Profession document.

In many instances, the risks will be small and the impacts negligible. Where the impacts may be greater, the physician or the patient should change either their non-professional or their professional relationship so there is clarity over boundaries. In a physician-learner relationship, this may not be possible (e.g., an alternative teacher may not be available).

> A suggested "rule of thumb" for gauging whether a relationship is potentially problematic is whether you would feel comfortable telling others about it.

**In all situations, physicians should strive to minimize potential and perceived conflicts of interest.**

Potential physician boundary violations with patients/learners include:

- **Close personal** – becoming emotionally intimate; sharing overly personal details with a patient
- **Financial/business** – lending/borrowing money; entering into a business relationship; soliciting donations for charities or political parties
- **Personal/social**: giving or accepting inappropriate or expensive gifts; asking directly or searching other sources for private information about the patient/learner that has no relevance to the professional relationship; asking patients/learners to join faith communities or personal causes

# Boundary Violations: Personal

Boundaries are often subjective and are best considered in context. In small communities, professional, social and business relationships might necessarily intersect. For example, a physician in rural practice might need to arrange a loan with the only bank in town, managed by one of his patients; or be asked by a patient to take part in a community softball tournament; or require the services of the only local plumber, also a patient.

The existence of such a relationship is not in itself of concern; the issue is whether the relationship intrudes upon or has the potential to intrude upon and alter the physician-patient relationship, creating the potential for conflict of interest or even coercion on either side. The risk is generally minimal; however, if there is any question about appropriate boundaries, the physician should consult with CPSA or another relevant advisory body (e.g., Canadian Medical Protective Association). The context would be considered at that time.

## Use of chaperones

The presence of a chaperone as an independent third person during clinical interactions can be helpful to both the physician and the patient. A chaperone may provide considerable reassurance to a patient during exams they consider personal or intimate. Consequently, CPSA strongly recommends the use of a chaperone whenever requested by a patient, and a physician should offer the use of a chaperone when an interaction requires significant removal of clothing such that the patient may consider the exam personal or intimate.

Specific training is available to chaperones who work in physician offices, providing an understanding of medical procedures and knowledge of positioning in the exam room during some examinations. While the assistance of a chaperone may not be possible in every clinical setting, having one can provide a degree of reassurance to both a patient and the physician.

## Relationships with former patients

While the vast majority of physicians understand and respect the prohibition on close personal relationships with current patients, there is less clarity regarding former patients. Again, the most important consideration is the potential for coercion and conflict of interest. Factors to consider include:

- type and duration of the therapeutic relationship;

- circumstances surrounding the termination of the patient-physician relationship;
- length of time since the physician-patient relationship ended;
- patient's degree of vulnerability; and
- patient's and physician's understanding of the dynamics and boundaries of the physician-patient relationship.

Even when the risk seems relatively low (e.g., a physician sees a patient only once for a minor concern when her regular doctor is away, then they meet again at a social event six months later), the physician must still assess the risk of a continuing power imbalance before considering a more personal relationship.

In the example above, if the physician were the patient's regular doctor, the standard would prohibit the physician terminating the physician-patient relationship **for the purpose of** pursuing a close personal relationship. In the event of a strong personal attraction, recommending the patient transfer to another physician and helping to arrange the transfer could be in the patient's best interest. However, only after a sufficient period of time has passed given the length and type of care provided, and only after determining the risk of a continuing power imbalance is minimal, could the physician consider a close personal relationship. Please refer to "Who is considered to be a 'patient'?" in the *Boundary Violations: Sexual* standard of practice for more information on the required period of time to pass before an individual may no longer be considered a patient.

A close personal relationship with an emotionally vulnerable former patient **may never** be possible. This is true of any patient who received psychotherapeutic treatment from the physician.

## Boundaries around promoting personal causes and beliefs

While the *Boundary Violations: Personal* standard of practice requires that a physician "...not promote his or her personal beliefs or causes to a patient...," the intent is not to inhibit physicians from sharing their honest opinions, but to minimize the possibility physicians will use their position of power in the clinical environment to convince patients to support their personal causes or beliefs (e.g., political or religious).

For example, a physician running for elected office should not display their campaign materials in their clinic, or ask patients for their vote during clinical encounters. However, physicians are free to express their political opinions outside the physician-patient relationship. Similarly, physicians should not solicit donations from patients at their clinic, but may fundraise in the community and accept donations from patients in this context.

But what about offering a personal opinion related to a patient's care? Physicians often encounter situations where there are multiple options for diagnosis or treatment of a medical condition, and the patient asks, "What would you do in this situation?" The physician is free to share their opinion, but should frame it as one of several alternatives and not give it undue weight. The patient's informed consent needs to be grounded in a good understanding of the benefits and risks of all reasonable options.

## Boundaries in physician-learner relationships

Boundaries in the physician-learner relationship are intended to protect medical learners from misconduct arising from the inherent power imbalance between those who teach or supervise and those in subordinate roles.

Medical students and residents concerned about inappropriate behaviour by a physician instructor or evaluator are encouraged to contact CPSA's Professional Conduct department or Physician Health Monitoring Program, and also have access to these resources and support from their learning institutions:

### University of Alberta

- Learner Advocacy & Wellness
- Professionalism

### University of Calgary

For undergraduate students:

- I Need Help – Faculty Advocates Against Mistreatment
- Student Advising & Wellness

For residents:

- Resident Well-Being

For all students and residents:

- Office of Professionalism, Equity, and Diversity, Cumming School of Medicine
- Wellness Centre, Main Campus
- Contact their Associate Dean and/or Program Director

## Example scenario

Most physicians accept their first duty is to serve the best interest of their patients' health. This is usually straightforward – the patient has a health problem, the physician has specific skills in diagnosing and managing that problem and the common goal is that the patient gets better. But sometimes the interests of physicians and patients may not completely align. Minor conflicts of interest arise frequently, for example over duration of appointments, and physicians usually become adept at managing these. What is more problematic is if the patient loses trust that their physician will act solely in the best interests of their health. Boundaries are a way of maintaining that trust. Circumstances can also change over time, giving rise to new conflicts of interest that must be considered and minimized as the situation evolves. The following scenario illustrates how this can happen.

### An evolving situation

You are asked to see RK, a 43-year-old male, during a shift in the emergency room. When you enter the room, you realize RK is one of your golf buddies. You haven't played with RK in several months, but did go out for dinner a while ago as part of a larger group. You exchange some small talk about your families, then RK gets to the problem for which he has come to the emergency department.

He says he was skiing, hit a patch of ice and, as he fell, twisted his knee. You examine his knee and find no abnormalities apart from some minimal swelling with some localized tenderness. You advise a short period of rest, elevation, simple analgesics if needed, some physiotherapy and a return to normal activities over the next few weeks. You also suggest a return visit if his knee does not improve.

**At this point your pre-existing relationship with RK has had no impact on your physician-patient relationship, so there is no significant concern about a boundary violation.**

RK comes to see you at your office a few weeks later. He reports things are going well, and he has a new business opportunity with a company recycling electronics that wants to set up locally. He has been asked to consider the possibility the recycling process can release heavy metals, and they might need a physician involved in the planning. As it happens, he intended on seeing if you might be interested. You are interested, but remain non-committal.

You ask why he has come to see you, and he tells you his knee is really no better. He is still getting quite a lot of pain, and it seems to swell up when he has been standing on it for a long time. It has also given way under him a couple of times. He asks about getting a referral to an orthopedic surgeon. You agree a referral may be useful, but tell him the waiting list is currently about 3 months for non-urgent cases. RK asks if there is any possibility you could hurry it up for him – he's due to go on a trip about the business opportunity in a couple of weeks and would like to get the referral before then, if possible. You say you'll talk to a colleague and see if his wait time is shorter. He thanks you, saying it's nice to have a helpful doctor in town willing to support locals, such as himself, as well as local businesses.

As he is leaving, RK asks if you might want to meet for dinner next week. His brother John is coming to town for a few days to get over a messy separation. He reminds you his brother was a few years older when you were in school, and at one stage was even a patient of yours, although he's been living away for about 4 years now. You accept, saying it would be nice to renew your acquaintance with John.

**Several potential conflicts of interest require careful consideration, including:**

- If you agree to move up RK's referral based on your personal relationship, you may disadvantage other patients.

- You are being asked to establish a business/financial relationship that may impact your physician-patient relationship.

- You are being invited to establish a personal/social relationship with a former patient, whom you have previously treated for a sensitive condition unknown to RK (e.g., addiction disorder).

# Boundary Violations: Personal

The next week you meet RK and John for dinner. After a few minutes, the conversation turns to RK's business plans. He tells you it is likely to be a profitable business, with subsidies payable from government. He says if you put in $20,000, it would be a good investment, and would pretty much guarantee you the position as the physician to be involved in planning.

As the meal continues, you talk more with John. He has obviously been through some difficult times recently. He tells you he's had a sleep problem with all the worry over his separation. He notes his own physician prescribed some sleeping tablets, although generally he is usually a good sleeper. He tells you he forgot to bring them and asks if you could write him a prescription for 10 or so tablets to get him through. RK chimes in it would be terrifically helpful if you could do that to save John from having to go all the way back to his own home.

**By this stage, a number of serious conflicts of interest are arising.**

You are being asked to mix your professional role with a financial arrangement and asked to prescribe for a friend without performing a proper clinical assessment. The boundaries between your role as a physician and external relationships with your patients are being blurred.

But it's not too late to mitigate these conflicts of interest: by declining to invest while thanking RK for the business opportunity and suggesting John see you in your office for an assessment, you can maintain appropriate professional boundaries and the integrity of your physician-patient relationships.

**RELATED STANDARDS OF PRACTICE**

- *Boundary Violations: Personal*
- *Boundary Violations: Sexual*
- *Code of Ethics & Professionalism*
- *Conflict of Interest*
- *Duty to Report a Colleague*
- *Informed Consent*
- *Terminating the Physician-Patient Relationship*

## COMPANION RESOURCES

- Advice to the Profession documents:
  - Boundary Violations: Sexual
  - Professional Courtesy
- Patient FAQs: Personal & Sexual Boundary Violations
- CMPA's Good Practices Guide: Maintaining appropriate boundaries
- CMPA's Good Practices Guide: Why and when do we need consent?