CDSBC

STANDARDS & GUIDELINES

Boundaries in the Practitioner-Patient Relationship

Draft for Consultation

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Standards and guidelines inform practitioners and the public of CDSBC's expectations for registrants. This document primarily contains standards, which are, by definition, mandatory and must be applied. Standards are clearly identified by mandatory language such as "must" and "required". This document also contains guidelines that are highly recommended but – while being evidence of a standard – are not, strictly speaking, mandatory. Guidelines contain permissive language such as "should" and "may".

1. Introduction

The *Health Professions Act* and CDSBC Bylaws prohibit professional misconduct of a sexual nature, which includes sexual intercourse or other forms of sexual relations between a practitioner and a patient.

The issue of boundaries between practitioners and their patients is not confined to matters of sexual conduct. CDSBC has considered the broader question of when is it appropriate – or not appropriate – to enter into a practitioner-patient relationship.

2. CDSBC's Position

There are three elements that must be in place before providing treatment:

- objectivity of care by the practitioner;
- full, free and informed patient consent; and
- patient autonomy.

These principles are enshrined in CDSBC's Code of Ethics. They are – or may be– compromised when treating one's spouse, close family member or any other person with whom there is such a close personal relationship as to put the requirements of objectivity, consent and autonomy at risk.

STANDARD: A practitioner-patient relationship where objective care, full free and informed consent, and/or patient autonomy is – or may be – compromised, is not appropriate. A possible exception is where the treatment is minor or emergent *and* no other practitioner is readily available.

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3. Context

3.1 Fiduciary Relationship

The fact that the practitioner-patient relationship is a fiduciary one is well-established in Canadian law and medical ethics.

The key defining characteristics of a fiduciary relationship are trust, confidence, integrity, fidelity, and power imbalance. All are presnt in the healthcare practitioner-patient relationship. Given that a fiduciary relationship exists, the healthcare practitioner must act with utmost good faith and put their patient's interests above their own.

This gives rise to the professional obligation of healthcare practitioner to place the healthcare needs of their patients above all other considerations, including the obligation not to enter into a practitioner-patient relationship where not appropriate to do so.

3.2 CDSBC Code of Ethics: Core Values

The emotional attachments one has to one's spouse and family members and those with whom there is a close personal relationship, and the effect (or potential effect) on objective care and patient autonomy and consent are inconsistent with the core values of autonomy, beneficence and fairness.

3.2 CDSBC Code of Ethics: Guiding Principles

Principle 1:The paramount responsibility of a practitioner is to the health and well-being of the patient

Anything that does or can compromise or risk the health and well-being of the patient must be considered and avoided wherever possible. This consideration must be viewed objectively from the perspective of the patient and not subjectively from the perspective of the practitioner.

A practitioner may believe that because they care so deeply for the individual, no one could possibly provide better care. The fact that the practitioner may not be able to be objective, and that impediments to consent and autonomy may arise, dictate against treatment.

Principle 2: Provide care with respect, dignity and without discrimination.

The fact that we care so deeply for our loved ones means that at times we may not give them the degrees of freedom around consent and choice of care options that a dispassionate practitioner may give them.

Principle 3: Be truthful and obey all applicable laws.

The *Health Professions Act* and CDSBC Bylaws do not allow for sexual relations between health professionals and their patients.

Principle 5: Respect the right of patients to be cared for by the dentist of their choice.

Even when freely made, the "right" to choose a practitioner is not absolute – the practitioner can decline to provide treatment and is obliged to do so when prohibited by law (as noted above) or by the regulatory body. The patient's ability to choose their dentist is subject to the ethical obligations imposed on that dentist when determining whether or not to enter into a dentist-patient relationship.

Principle 7: Obtain informed consent and provide unbiased explanations of options with associated benefits, risks and costs before proceeding with diagnostic or therapeutic modalities.

Health professionals must obtain a full medical history and be aware of any changes in the patient's health status. Fear of telling the practitioner something "secret," or fear of not appearing to trust or have confidence in the practitioner by asking questions, seeking alternative treatments or seeking a second opinion can be a barrier to providing necessary information to the practitioner for him or her to make a proper diagnosis or treatment plan or to carry out the contemplated treatment.

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Principle 8: Recognize limitations and refer patients to others more qualified when appropriate for the well-being of the patient.

Family members and close personal friends may have a tendency to place even more trust and confidence in practitioners with whom they have a close relationship. This may add to the pressure to "perform" and can cloud judgment, potentially putting the patient at risk. It may result in a practitioner attempting treatment outside of their skillset, or impede a patient from seeking a second opinion when one may be warranted.

Principle 12: Maintain appropriate and dignified boundaries in relationships with patients.

For all of the reasons noted above, it is imperative that the integrity of the practitioner-patient relationship be maintained. Treatment is not appropriate when boundaries can not be maintained.

4. Related Documents

- CDSBC Code of Ethics
  www.cdsbc.org/CDSBCPublicLibrary/Code-of-Ethics.pdf
- CDSBC's Position on Patient Relations and theTreatment of Spouses by Registrants
  www.cdsbc.org/CDSBCPublicLibrary/Patient-Relations-Statement.pdf
- CDSBC Bylaw 13.03
  www.cdsbc.org/Documents/Bylaws-Part13-General.pdf

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