

Boundaries in the Practitioner-Patient Relationship

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Standards and guidelines inform practitioners and the public of CDSBC's expectations for registrants. This document primarily 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 issue of dual relationships and professional boundaries is not limited to situations involving sexual conduct with patients. These guidelines consider the broader question of when a dual relationship involving a practitioner-patient relationship may be problematic. Dual relationships include, for example, family, close personal friendships, commercial relationships, and other forms of non-professional contact with a patient.

This document addresses the issue of when it is advisable or not, to enter into, or continue a practitioner-patient relationship, when a dual relationship exists.

2. Guideline

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 may be compromised when treating anyone with whom there is such a close personal relationship as to create a conflict of interest.

GUIDELINE: A practitioner-patient relationship where objective care, full free and informed consent, and/or patient autonomy are compromised is not advisable. A possible exception is where the treatment is minor or urgent. Where additional or ongoing care is necessary, a practitioner should transfer care of the patient to another qualified health care professional as soon as it is practical to do so.

Practitioners should exercise care and judgment in:

1. Recognizing potential conflicts resulting from close personal relationships;
2. Taking appropriate steps to resolve those conflicts when they arise, and;
3. Declining to provide treatment if a conflict cannot be effectively resolved.

3. Context

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 of the key defining characteristics of a fiduciary relationship are present in the healthcare practitioner-patient relationship. The healthcare practitioner must therefore act with utmost good faith to put their patients' interests above their own. This includes declining to enter into a practitioner-patient relationship where a conflict of interest or potential conflict of interest exists (whether personal, business, or otherwise).



The potential for a conflict may vary depending on the nature of the relationship and the nature of the treatment. The likelihood of a conflict will increase relative to the closeness of the relationship between the practitioner and the patient, and the complexity of the treatment being considered.

It is possible to take steps to resolve some conflicts by explicitly discussing and documenting the following things:

1. The practitioner is providing treatment in their capacity as a health professional, and not in a personal capacity;
2. The patient must at all times feel comfortable to provide full information, seek a second opinion, or change practitioners without fear of offending the practitioner or harming the personal relationship; and
3. The patient must be comfortable that the practitioner will always hold information provided confidential and for the sole purpose of the practitioner-patient relationship.

While in many cases this process may resolve potential conflicts, in some cases this will not be possible and treatment should be declined.

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.

Health professionals must obtain a medical history and be aware of any changes in the patient's health status. The nature of the personal relationship between the practitioner and the patient should not create barriers to obtaining this information. Similarly, no patient should feel constrained from asking questions of their practitioner, or seeking alternative treatments or a second opinion. Nor should the free flow of information central to the ongoing informed consent process be constrained. Dual relationships should therefore be approached with caution to ensure that the patient's autonomy and ability to provide full, free and informed consent is maintained.

The CDSBC Bylaws under the *Health Professions Act* do not allow for sexual relations between health professionals and their patients. The broad language of the legislation equating sexual contact to professional misconduct of a sexual nature, while germane in most cases, is less helpful to the discussion as to whether "spousal treatment" is appropriate. This question is one of professional ethics (involving considerations of objective care, patient autonomy and full, free and informed consent) rather than sexual misconduct.

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 when an unresolvable conflict of interest arises. 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.

For all of the reasons noted above, it is imperative that the integrity of the practitioner-patient relationship be maintained. Treatment is not advisable when boundaries cannot be maintained, except in cases of emergency.

4. Related Documents

- **CDSBC Code of Ethics**
www.cdsbc.org/CDSBCPublicLibrary/Code-of-Ethics.pdf
- **CDSBC Bylaw 13.03**
www.cdsbc.org/Documents/Bylaws-Part13-General.pdf
- Donate-Bartfield, Evelyn & D'Angelo, Daniel. "The Ethical Complexities of Dual Relationships in Dentistry." Journal of the American College of Dentists. Volume 67, Number 2 (2000): 42-46.

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