

PROFESIONAL BOUNDARIES

What is a Professional Boundary?

- **Bound·a·ry** *noun*: a line that marks the limits of an area
- In medicine, boundary defined as:
 - The “edge” or “limit” of appropriate professional behavior
 - The social or psychological distance between physicians and their patients
 - The protected space between the physician’s power and the patient’s vulnerability



Why Do We Need Boundaries?

- Professional Boundaries:
 - Define the professional therapeutic relationship
 - Establish clear roles for physicians
 - Create an environment of safety for patients, physicians, and society



What is a Boundary Violation?

- Boundary Violations:
 - Deviate from therapeutic relationship established solely for purpose of medical therapy
 - Disrupt expected social, physical, psychological boundaries that normally separate physicians & patients
 - Exploit physician's power in professional relationship
 - Leads to non-therapeutic activity (social, sexual, financial)
- Involves physicians who:
 - Step out of professional therapeutic role
 - Use their position of trust and authority
 - To meet their own needs
 - For their own pleasure
 - To benefit themselves (or somebody else other than patient)
- **Boundary Violations occur when physicians act in their own best interest, and not in patient's best interest**



Where do Professional Boundaries Come From?

- Boundaries are derived from
 - Ethical treatise
 - Cultural morality
 - Jurisprudence
- **Sometimes it can be difficult to clearly define boundaries of the physician/patient relationship**



No Clear Consensus About What Constitutes a Boundary Violation

- Research study:
 - Physicians presented with different boundary violation scenarios
 - Considerable variation in interpretation of events
- Imprecise definitions by Societies:
 - AMA and APA formally prohibit sexual contact between physicians and current patients
 - Stance on other types of behavior is less well defined
- **Challenge for medical community to establish clear understanding of what is appropriate professional behavior**



A CONTINUUM OF PROFESSIONAL BEHAVIOR



Professional Medical Boundary Violation Behavior Examples

- Inappropriate touching of patient not for medical purposes – including hugging and arm around shoulders
- Inappropriate comments to patients not for medical purposes – “I would sure enjoy spending an evening with you.”
- Inappropriate clinical decisions – e.g., scheduling patient for last session of day and extending length of visit at no extra charge





Boundary Crossings

- Less severe departure from commonly accepted therapeutic practices
 - Harmless, non-exploitative
 - May be inadvertent, thoughtless, oversight
 - Might be purposeful if done to meet special therapeutic need
 - Done for benefit of patient
- Examples
 - Calling to check with patients at home after they have experienced a particularly difficult week
 - Giving the patient a ride home after car breaks down

Boundary Crossing: Physician acts for patient's best interest



Boundary Violations

- Severe departure from commonly accepted therapeutic practices
 - Misuse of professional authority
 - Exploits patient or the therapeutic relationship
 - Harmful to patient (“Do no harm”)
 - **Serious ethical breach; Often illegal**
- Examples
 - Sexual relationship with patient
 - Accepting significant gifts from patient





Areas of Boundary Violations

- **Social boundary violations**
 - Inappropriate use of social media
 - Attending dinner party given by patient's family
- **Individual boundary violations**
 - Disruptive behavior
 - Drug abuse or diversion
 - Sexual misconduct
- **Business-related boundary violations**
 - Misrepresentation of credentials
 - Financial irregularities
 - Using patient to promote spouse's real estate business

**Boundary Violation:
Physician acts in own best interest**



How to Distinguish Boundary Crossing from Boundary Violation

Boundary Crossing

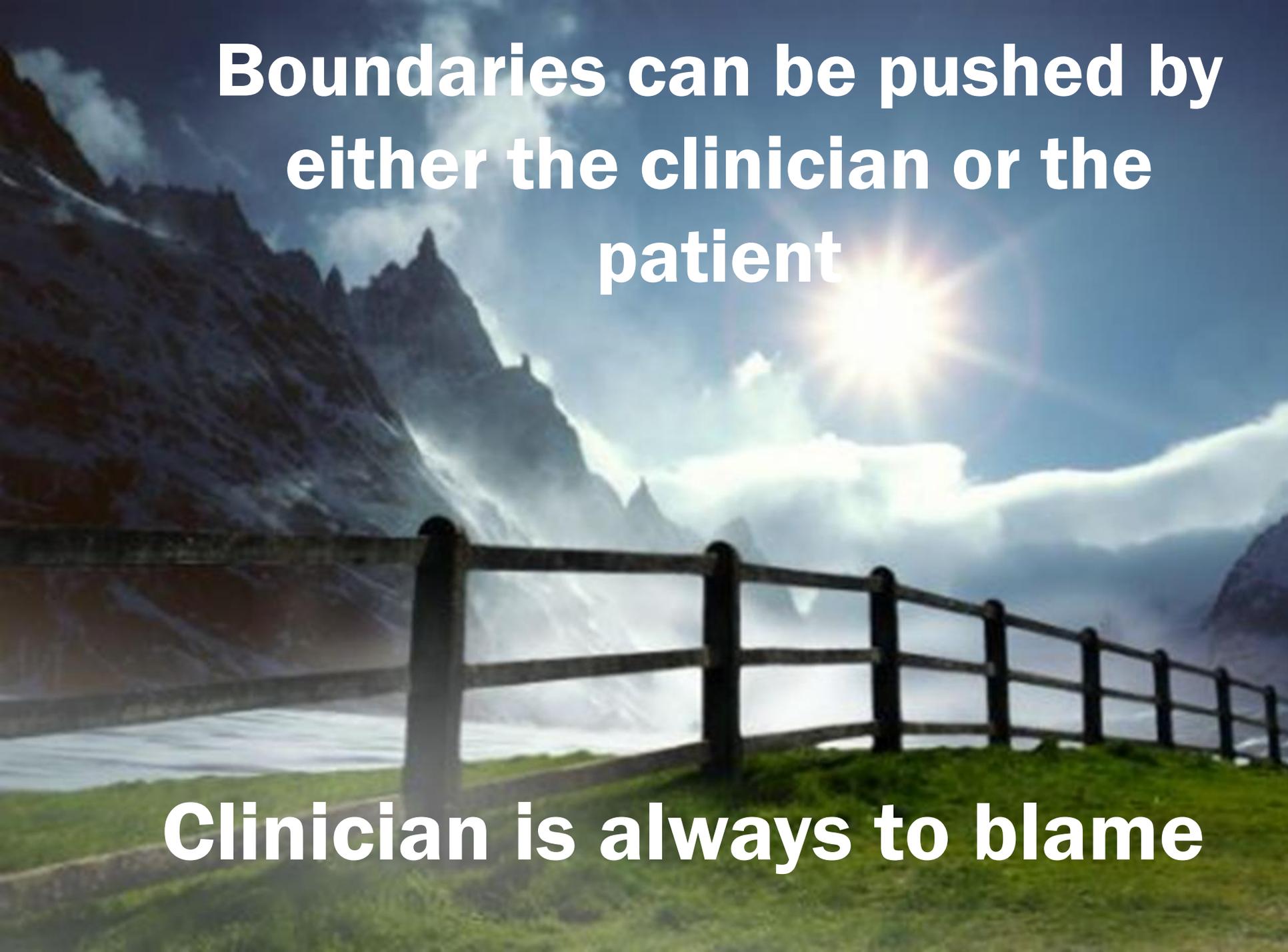
- Benign or even helpful
- Usually occurs in isolation
- Minor and attenuated
- Discussable
- In patient's interest
- Causes no harm to patient, physician, or therapy

Boundary Violation

- Usually damaging
- Tends to be repetitive
- Egregious; often extreme
- Discussion discouraged
- In physician's interest
- Typically causes harm to patient, clinician, or therapy

Warning Signs of Possible Boundary Violations

1. Making exceptions
2. Keeping secrets
3. Giving or receiving gifts
4. Borrowing or lending money
5. Feeling as if no one but you has an interest in your patient
6. Feeling as if no one but you will be able to help your patient
7. Feeling responsible for your patient's progress or failure
8. Confiding personal or professional issues or troubles



**Boundaries can be pushed by
either the clinician or the
patient**

Clinician is always to blame

Boundary Violation: Legal Case Examples

- Gynecologist has “consensual” sexual act with his patient
 - suspended license
 - criminal conviction for sexual assault
- Doctor trades prescription pills for sex
 - sentenced to 8 years in prison
 - ordered to pay \$400K fine
- Doctor recommends patient give oral sex to prepare for upper GI endoscopy:
 - Public censure by California Medical Board



Boundary Issue Ethical Principles

Fiduciary Duty

- Latin meaning “trust”
 - In healthcare, a fiduciary is one who is worthy of trust
- “a person who stands in a special relation of trust, confidence or responsibility in his or her obligation to another” (Webster)
- Includes ethical principles of: altruism, beneficence, nonmaleficence, and compassion



Boundary Issue Ethical Principles

Fundamental ethical principles in boundary problems:

- Duty to promote good (Beneficence)
- Duty to do no harm (Nonmaleficence)
- Duty to act with care, skill and diligence (Duty of Prudence)
- Duty to act exclusively in patient's best interests (Altruism or Duty of Loyalty)
- Duty to keep patient's information private (Duty of Confidentiality)
- Duty to respect patient's authentic goals and choices (Autonomy)



Boundary Issue Ethical Principles

- Personal Gain
 - Results in exploitive situations
 - Damages principle of neutrality and abstinence

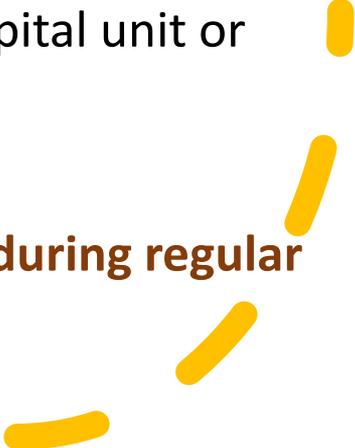
Types of Boundary Violations

Non Sexual Boundary Violation Analysis

TIME

- Spending more time with attractive patients?
- Scheduling patients outside regular hours?
- Giving “special” late appointments?
- Offering more frequent follow-up than medically needed?
- **All patients should be treated similarly based on need**

PLACE

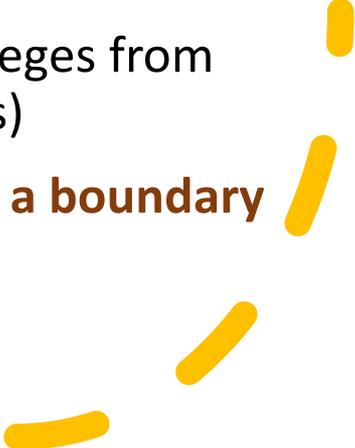
- Meeting at places other than hospital unit or clinic?
 - Visiting patient at their home?
 - **Patients should be seen in clinic during regular hours**
- 

Non Sexual Boundary Violation Analysis

GIVING & RECEIVING

- Giving consumer gifts of value?
- Giving more subtle gifts?
 - Generous prescriptions
 - Excessively large amounts of drug samples to select patients
- **Gifts and concessions are unethical and boundary violations**

INFLUENCE

- Offering or receiving special privileges from influential people (e.g., politicians)
 - **Undue influence is unethical and a boundary violation**
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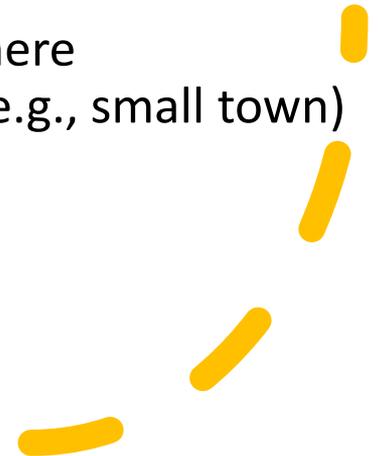
Non Sexual Boundary Violation Analysis

FRIENDSHIP

- Has therapeutic relationship been compromised by friendship?
- Has physician's objectivity been compromised?
- **Lack of objectivity may be destructive to therapeutic relationship**

BUSINESS RELATIONSHIP

- Unethical except in situations where relationship cannot be avoided (e.g., small town)



Non Sexual Boundary Violation Analysis

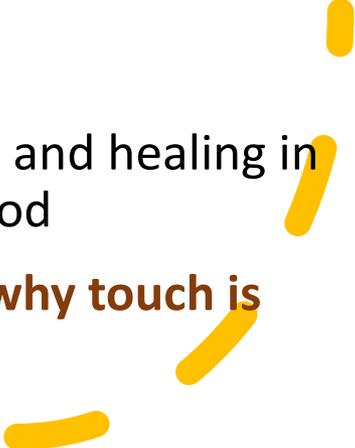
CLINICAL APPAREL

- Is physician wearing seductive clothing while treating patient?
- **Apparel should help maintain appropriate professional distance between patient and physician**

COMMUNICATION

- Is physician revealing increasingly personal details to patient?
- **May end up violating appropriate boundaries**

TOUCH

- Usually a component of diagnosis and healing in medicine but can be misunderstood
 - **Physician should be clear about why touch is necessary**
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Possible Exceptions to Non Sexual Boundary Violations

All rules have exceptions:

- Revealing a bit of personal information makes physician more trustworthy
- Graciously accepting baked goods is courteous and gifts can be shared with office staff
 - appreciation for gift can be expressed in context of the entire team, e.g., “Thank you for the delicious coffee cake (or the flowers). I will put your gift in our break room so we all can enjoy your thoughtfulness.”
- Going to funeral of a patient may show respect and may be a display of support for other family members especially for a patient with whom the physician had a long and trusting relationship
 - On the other hand, physicians can't play favorites
 - Attending events for one family and not another may lead to patient dissatisfaction

Sexual Boundary Violation Analysis

Sexual misconduct

- Begins with relatively minor boundary violations
- Often results in crescendo pattern of increasing intrusion into patient's space
- Culminates in sexual contact



Sexual Boundary Violation Analysis

Common sequence of events

- Transition from last-name to first-name basis
- Personal conversations intrude on clinical work
- Some body contact (pats on shoulder, massages, progressing to hugs)
- Trips outside the office
- Sessions during lunch (alcohol)
- Dinner, movies, other social events
- Finally, sexual intercourse





Sexual Boundary Violation: Example

A patient suffered from intractable back pain. She went to see a pain management physician. Initially, she and the physician had an appropriate relationship. The physician became increasingly familiar, and the patient was very flattered. Before long, the patient engaged in an extramarital affair with the physician, but there was an unintended consequence to this affair. As the physician and patient's relationship intensified, so did the patient's stress. This exacerbated her back pain. The physician's ability to objectively make sound medical decisions suffered.



Sexual Boundary Violation: Example

The physician was not only charged with sexual misconduct, but his lack of objectivity lead to quality of care violations as well.



Sexual Boundary Violation: Example

The Bottom Line

It does not matter that the patient is willing

It does not matter if the patient flirts

It is the physician's responsibility, as the professional, to take whatever measures are necessary to prevent a sexual relationship from occurring



Where is the Sexual Professional Boundary?

“An absolutist position concerning treatment boundary guidelines cannot be taken. Otherwise, it would be appropriate to refer to boundary guidelines as boundary standards. Effective treatment boundaries do not create walls that separate the [physician] from the patient. Instead, they define a fluctuating, reasonably neutral, safe space that enables the dynamic ... interaction between [physician] and patient to unfold.”

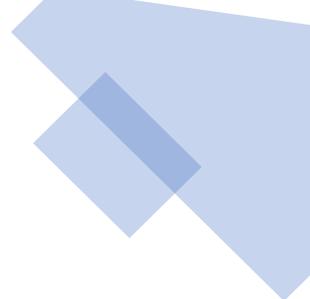
T.L. Beauchamp

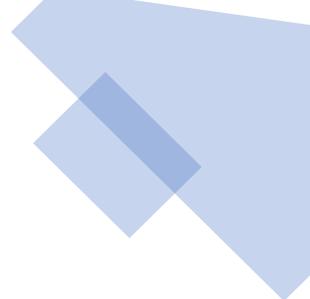
BOUNDARY
VIOLATION
CONSEQUENCES



Boundary
Violation
Consequences

**Risk of Injury to
Patient**

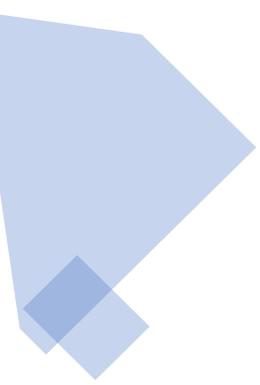
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1. Loss of trust in the clinician
 2. Fear of seeing other clinicians
 3. Depression with termination of relationship
 4. Guilt and anger
 5. Anxiety
 6. Sexual dysfunction
 7. Marital disruption
 8. Possible psychotic reaction
- 



Boundary Violation Consequences

Ethical Violations

1. Dishonesty about non-therapeutic effects of boundary violations
 2. Conflict of interest in satisfying your emotional need
 3. Conflict of interest in failing to exercise impulse control
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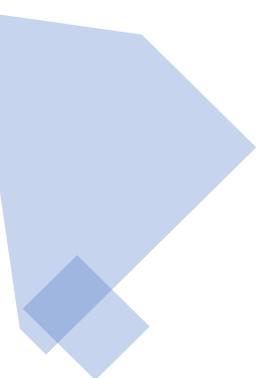
Business and
Professions Code
§ 726

**Prohibits patient
sexual relations**

“The commission of any act of sexual abuse, misconduct or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this division. ...

This section shall not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.”

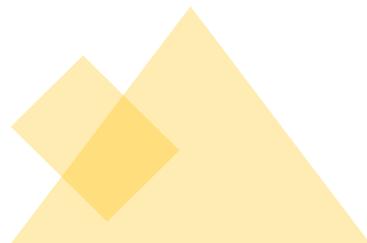


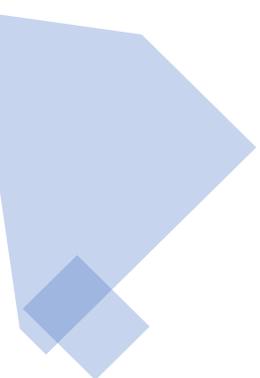


Business and Professions Code § 726

Comments

§ 726 allows physicians to treat their spouse or domestic partner

- Must practice medicine with same degree of care and professionalism as they would for a “conventional” patient
 - Must perform and document a good faith history and physical examination
 - Spouses are not exempt from requirement to keep adequate and accurate medical records for spouse
- 



Business & Professions Code § 729

Prohibits patient sexual exploitation

“Any physician and surgeon, psychotherapist, alcohol drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, ... who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, ... has referred the patient or client to an independent and objective physician and surgeon, ... or recommended by a third-party physician and surgeon, ... for treatment, is guilty of sexual exploitation by a physician and surgeon, ...”



Business and Professions Code § 729

Comments

Violation § 729 is a crime

- First offense is a misdemeanor
- Second offense, or where there are two or more victims, is a felony
- Consent of patient is not a defense

Touching of intimate parts of a patient is allowed unless:

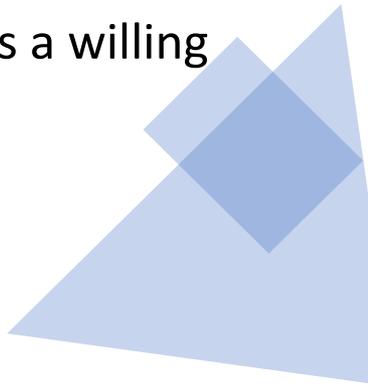
- touching is outside scope of the medical examination
- done for sexual gratification

§ 729 does not apply to sexual contact between a physician and his or her spouse when physician has provided medical treatment to spouse



Boundary Violation Consequences

Legal Violations

- Licensing Board accusations
 - Very difficult to defend
 - Boards usually believe patient
 - Intentional tort for sexual battery
 - Punitive damages
 - Tort of medical negligence
 - Patient mismanagement
 - Negligent infliction of emotional distress
 - Criminal prosecution for sexual battery
 - Even when patient is a willing partner
- 



Boundary Violation Risk Factors

Patient Risk Factors

Be wary of patients who:

- Are seductive
- Have borderline personalities
- Are manic or hypomanic due to bipolar disorder or schizophrenia
- Are going through a relationship discord or breakup (and are vulnerable)
- Have delusions or fantasies involving you
- Have a history of prior relationship(s) with physicians
- Suggest meeting outside of your clinic



Boundary Violation Risk Factors

Clinician Risk Factors

At risk physicians:

- Are going through a relationship discord or breakup
- Are lonely
- Have delusions or fantasies that involve seducing a patient
- Are hypersexual
- Have prior history of acting out sexually
- Have poor impulse control



Maintaining Boundaries

1. Stick to the Therapeutic Contract

- When invited to do something unusual, ask yourself:
 - Is this what a physician does?
 - Is this for me or for the patient?
 - In psychiatry, treatments without a contract are a very bad idea
 - Resist requests by patients to stray from the therapeutic plan
-



Maintaining Boundaries

2. Work in the Office

- Do not take patients outside the office
 - Exceptions:
 - Chaperoned home visits
 - Behavior therapy protocols that include outings
 - Must always be within the standard of practice – e.g., treatment of agoraphobia
-



Maintaining Boundaries

3. Never Worry Alone

- Consult with a colleague or mentor
 - before questionable actions can occur or
 - After something questionable has occurred
 - Always document your patient visits
-



Maintaining Boundaries

4. Be Emotionally Present

- Do not promise to “always be there” for the patient
 - Treatment of patients comes to an end for many reasons
 - E.g., physician may fall ill or have a family emergency
 - Promises give rise to betrayal and abandonment issues
-



Maintaining Boundaries

5. Address Personal Questions

- As a rule, explore your patient's personal questions about you
 - Do not necessarily give the requested information
 - Do not respond in a rejecting or punitive manner
-



Maintaining Boundaries

6. Understand Gift Giving & Receiving

- Avoid giving gifts to adult patients
 - Gifts are on “list of forbidden acts” on boards of registration and boards of licensure
 - If a gift is given or received:
 - Discuss with patient
 - Document your or patient’s reasoning
 - Supply the context in your notes
 - Example:
 - A relevant book or article
-



Maintaining Boundaries

7. Be Cordial with Patients

- Do not sign letters, cards, or emails with “Love,”
 - You should not write personal remarks to patients who are most likely to misconstrue those remarks
-



Maintaining Boundaries

8. Avoid Terms of Endearment

- Focus on the patient's needs and issues first
 - Do not tell your patient that you love them
 - Divine love vs. abstract love vs. platonic love vs. erotic love
 - Licensing board will interpret the meaning
-



Maintaining Boundaries

9. Remember to Document

- Thoroughly document any incidents of boundary crossing or boundary violations
-

BOUNDARY VIOLATIONS
