

Professional Boundaries: 'Staying in the Zone of Helpfulness'

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Overview

- Introduction – infamy/quotes
- Definitions and terms
- Professional guidance documents
- A little theory
- Selected boundary topics
- Variety of interactive cases

Infamous NS sexual misconduct case

(late 1990s)

- 'Dr. B'
 - Practiced family medicine in Barrington Passage for 35 years
 - Had a sexual relationship/affair with a psychotherapy patient which was reported to the College of Physicians and Surgeons by a professional colleague
 - Delegation of municipal officials presented 4,000-name petition from area residents in an attempt to maintain Dr. B's practice

Infamous NS sexual misconduct case

- 'Dr. B'
 - Victim, Ms. H., went public with her opinion that her affair with Dr. B. was consensual and that the College's interference was unwarranted
 - College revoked Dr. B's license and released the content of the settlement agreement to the public, which contained intimate details of the sexual relationship and portrayed Ms. H. as "a deeply disturbed woman"

A few quotes...

- "I will enter only for the good of my patients keeping myself far from all intentional ill-doing and all seduction, and especially from the pleasures of love with women or with men."

Hippocratic Oath (circa 1600 B.C. to 100 A.D.)

■ "Medicine is a *play* of boundaries."
Frank

■ [Professional boundaries] "may be defined as the expected and accepted psychological, social, and physical distances between a professional and his/her patient."
Donen

■ "Professional boundaries are the dividing lines which separate the therapeutic behavior of a professional caregiver from any behavior which, well intentioned or not, could reduce the benefit of care or treatment to patients, clients, families and communities."
Thibeault

■ "Like geographical boundaries, relationship boundaries involve issues of power, influence, and control. Unlike geographical boundaries, which are usually demarcated with precision and clarity, relationship boundaries are often blurred and ambiguous."

Bergum, Austin, et al.

■ Consider whether the 'boundary metaphor' does sufficient work in this context

Terms...

■ Boundary crossing

- "Crossings as excursions across the lines demarcating the professional relationship. A crossing ... is not harmful nor exploitive and possibly has a therapeutic purpose."

Austin, Bergum et. al

Terms...

- Boundary violation
 - "A violation ... is clearly harmful (or exploitative) and puts the client, the professional, and the therapy at risk. It is usually a situation where the professional's own needs are placed ahead of the client's."

Austin, Bergum et. al

- Determining where the boundaries lie is difficult in many circumstances...

- Guidance is available for some boundary questions
 - For example, established professional codes of ethics

CMA Code of Ethics (revised 2004)

- "Consider first the well being of the patient."
- "Resist any influence or interference that could undermine your professional integrity."
- "Take all reasonable steps to prevent harm to patients."
- "Do not exploit patients for personal advantage."
- "Seek help from colleagues and appropriately qualified professions for personal problems that might adversely affect your service to patients, society or the profession."

CNA Code of Ethics for Registered Nurses

- "Nurses maintain appropriate professional boundaries and ensure their relationships are always for the benefit of the persons they serve. They recognize the potential vulnerability of persons and do not exploit their trust and dependency in a way that might compromise the therapeutic relationship. [They] do not enter into personal relationships (romantic, sexual or other) with persons in their care."

NS Association of Social Workers Code of Ethics and Standards of Practice

- Value 4: Integrity of Professional Practice
 - "It is the responsibility of social workers to establish the tenor of their professional relationships with clients, and others to whom they have professional duty, and to maintain professional boundaries."

Social workers' code of ethics

- 3.2 Professional boundaries
 - "In establishing a relationship with appropriate professional boundaries, the social worker shall:
 - Acknowledge the place of privilege he or she holds in all professional relationships, with the potential for harm to others should that privilege be misused
 - Take care to responsibly manage all parameters of authority and to act to protect clients from undue influence and abusive use of power or expert position."

Professional guidance...

- Directions provided by professional codes of ethics/conduct are usually rather vague
- 'Rules' will only get us so far
- Importance of context: in addition to actions, we need to consider values, intentions/motivations, consequences, vulnerabilities, etc.

A little theory...

■ **Trust**

- Understood in the health care context as the reliance and related expectation that health organizations and those working within them will act so as to put the interests of patients first
- The earning and maintenance of the public's trust is an important moral obligation of health organizations

■ **Fiduciary relationships**

- Characterized by power imbalances in knowledge and (usually) status = potential vulnerability for patients/clients
- Trust-based
- Predicated on ethics principles of beneficence and nonmaleficence

■ **The therapeutic continuum**

- An optimal therapeutic relationship between a health care provider (HCP) and a patient/client operates within a 'zone of helpfulness' between two 'harm end-zones':
 - Under-engagement – distant/cold relations
 - Over-engagement – potential boundary violation

IWK Health Center Research

Professional boundaries in relationships with patients and families

Jeannie Hughes and Cathy Walls (p. investigators)

- Interviewed 27 health professionals
- Eight everyday tensions revealed and described that require safe and appropriate negotiation

Everyday tensions

- Intimate care – providing empathetic, compassionate care vs. remaining personally disconnected
- Family-centred care – buttress or barrier
- Multidisciplinary team approaches – concord vs. discord
- Experience/expertise vs. rules and guidelines

Everyday tensions

- Professional responsibility vs. collegial loyalty
- Role clarity: delineating personal and professional roles
- Personal disclosure – relationally beneficial vs. injurious
- Gift-giving/receiving – appreciation vs. abuse

Selected boundary topics

- Interactions between HCPs and patient/clients
 - Social boundaries
 - Personal disclosure
 - Sexual boundaries/misconduct
 - Under-engagement
- Interactive relations/boundaries between HCPs
- Conflicts of interest

Interactions between HCPs and patients/clients

Boundary crossing warning signs

- HCP feels 'connected'...
 - Has frequent thoughts of patient/client when away from work
 - Shares personal information or work concerns with patient/client
 - Feels responsible for the patient/client and his/her progress
 - Keeps secrets with patient/client

Warning signs

- HCP 'cares more'...
 - Pays more attention or provides more treatment services to one patient/client than another in the same circumstances

Warning signs

- HCP interacts socially...
 - Changes/upgrades dress style when patient/client is on the daily list
 - Gives and receives gifts
 - Arranges social contact while or after the professional relationship is active

Social boundaries

Case...

Elizabeth, an audiologist with the H&S Clinic, has been providing treatment services to Jane, the clinic secretary, who has progressive, bilateral hearing loss. Jane appreciates the way Elizabeth makes an effort to fit her in between clients when she's experiencing hearing difficulties. Jane brings a wrapped gift for Elizabeth to the clinic.

What should Elizabeth do?

Case...

- Ken has been seeing Dr. Reserved, a female psychiatrist, on a regular basis for the past year for management of his major depressive disorder. Both are pleased with his progress and decide together that further visits will be on an open-ended, as required basis. On the way out the door, Ken puts out his arms to hug Dr. Reserved.

What should she do?

Case – modified...

- What if Ken has a severe personality disorder and it is anticipated that he will require long term follow-up with Dr. Reserved?

Personal disclosure

Case...

- Dr. George Empathy has seen Shelly in his office on five occasions. They have developed a good therapeutic alliance and she has benefited somewhat from education regarding her panic disorder. Although Shelly remains dysfunctional on the basis of frequent panic attacks and agoraphobia, she is resisting a recommended trial of SSRI antidepressant medication. Dr. Empathy also suffers from panic disorder and his symptoms responded well to pharmacological management. Is it ok for him to disclose his experience of his psychiatric condition to Shelly to encourage her to try the medication?

- Epstein study of 500+ psychiatrists – 17% disclosed personal details to patients “to impress them”
- Research suggests that the move toward a sexual encounter often begins with self-disclosure (slippery slope argument)

Case: Kira and Bradley

Sexual boundaries/misconduct

Sexual misconduct

- One definition...
 - Sexual misconduct is any behaviour, gesture or expression that is sexualized, seductive or sexually demeaning to a patient/client.

Sexual misconduct

- Conception of sexual misconduct as a spectrum of actions...
 - Voyeurism
 - Examination in presence of learners, without consent or after consent withdrawn
 - Sexual comments about patient's body/clothing
 - Inappropriate comments re. sexual orientation
 - Requesting inappropriate details re. patient's sexual behavior
 - Comments re. patient's potential sexual performance

Sexual misconduct

- Spectrum of actions...
 - Conversation re. sexual preferences and fantasies
 - Inappropriate examination, e.g., body area examined not relevant to presenting complaint; without gloves, etc.
 - Inappropriate body contact, including 'hugging of a sexual nature' and kissing
 - Touching/massaging a sexualized body part
 - Physician-patient sexual relations

College of Physicians and Surgeons of Nova Scotia

- Sexual Misconduct in the Physician-Patient Relationship Policy
 - "Sexualizing the physician-patient relationship has no therapeutic value ... patient consent is never an acceptable rationalization ... the physician must set and control the limits."
- i.e., no such thing as consensual sex between a physician and his/her patient

The perpetrators...

- Typical profiles of health professionals who violate sexual boundaries:
 - Not too smart/sophisticated/informed HCPs
 - 'Burnt out/cooked' and lonely HCPs
 - Sociopathic HCPs

Robinson

- Is it ever acceptable to have a sexualized relationship with a patient/client?

Case...

Dr. Jim Onlythelonly, a newly graduated family doctor, has recently moved to a rural area for a job opportunity at a small community health centre in Nova Scotia. One of his "inherited" patients is a woman, Sue, of about his own age. He has seen her at the clinic on a few occasions for the investigation and management of routine health concerns. After being in the community for about six months, Jim meets Sue at a 'kitchen' party. He's been lonely and he's aware that Sue is one of the few women in the community who are not partnered. At the end of the evening, Sue suggests they meet for coffee next week. Should he go?

Case – modified...

- What if one of Sue's routine visits to the community health centre was for a Pap smear and breast examination?

Case – modified...

- What if Dr. Onlythelonly is a psychiatrist who has seen Sue on two occasions at the community health centre for evaluation and treatment of a depressive disorder?

- What are relevant factors to consider?
 - Nature and duration of the therapeutic relationship
 - Degree of vulnerability – the more vulnerable the patient/client, the more rigid the compliance with boundary guidelines/prohibitions needs to be

■ Is psychiatric care/psychotherapy a special case?

■ "The nature of psychotherapy poses special problems, one of which is the idealization and erotic valuation of the therapist."
■ "Some psychotherapy has as a central feature the management of transference and counter-transference"
Canadian Psychiatric Association's Position on Sexual Exploitation of Patients

Ontario's situation
■ The College of Physicians and Surgeons of Ontario has a strict 'zero tolerance' policy regarding sexual relations between psychiatrists and their former patients with a stiff, minimal penalty – license to practice revoked for five years
■ The Ontario Medical Association failed in its appeal to an Ontario Divisional Court in 2003

Under-engagement

- “So I am not making ... that wall that is unapproachable for her [the patient] to come in. So, I am trying to be a human being but I can't be a nurse at the same time. It is hard. You can't have a boundary and be a person and a nurse at the same time.”

IWK qualitative research quote

- “There is a concern ... that concrete boundaries in therapeutic relationships can diminish both the humanness of encounter between client and practitioner and therapeutic effectiveness.”
- “... not attempting to connect with a patient can be unethical.”

Austin, Bergum et al.

Interactive relations/boundaries
between health care providers

A Case of Collegial Responsibilities

Case...

Jill has been providing speech therapy to a theatre actor, Jeff, who developed a vocal cord nodule. She saw him pre-op in the ENT Clinic and has been working with him post-op to facilitate his speech recovery. His progress seems slower than usual. Jill flips to the operative note on the health record and is surprised to read that something went wrong during the surgery – the resident put a small nick in the affected vocal cord. There is no indication on the health record that this has been communicated to Jeff. What should Jill do?

Conflicts of Interest

Scenario...

Dalhousie University wishes to host a national cardiovascular surgery conference. The program committee, consisting of surgical residents, hopes to bring in keynote-plenary speakers from across the country and the USA. However, there are insufficient university CME funds for the honorariums and travel expenses of the out-of-province presenters. A Pharma company which sells operating room medications hears about the conference and offers to be the sole sponsor. Can members of the program committee now breathe a sigh of relief?

Conflicts of interest

- "A conflict of interest is a set of conditions in which professional judgment concerning a primary interest tends to be unduly influenced by a secondary interest."

Thompson

Conflicts of interest

- "A conflict of interest is a situation in which a person, such as a public official, an employee, or a professional, has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties."
- "A good test is the 'trust test': would relevant others (my employer, my clients, professional colleagues, or the general public) trust my judgment if they knew I was in this situation."

MacDonald

Conflicts of interest

- "It is ... important to avoid apparent and potential as well as actual conflicts of interest. An apparent conflict of interest is one which a reasonable person would think that the professional's judgment is likely to be compromised. A potential conflict of interest involves a situation that may develop into an actual conflict of interest."

Conflicts of interest

- Management of CoIs
 - Disclosure of the conflict
 - Pragmatic, active management by an appropriate superior in the organizational hierarchy

In closing...

- “The question of what is the right thing to do [in terms of boundary issues] ... must be coupled to the question of the kind of professional one desires to become.”

Martinez
