The Royal Australasian College of Physicians

From the President

31 May 2011

Executive Officer
Medical Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

Via email: medboardconsultation@ahpra.gov.au

Dear Sir/Madam

***Sexual boundaries: A guide for doctors and patients***

The Royal Australasian College of Physicians (the College) welcomes the opportunity to provide comments on this document.

## Overview

The doctor-patient relationship is a fiduciary one that involves trust and intimacy that is balanced with detachment. To achieve this balance, clear professional boundaries must be maintained by medical practitioners, which is an important aspect of their patient care. The corruption of professional boundaries by a sexualised approach, from either the practitioner towards the patient, or vice-versa, is a serious issue.

In situations when a violation of a sexual boundary takes place, the initial warning signs may not be obvious but rather, be seemingly innocuous, subtle and insidious. These situations may escalate before the victim recognises that there is a problem.

Having these guidelines in place will help to:

- educate and inform practitioners and patients of early warning signs
- advise patients and practitioners on steps to take to manage these situations when they occur
- advise patients and practitioners on their rights and responsibilities when these situations occur.

The approach of medical practitioners to relationships with a patient is a pragmatic one; the most appropriate approach must be discerned on a case-by-case basis. Doctors have a responsibility to not violate their trust and professional relationships with patients. Colleagues, family members and carers also have a responsibility to express concern where they have suspicion, or actual knowledge, of any violation of a sexual boundary by a medical practitioner.

## Comments on the guidelines

### 1. Introduction

The introduction needs to be expanded to give the reader a better understanding of the essence of the issues surrounding sexual boundaries and provide a framework for the content of the document (e.g. the first paragraph of No. 6 p.3 would be better suited to the introduction).

### 3. Summary of these Guidelines

The paragraphs under this item should be placed under the introduction.

### 5. The patient-doctor relationship – why it is important

This needs an introductory sentence to lead into trust, power-imbalance, loss of objectivity and patient safety.

Another sub- heading, *Doctor Safety*, with the following narrative should be added.

> *A false allegation of sexual misconduct by a patient can be professionally and psychologically damaging to doctors. A doctor has a right to expect that their defence of allegations will not automatically be met with scepticism.*

### 6. Maintaining boundaries

- The first set of dot points should have the heading ‘When examining a patient a doctor should:’
- The second set of dot points should have the heading ‘When interacting with a patient (either during a consultation or in a social setting) a doctor should:’
- The first, of the second set of dot points, should be amended to read ‘should not discuss his/her own personal or sexual problems or fantasies.’
- The second set of dot points should all be included under ‘Warning Signs’ (no.9).

### 9. Warning Signs

The following sub headings and narrative should be included.

*Warning signs for doctors*:

- patient attending more frequently at the doctor’s rooms without an obvious medical reason
- patient phoning ostensibly for clarification of some aspect of treatment
- patient asking personal questions
- patient using sexually explicit language

- patient being overly affectionate
- patient attempts to give expensive gifts
- patient attempts to socialise.

*Warning signs for patients*:

- patients receiving non-urgent appointments at unusual hours or locations, especially when other staff are not present
- doctor inviting patient out socially
- doctor revealing during a professional consultation the intimate details of his/her life, especially personal crises, sexual desires or practices
- doctor starts discussing personal problems, sexual problems or fantasies
- doctor makes unnecessary or inappropriate comments about a patient's body (i.e. not clinically related) or clothing
- doctor makes sexually suggestive comments by way of sexual innuendo or jokes
- doctor asks question or makes comments about a patient's sexual performance (that are not relevant to the patient's problem)
- doctor requests irrelevant or unnecessary details of a patient's history or sexual performance.

**10. Doctors – what to do if you notice warning signs**

This point should also recommend that the doctor document all encounters once their suspicions are raised.

**11. Patients – what to do if boundaries are crossed**

Recommend that this section outline the responsibility of colleagues, family members and/or carers to raise concerns to appropriate parties.

The above comments are referred for your consideration. The College would be pleased to assist with any further development of this document. The contact point for this or to discuss these comments at more length is Ms Dianne Bennett, Senior Policy Officer.

Yours sincerely

John Kolbe