Crossing professional boundaries

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Professional Boundaries

- are essential to a good practitioner–patient relationship
- protect both patients and practitioners
- recognised in most Codes of Conduct for health practitioners

**BUT**

In reality, it may sometimes be difficult to decide at what point the fine line of professional boundaries has been overstepped and where it might become necessary to terminate the relationship with the patient.
Professional Boundaries
A definition

Professional boundaries are integral to a good doctor–patient relationship. They promote good care for patients and protect both parties. Good medical practice involves:

- Maintaining professional boundaries.
- Never using your professional position to establish or pursue a sexual, exploitative or other inappropriate relationship with anybody under your care. This includes those close to the patient, such as their carer, guardian or spouse or the parent of a child patient.
- Avoiding expressing your personal beliefs to your patients in ways that exploit their vulnerability or that are likely to cause them distress.

Others crossing professional boundaries – Must I report?

**Notifiable conduct** is where a registered health practitioner, employer and education provider has a reasonable belief that a practitioner has:

- [...] engaged in **sexual misconduct** in connection with the practice of the practitioner’s profession
- [...] placed the public at risk of harm because the practitioner has practised in a way that constitutes a **significant departure from accepted professional standards**.
Case 1 – personal boundaries

A female patient had seen her GP a couple of times. She was unreliable in keeping appointments, had several family issues that complicated her management and had made sexual references that had made the GP feel uncomfortable. The GP asked practice staff not to make any future appointments.

Despite this, he accepted a last minute appointment with her when she complained of neck pain. During the consultation, the patient made sexual references and suggested that she might be a nymphomaniac. The GP felt uncomfortable and suggested another appointment to discuss this. There, the patient gave the GP her mobile number and asked him to contact her if he was ‘interested’.

A couple of weeks later, the patient saw the GP for another appointment at which she commented that the GP has not yet rung her. She again suggested that she might be a nymphomaniac. The GP agreed to write a medical certificate to please the patient although there were no medical indications. The patient hugged the GP before she left.
Case 1 - continued

A day later, the GP rang the patient and they agreed to meet. When the GP came to her home, they drank a bottle of wine, kissed and had sex.

A couple of days later, the patient rang the GP asking for a medical certificate, which he provided without examining her. The GP continued to see her as a patient.

In the next weeks, the GP rang the patient several times to arrange further sexual contact, but was unsuccessful. He later stated that he felt guilty and wanted to meet her to terminate their relationship.

Shortly after, the patient and a friend saw the GP at a consultation, at which the friend presented the GP with a video recording of their sexual encounter with which she threatened to expose the GP if he did not pay her $100,000.

The GP immediately contacted his indemnity insurer and the Police and fully cooperated with their investigations. The patient’s friend was charged and convicted to a term in prison. The GP was prosecuted before the Medical Tribunal. He conceded that his behaviour had amounted to professional misconduct.

The Tribunal deregistered the GP for six months. After that period, he later applied for re-registration, which was granted with conditions.

Reference: HCCC v Dr Parajuli (2010) NSWMT
Case 2 – financial boundaries

- An elderly patient initially met a nurse while admitted to hospital and she found her easy to ‘chat’ with.
- They met again some time after she was discharged and the nurse told her that she was ‘low on finances’ to such an extent that she could not even offer her a biscuit with her cup of tea. The nurse also indicated she did not have the money to continue meeting the private school fees for her son.
- The patient wrote out a cheque for $5,000 and gave it to the nurse to help her and that she could pay it back later.
- On another occasion, the nurse told the patient about her concern regarding the poor state of her motor vehicle. The patient told the nurse to buy a new car and gave her a cheque in the sum of $25,000.
- The nurse had ‘protested a little’ when she had given her this cheque, and that she had replied to her that she could ‘add it to the bill’ and ‘pay me when you’ve got it’. ......
Case 2 – continued

- Overall, the nurse obtained $33,000 and a television from the patient. The nurse said it had been a gift, while the patient stated it had been a loan.
- The case was brought before the NSW Nurses and Midwives Tribunal.
- The Commission argued that, in either circumstance, such conduct was considered to be unprofessional and in clear breach of the Codes of Conduct and Ethics guiding the work of nurses in NSW.
- The Tribunal found proven that the nurse had clearly breached her professional boundaries as a nurse when she inappropriately accepted the money and television. She was deregistered for a minimum period of 18 months.

Reference: HCCC v Horwodd (2009) NSWNMT6
Professional boundaries are essential to ensure objectivity in medical decision-making and respect for the vulnerability of patients.

If you are in doubt whether a social relationship may have overstepped the professional boundary, talk to a colleague or contact of your medical indemnity insurer for a confidential discussion.

If necessary, cease the relationship with the patient, but consider arrangements for continuity of care.
Information for health providers

- Information for health consumers
- Information for unregistered practitioners
- Information for expert reviewers
- Information in a foreign language
- Related sites
- Frequently asked questions

Media Releases

8 May 2013
Dr Mohammed Rahman – registration cancelled for eight years by Medical Tribunal

8 May 2013
Dr Annette Dao Quynh Do – Medical Tribunal finds professional misconduct

8 May 2013
Dr David Moss – reprimanded and conditions imposed by Medical Tribunal NSW

8 May 2013
Dr B – found not guilty of unsatisfactory professional conduct

8 May 2013
Dr Robyn Pogmore – Finding of Professional Misconduct by Medical Tribunal of NSW

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- Register of health practitioners
- Mandatory Reporting

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