

PHYSICIAN'S GUIDE TO PROPER BOUNDARIES

TOP 10 TIPS TO MAINTAIN YOUR OWN BOUNDARIES

- 1. RECOGNIZE THE RELATIONSHIP**—There is a clear imbalance of power between a physician and a patient. You are the party in power. The patient exposes himself or herself to you and is highly vulnerable. No matter what the patient says or does, you will be held to expectations of higher morality. The physician must place a patient's welfare above his or her own self-interest.
- 2. DO NOT HAVE SEX WITH YOUR PATIENTS**—No physician should have sexual or intimate relations with patients. This standard should also be applied to family members of patients (spouse, child, parent), especially if they have decision-making authority for the patient. A physician cannot use or exploit the trust, knowledge, emotions, or influence derived from the relationship.
- 3. DO NOT ENGAGE IN OTHER INAPPROPRIATE BEHAVIOR**—Some actions or verbal statements fall short of sex but still are sexual in nature and have no diagnostic or therapeutic purpose. A physician should also refrain from sexually inappropriate comments and flirtatious banter.
- 4. CONSIDER HAVING A CHAPERONE**—Physicians should minimize the risk of being the subject of allegations of inappropriate behavior with patients. Although a chaperone is not required, have one for examination of minors (in addition to a parent) and gynecological or pelvic examinations for your own protection.
- 5. DO NOT USE A PATIENT FOR YOUR FINANCIAL BENEFIT**—This behavior erodes the relationship of trust necessary to a physician and a patient. Aside from the obvious examples, beware of more subtle examples like the dual relationships, gifts, and fundraising (see below). Anything that allows you to profit from your connection with or the information you get from a patient is probably a bad idea.
- 6. BE CAREFUL WITH DUAL RELATIONSHIPS**—Should you use your patient as your banker or contractor? The safest route would be to decline. If you proceed, be sure that your behavior is objectively fair, reasonable, and beyond reproach. Beware of any *quid pro quo* that implies preferential treatment or calls into question your objectivity.
- 7. BE CAREFUL ACCEPTING GIFTS**—Acceptance of gifts from patients may be appropriate if it is an expression of appreciation or a reflection of a cultural tradition and it is modest. Such a gift should never influence the medical care rendered. Beware of gifts that are given for inappropriate purposes such as to secure preferential treatment or to gain inappropriate attention.
- 8. BE CAREFUL WITH FUNDRAISING**—Many physicians are active in fundraising for good causes, but protecting the integrity of the physician-patient relationship takes precedence over altruism. Ensure that donations are fully voluntary. Moreover, do not directly solicit patient at the time of clinical encounter.
- 9. BE CAREFUL WITH SOCIAL NETWORKING**—Twitter and Facebook may cause the boundaries between physician and patient to blur. These sites can enhance physician-patient trust and communication. However, the problem of crossing boundaries remains, and the Internet is a very public venue.
- 10. BEFORE YOU ACT, OBJECTIVELY ASK YOURSELF**—Would engaging in this activity compromise my relationship with this patient or my ability to render medical care? Would it cause others to question my ethics or professional objectivity? Would I be uncomfortable if the behavior was disclosed to a colleague or in public? You have good judgment—use it!

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PHYSICIAN'S GUIDE TO PROPER BOUNDARIES *(cont'd)*

TOP 10 TIPS TO HELP COLLEAGUES MAINTAIN BOUNDARIES

- 1. UNDERSTAND THE BEHAVIOR**—When you are made aware of questionable behavior of a colleague, be sure you have a good understanding of the facts from a reliable source, then determine if there are applicable professional standards.
- 2. BE CAREFUL WHAT INFORMATION YOU USE**—Unless you are a treating physician or on a duly appointed peer review committee, you should not be reviewing confidential patient information, even if you have access to it.
- 3. DO NOT RUSH TO JUDGMENT**—Consider all the facts in the proper context as well as whether the behavior forms a pattern. Physicians tend to be very critical of other physicians. Remember that all physicians, even you, are human.
- 4. CONSULT A PHYSICIAN PEER**—Confidentially raising the issue with a trusted peer in order to get another opinion may allow you additional insight. Be discrete (perhaps using hypotheticals) as your aim is not to spread rumors.
- 5. TALK TO THE PHYSICIAN INVOLVED**—Discussing the issue with the individual physician may help the physician realize that the questionable behavior is occurring. It also may clear up factual misunderstandings. If you are not trusted by the physician, find someone who is and determine if that person can help.
- 6. REMIND THE PHYSICIAN OF THE RISKS**—Such risks include a public lawsuit by the patient or an ethics complaint before a state medical board. But even if the physician is never caught, there is still harm to the patient, the profession, and that physician's own conscience. Reminding him that he will have to look in the mirror may be the sobering experience needed to curb the behavior.
- 7. DETERMINE IF OUTSIDE HELP IS AVAILABLE**—Check the Texas Medical Association's hotline (1-800-880-1640), the Texas Medical Board (www.tmb.state.tx.us), or your local county medical society.
- 8. DETERMINE IF OUTSIDE REPORTING IS NECESSARY**—If the behavior makes the physician a continuing threat to public welfare, you are required to report it to the Texas Medical Board. Otherwise, you may report to the Texas Medical Board or the Texas Medical Association, as long as you report truthfully. Reporting to a hospital ethics or peer review committee may also be appropriate.
- 9. BEFORE YOU ACT, CHECK YOURSELF**—If your goal is to help a colleague, prevent patient harm, or is consistent with your conscience and the goals of your profession, you may have legitimate motivations. But be careful if this physician is an economic competitor or you do not personally like this physician. In that case, get advice from someone who doesn't have those biases.
- 10. AIM FOR REHABILITATION**—Physicians save lives on a daily basis but there are serious pressures unique to your profession. Not every physician makes good decisions. In cases of misjudgment (especially isolated ones), a physician needs a path back to his or her profession.



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