CDSBC

STANDARDS & GUIDELINES

Boundaries in the Practitioner-Patient Relationship

TABLE OF CONTENTS

Standards and guidelines inform practitioners and the public of CDSBC's expectations for registrants. This document primarily contains guidelines that are highly recommended but – while being evidence of a standard – are not, strictly speaking, mandatory. Guidelines contain permissive language such as "should" and "may".

1. Introduction

The issue of dual relationships and professional boundaries is not limited to situations involving sexual conduct with patients. These guidelines consider the broader question of when a dual relationship may create concerns (be problematic) for both the practitioner and the patient. Dual relationships include, for example, family, close personal friendships, commercial relationships, and other forms of non-professional contact with a patient.

This document addresses the issue of when it may or may not be advisable, to enter into, or continue, a dentist-patient relationship, when a dual relationship exists. While this document applies primarily to dentists (and the term "practitioner" is also used) the ethical considerations here apply to all CDSBC registrants.

2. Guideline

There are three elements that must be in place before providing treatment to any patient:

- objectivity of care by the practitioner;
- full, free and informed patient consent; and
- patient autonomy.

These principles are enshrined in CDSBC's Code of Ethics. They may be compromised when treating anyone with whom there is such a close personal relationship as to create a conflict of interest.

GUIDELINE: A practitioner-patient relationship where objective care, full free and informed consent, and/or patient autonomy are compromised is not advisable. A possible exception is where the treatment is minor or urgent. Where additional or ongoing care is necessary, a practitioner should transfer care of the patient to another qualified health care professional as soon as it is practical to do so.

Practitioners should exercise care and judgment in:

1. Recognizing potential conflicts resulting from close personal relationships;
2. Taking appropriate steps to resolve those conflicts when they arise, and;
3. Declining to provide treatment if a conflict cannot be effectively resolved.

3. Context

Fiduciary Relationship

One commonly held view is that the nature of the practice of dentistry (i.e. no sensitive physical examinations) means that boundary violations are unlikely to occur. The issue is not the nature of the physical examination, but the fiduciary relationship and power imbalance inherent in the dentist-patient relationship.

The fiduciary nature of the practitioner-patient relationship is well-established in Canadian law and professional (medical/dental) ethics. The key defining characteristics of a fiduciary relationship are trust, confidence, integrity, fidelity, and power imbalance. These are present in the dentist-patient relationship. The dentist must therefore act with utmost good faith to put their patients' interests above their own. This includes declining to enter into a dentist-patient relationship where a conflict of interest or potential conflict of interest exists (whether personal, business, or otherwise) that cannot be resolved by following the steps below.

The potential for a conflict may vary depending on the nature of the relationship and the nature of the treatment. The likelihood of a conflict will increase relative to the closeness of the relationship between the practitioner and the patient, and the complexity of the treatment being considered.

Steps to Resolve Conflicts

It is possible to take steps to resolve some conflicts by explicitly discussing and documenting the following things:

1. The practitioner is providing treatment in their capacity as a health professional, and not in a personal capacity;
2. The patient must at all times feel comfortable to provide full information, seek a second opinion, or change practitioners without fear of offending the practitioner or harming the personal relationship; and
3. The patient must be comfortable that the practitioner will always hold information provided confidential and for the sole purpose of the practitioner-patient relationship.

While in many cases this process may resolve potential conflicts, in some cases this will not be possible and treatment should be declined.

Anything that does or can compromise or risk the health and well-being of the patient must be considered and avoided wherever possible. This consideration must be viewed objectively from the perspective of the patient and not subjectively from the perspective of the practitioner.

Health professionals must obtain a medical history and be aware of any changes in the patient's health status. The nature of the personal relationship between the practitioner and the patient should not create barriers to obtaining this information. Similarly, no patient should feel constrained from asking questions of their practitioner, or seeking alternative treatments or a second opinion. Nor should the free flow of information central to the ongoing informed consent process be constrained. Dual relationships should therefore be approached with caution to ensure that the patient's autonomy and ability to provide full, free and informed consent is maintained.

The *Health Professions Act* and CDSBC Bylaws

The CDSBC Bylaws under the *Health Professions Act* do not allow for sexual relations between health professionals and their patients. The broad language of the legislation equating sexual contact to professional misconduct of a sexual nature, while germane in most cases, is less helpful to the discussion as to whether "spousal treatment" is appropriate. This question is one of professional ethics (involving considerations of objective care, patient autonomy and full, free and informed consent) rather than sexual misconduct.

Patient Choice

There is a widely held misconception that patients have an absolute right to choose their dentist. In fact, there is no absolute "right" to choose a health professional. As professionals, dentists do not have to provide treatment to every patient who demands it. Dentists have the autonomy to decline to take someone on as a patient – or to dismiss them – if they are not comfortable treating that person or if trust and mutual respect no longer exist. This guideline supports that autonomy. The decision to treat or not to treat a patient is subject to the ethical considerations of patient consent and autonomy and the ability of the dentist to provide objective/dispassionate care. It is these considerations that determine whether or not to enter into a dentist-patient relationship.

For all of the reasons noted above, it is imperative that the integrity of the practitioner-patient relationship be maintained. Treatment is not advisable when boundaries cannot be maintained, except in cases of emergency.

4. Related Documents

- CDSBC Code of Ethics
  www.cdsbc.org/CDSBCPublicLibrary/Code-of-Ethics.pdf
- CDSBC Bylaw 13.03
  www.cdsbc.org/Documents/Bylaws-Part13-General.pdf
- CDSBC's Position on Patient Relations and theTreatment of Spouses by Registrants (2012)
  www.cdsbc.org/CDSBCPublicLibrary/Patient-Relations-Statement.pdf
- Donate-Bartfield, Evelyn & D'Angelo, Daniel. "The Ethical Complexities of Dual Relationships in Dentistry." Journal of the American College of Dentists. Volume 67, Number 2 (2000): 42-46.

Board Approved

- 19 February 2016

Published

- 2016

Originating Committee

- CDSBC Board

CDSBC | College of Dental Surgeons of British Columbia

500 – 1765 West 8th Avenue
Vancouver, BC Canada V6J 5C6
www.cdsbc.org

Phone 604 736-3621
Toll Free 1 800 663-9169
Fax 604 734-9448