



Physician's Guide to Proper Boundaries

MAINTAINING BOUNDARIES: TOP 10 TIPS

- 1 RECOGNIZE THE RELATIONSHIP** – There is a clear imbalance of power between a physician and a patient. The patient exposes himself or herself and is highly vulnerable. No matter what the patient says or does, a physician will be held to higher expectations. The physician must at all times place a patient's welfare above self-interest.
- 2 INTIMACY WITH 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 decisionmaking 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 allegations of inappropriate behavior. Although a chaperone is not typically required, a physician should consider one for the examination of minors (in addition to a parent) and gynecological or pelvic examinations.
- 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 obtained fundraising (see below). Avoid anything that allows profit to be made from a physician's connection with or the information received from a patient.
- 6 DUAL RELATIONSHIPS** – Should a physician use a patient as a banker or contractor? The safest route would be to decline. But if the physician proceeds, a physician must be sure that the behavior is objectively fair, reasonable, and beyond reproach. A quid pro quo could imply preferential treatment or call into question a physician's objectivity.
- 7 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. Gifts that are given for inappropriate purposes such as to secure preferential treatment or to gain inappropriate attention should be avoided.
- 8 FUNDRAISING** – Many physicians are active in fundraising for good causes, but protecting the integrity of the physician-patient relationship takes precedence over altruism. A physician should not directly solicit patient at the time of clinical encounter, and should make sure that donations are fully voluntary.
- 9 SOCIAL NETWORKING** – Facebook, LinkedIn, and Twitter 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 ACTING, OBJECTIVELY ASK** – Would engaging in this activity compromise the relationship with this patient or a physician's ability to render medical care? Would it cause others to question ethics or professional objectivity? Would the physician be uncomfortable if the behavior was disclosed to a colleague or in public?

HELPING COLLEAGUES' BOUNDARIES: TOP 10 TIPS

- 1 UNDERSTAND THE BEHAVIOR** – When made aware of questionable behavior of a colleague, have a good understanding of the facts from a reliable source, then determine if there are applicable professional standards.
- 2 BE CAREFUL WHAT INFORMATION IS USED** – Unless you are a treating physician or on a formal peer review committee, do not review patient information, even if accessible to you.
- 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 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 discreet (perhaps using hypotheticals) as your aim is to solve a problem and 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.
- 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.
- 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 a local county medical society.
- 8 DETERMINE IF OUTSIDE REPORTING IS NECESSARY** – If the behavior makes the physician a continuing threat to public welfare, a physician is required to report it to the Texas Medical Board. Otherwise, a physician may report to the Texas Medical Board, the Texas Medical Association, or to a hospital ethics or peer review committee, as long as the report is truthful.
- 9 BEFORE YOU ACT, CHECK YOURSELF** – If your goal is to help a colleague, prevent patient harm, and 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 these biases.
- 10 AIM FOR REHABILITATION** – Physicians save lives on a daily basis but there are serious pressures unique to the profession. In cases of misjudgment (especially isolated ones), a physician needs a path back to the profession.



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