



College of Homeopaths of Ontario

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STANDARDS AND GUIDELINES

TITLE:	THERAPEUTIC RELATIONSHIPS AND PROFESSIONAL BOUNDARIES ¹
DOC #:	Standard 16
STATUS:	Approved by Council
CIRCULATION DATE:	March – June 2013
REVISED:	June 2013
APPROVAL DATE:	July 29, 2013

Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathic practice, the legislation governs.

College publications contain practice parameters and standards which should be considered by all Ontario homeopaths in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

POLICY

Registrants of the College of Homeopaths of Ontario respect their therapeutic patient/practitioner relationship and their patient's personal boundaries.

INTENT

The intent of this standard is to advise College Registrants on how to maintain therapeutic relationships and professional boundaries with patients.

PREAMBLE

This standard is intended to provide Ontario regulated Homeopaths with advice and information that can assist them to manage their relationships with patients. The standard provides Registrants with:

- a boundary framework that identifies the major areas where boundary risks take place;
- principles of safe practice in each boundary area;
- indicators of unsafe practice in each boundary area; and
- a decision-making tool to assist Registrants to avoid risks in their therapeutic patient/practitioner relationships.

This standard builds upon the College of Homeopaths of Ontario Standard of Principles of Professional Ethics which both suggest that Registrants are expected to interact with the patient in ways that ensure the patient's needs are met in a respectful, caring and professional manner.

This standard is intended to raise awareness among Registrants on how to manage boundaries in patient relationships as they are confronted with boundary challenges in their practice. It is also intended to encourage

¹ Source: MLT Boundaries of Practice Guidebook, College of Medical Laboratory Technologists of Ontario



Registrants to discuss the grey zones in patient relationships and in doing so review, clarify and consider the College's standards.

DESCRIPTION OF STANDARD

A Registrant who enters into a therapeutic patient/practitioner relationship with a patient is entering an unequal relationship. This is a result of the Homeopath's position as an expert and the patient's lack of knowledge of disease and health. The provision of safe and effective patient care is optimized and legal risks are reduced when Registrants are well informed about the fundamentals of patient boundaries and are able to make sound decisions about their behaviour when challenged with a potential "boundary crossing" in a patient interaction.

In professional life, practitioners have boundaries of practice which include demonstrating appropriate empathy as opposed to over-identifying with a patient. Overstepping boundaries takes place when a health care professional moves from caring about patients to becoming over involved in the patients' lives. It also occurs when health care professionals do not demonstrate appropriate involvement with patients.

Most patient-professional boundary issues fall into four major categories of concern that can be seen along a spectrum of behaviour that would be interpreted by the community as appropriate, slightly inappropriate or, in the worst case, criminal. These four categories are:

- A. **Boundary issues related to patient care** (e.g. appropriate hands on treatment; affection; respecting cultural differences; tone, communication, etc...)
- B. **Boundary issues related to access to and/or disclosure of information** (e.g. federal and provincial privacy acts, code of ethics obligations related to patient confidentiality, etc...)
- C. **Boundaries related to gifts, services and financial relationships** (e.g. understanding the motivation behind gift giving, respecting the timing of the gift and the cost of the gift, respecting patient vulnerability, etc...)
- D. **Boundaries related to dual relationships** (e.g. business relationships with patients; understanding when the patient ceases to be a patient; treating family members, etc...)

Understanding Potential "Boundary Crossings"

All health care professionals commonly face situations that, if not managed properly, can quickly lead to crossing "boundaries". These situations are called "potential boundary crossings". If they are managed correctly by the health care professional they can be avoided and result in excellent patient care. If they are managed ineffectually, boundary crossings can potentially lead to inappropriate, exploitative, abusive, or illegal behaviour. Boundary crossings can be inadvertent and unintentional; however, a boundary crossing, unchecked, can quickly lead to a violation from the patient's point of view.

Patients often perceive boundary crossings as the misuse of power or the betrayal of trust. Boundary crossings can cause minor or major physical, emotional or economic harm to patients.



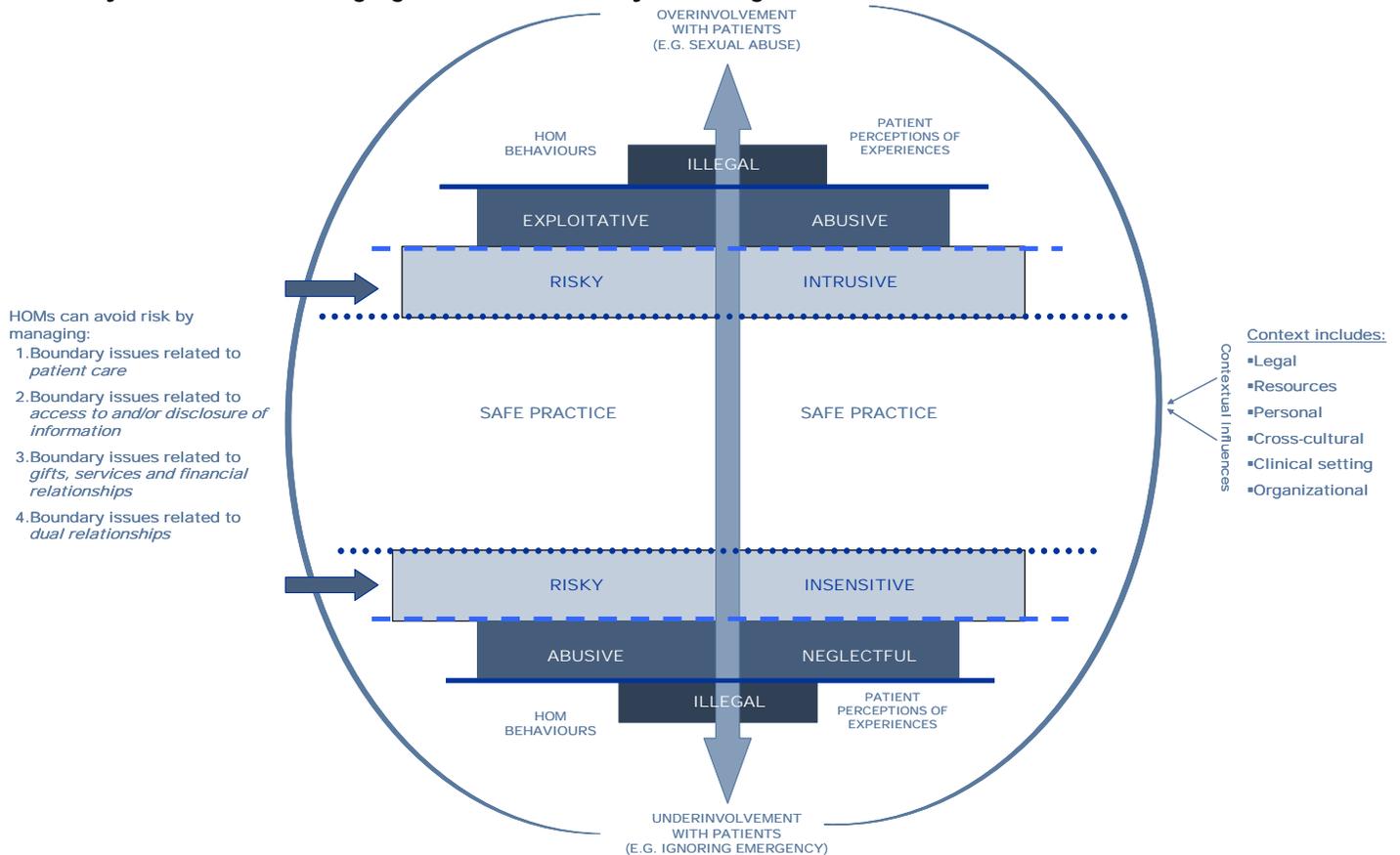
Learning to Assess and Manage Risk in the Four Potential Boundary Crossing Areas

As noted earlier, there are four general areas in which most boundary crossings can occur. These areas are:

- A. Boundary issues related to patient care
- B. Boundary issues related to access to and/or disclosure of information
- C. Boundary issues related to gifts, services and financial relationships
- D. Boundary issues related to dual relationships

Research indicates that many boundary crossings can be avoided if health care professionals learn to look for signs that a boundary crossing may occur. One can visualize how to look for signs of potential boundary crossings by examining the following boundary crossing framework.

Boundary Framework: Managing Potential Boundary Crossings²



² Source: MLT Boundaries of Practice Guidebook, College of Medical Laboratory Technologists of Ontario



Understanding the Boundary Framework

This framework shows two extremes of inappropriate professional behaviour, that is, over-involvement with patients and under-involvement with patients that can both be avoided by understanding and respecting boundaries.

An example of over involvement includes such things as the Registrant revealing too much personal information to a patient or using unprofessional language with a patient because of perception of a certain comfort level with the patient.

Under-involvement is on the opposite extreme. An example of under involvement would be not listening to a patient in crisis, not facilitating their health and well-being or not respecting choices patients make concerning their treatment.

The framework further describes a “safe practice zone” which is shown in the middle area of the diagram. This safe practice zone occurs when managing patient relations by minimizing boundary crossings.

The bubble surrounding the framework is a figurative representation of the situation the Registrants are actually dealing with while they are having the relationship with the patient upon which contextual influences will impact. Appropriate or inappropriate behaviour is always influenced by context. Boundaries are often complex which is why they pose decision-making challenges. Context impacts all decisions. Context can include influences such as:

- Legal issues
- Resource issues
- Personal issues
- Cross cultural communications and
- Clinical settings

The framework uses colours to assist in highlighting the appropriateness or inappropriateness of behaviour. The white zone signifies safe, appropriate Homeopathic practice. The light blue zone indicates caution should prevail. This is the area that this standard focuses on. Exploitative, abusive, or neglectful behaviours can all be managed by understanding boundaries. The colour dark blue represents illegal practice and care.

There is no clear boundary (see dashed lines) between the critical areas of safe practice and the adjacent areas of risky behaviours (intrusive or insensitive behaviour).

There is clearer delineation between what would be considered exploitative, abusive or neglectful behaviour. There is clear delineation between what is considered illegal behaviour.

Recognition of the boundary between risky behaviours requires knowledge and skills acquired through experience and professional development.



Checklist of Boundary Crossing Principles and Indicators

A. PATIENT CARE

Patient care must be appropriate and effective.

Principles of Appropriate Care

DO

1. Ensure that the priority is always to decide on the action/care that is in the best needs of the patient.
2. Understand patients' comfort zones regarding touch.
3. Respect the patients' needs, values and attitudes in the professional relationship.
4. Ensure that any physical exam is done with informed consent (refer to the College's Standard on Informed Consent and Guideline on Patient Communication and Physical Examination.)
5. Respect a patients' right to withdraw consent and be familiar with the College's Standard on Informed Consent.
6. Put trust, honesty and integrity first. Patients trust the Registrants to:
 - a. tell the truth;
 - b. listen carefully, compassionately and objectively;
 - c. respect the choices they make concerning their treatment; and
 - d. facilitate their health and well being.
7. Describe individual boundary concerns.
8. Ensure that behaviour is not based on judgment.
9. Be aware that the College and legislation has adopted a position of zero tolerance for all forms of sexual abuse in the patient/practitioner relationship. The *Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991*, section 1.(3) defines sexual abuse as:
 - a. sexual intercourse or other forms of physical sexual relations between the member and the patient,
 - b. touching of a sexual nature, of the patient by the member, or
 - c. behaviour or remarks of a sexual nature by the member towards the patient, 1993, C37, s.4.

Under this provision it is sexual abuse to treat one's spouse.

Indicators of Inappropriate Care

The following are indicators of inappropriate interaction with a patient: inappropriate touch, hugs, kisses, body language; rudeness/patronizing; unprofessional tone or humour; favouritism; judgmental attitude; cynicism; co-dependence; possessive or secretive behavior; roughness; bullying; or assault.

Additionally, the lack or absence of the following behaviours are indicators of inappropriate care: empathy, compassion, appropriate sensitivity, individualized assessment, listening/taking time, presence (being there/not being distracted), concern, noticing, accountability, understanding, putting yourself into their shoes, awareness of patients' rights and effective communication.

BEST PRACTICE TIPS: Putting Patients First

The patient's perception of whether an experience is abusive depends on their history, subjective appraisal and emotional response to the incident.

Avoiding Risk

Studies have shown that persons who have experienced abuse feel vulnerable to further abuse. Most recently, research has demonstrated that in most cases of sexual abuse of patients by health care professionals, boundary crossings pre-empted sexual abuse (a dual relationship was present or a breach of confidentiality took place).



Recognizing the Power Imbalance

There is a power imbalance in the therapeutic patient/practitioner relationship. This imbalance makes patients vulnerable and open to exploitation. The actions / omissions Registrants take can either enhance or exacerbate this imbalance.

The reality of power differential that characterizes the therapeutic patient/practitioner relationship can set the stage for perceived or actual sexual abuse and traumatization of the patient. What a Homeopath may perceive as a minor incident can actually lead to serious and potentially devastating consequences to the patient.

The College has a zero tolerance position toward all forms of sexual abuse by Registrants towards their patients.

Do's and Don'ts of Effective Patterns of Care

DO

1. Explain the assessment process clearly to the patient and obtain the patient's consent.
2. Respect cultural differences and be aware of sensitivities of individual patients.
3. Ensure that any and all conversations between the Registrant and fellow professionals would not be found offensive by the patient.
4. Respect a patient's privacy and ensure all procedures are carried out in a professional manner.
5. Touch the patient only when and where necessary with consent.
6. Maintain patient confidentiality.

DO NOT

1. Use gestures, tone of voice or expressions or engage in any other behaviour that may be interpreted as seductive, sexual abuse or sexually demeaning to the patient.
2. Make sexually demeaning comments towards a patient.
3. Tell jokes of a sexual nature to the patient.
4. Comment on the patient's sexual orientation.

B. ACCESS TO OR DISCLOSURE OF INFORMATION

Principles of Effective Disclosure

DO

1. Practise according to the College's Standard on Principles of Professional Ethics and Professional Misconduct Regulation (*Homeopathy Act, 2007, Ontario Regulation #315/12, Professional Misconduct*).
2. Limit self-disclosure to professional information as it relates to the patient's care and adds therapeutic value to the patient experience.
3. Consider personal motives for disclosing personal information.
4. Limit information to the patient to within the Homeopathic scope of practice.



Indicators of Ineffective Disclosure

DO NOT

1. Provide patient information to persons not authorized to have access to the information.
2. Identify closely with a patient's experience (e.g. I have diabetes too, AIDS too, etc.) or disclose personal, difficult or unresolved issues within the Registrant's own life.
3. Have a dual relationship with the patient or their significant others.
4. Use confidential information or a position of power to advantage in any way.

BEST PRACTICE TIPS: Disclosing Personal Information

Registrants need to have enough depth of understanding of the law so that they can reasonably determine if their office policies and procedures are appropriate.

Disclosing personal information to patients may be appropriate for the development of trust and rapport. Determination of the appropriate balance for self-disclosure and non-disclosure must be based on the patient's needs (not the Registrant's). The use of self-disclosure as a debriefing strategy for a Registrant's own unresolved issues is always inappropriate and potentially harmful to patients. The provision of adequate information related to the aspects of the care is always appropriate and can empower patients to positively impact their health.

C. GIFT GIVING

Principles of Appropriate Responses to Gifts

1. Registrant's should recognize that giving and receiving gifts from patients has the potential to compromise the professional relationship.
2. The giving of a gift to a Registrant by a patient may have an impact on the patient's significant others. Small token gifts, giving consideration to cultural celebration and sensitivities, are appropriate.
3. Large gifts are inappropriate and are clear conflicts of interest. See the College's Guideline on Professional Conflict of Interest for more information.
4. Where appropriate the Registrant may suggest a donation to a charity of the patient's choice is a suitable substitute for a patient's desire to give a gift.

Indicators of Inappropriate Gift Giving

1. Registrant personal gain – value of gift.
2. Intent: Was the gift solicited or coerced? Is there an expectation attached to the gift?
3. Is there a consequence of refusal of the gift? i.e. emotional discomfort.
4. Is there culturally significant to consider in refusing the gift? i.e. emotional discomfort.

BEST PRACTICE TIPS: Gift Giving

Society recognizes gift giving as a normal expression of appreciation for a service rendered. However, in professional relationships there is often an imbalance of power and gift giving is often not appropriate. Also, various cultures have unique and distinct views on gift giving.



D. DUAL RELATIONSHIPS

Principles of Effective Relationships

1. Care is optimized when Registrants do not engage in a dual relationship.
2. Where dual relationships are unavoidable, there is the potential for prejudicial or preferential practice to occur.
3. Registrants should avoid, when possible, providing professional services when a significant relationship is present (e.g. parent, step parent, children, guardian, brother, sister, first cousin, aunt, uncle, nephew, niece, grandparent, great grandparent, great uncle, great aunt, any adult who jointly resides in the same household, friends, co-workers, close neighbours, etc.). When the situation cannot be avoided, the Registrants should be particularly aware that a boundary crossing may occur. In such cases it is important to note that there is a power imbalance in the relationship and the onus is on the Registrant to maintain professional boundaries.

It can not be emphasized enough that the College and legislation has adopted a position of zero tolerance for all forms of sexual abuse in the patient/practitioner relationship. The *Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991*, section 1.(3) defines sexual abuse as:

- a. sexual intercourse or other forms of physical sexual relations between the member and the patient,
- b. touching of a sexual nature, of the patient by the member, or
- c. behaviour or remarks of a sexual nature by the member towards the patient, 1993, C37, s.4.

The definition of sexual abuse includes the treatment of spouses even if there was a preexisting spousal relationship prior to homeopathic treatment being performed. It is important to note that a patient's consent to treatment in these cases is irrelevant; it still amounts to sexual abuse as defined in the legislation.)

Indicators of Inappropriate Relationships

DO NOT

1. Provide misleading information by expressing opinions beyond one's scope of practice due to familiarity with the health care system or an "insider's view" on the health care system.
2. Impact the care by other health care professionals (beyond one's own limits).
3. Break confidentiality.
4. Give inappropriate self-disclosure.
5. Comprise one's professional standing in the community.
6. Form personal relationships with patients.

BEST PRACTICE TIPS: Dual Relationships

Where possible Registrants should try to avoid doing any work where a dual relationship may exist.

Registrants have multiple roles in their community: family member, friend, colleague and health professional. The creation of a platonic, non sexual, relationship (e.g. friendship or socializing with a patient in your community) increases patient vulnerability as does living in the same community with a patient. Hence, there is a need to ensure that the Registrant's patient relationship is always conducted with the sole intent of helping the patient. A sexual or intimate relationship with a patient is unacceptable between a Registrant and patient within the context of the provision of care.



RELEVANT COMPETENCIES AND PERFORMANCE INDICATORS

Competencies are the specific knowledge, skills, attributes and abilities required of an entry-to-practice homeopath in order to practise safely and ethically. These competencies, from the Competency Profile for Entry-to-Practice Homeopaths Practising in Ontario, were adopted by the transitional Council of the College of Homeopaths of Ontario in 2012.

- 1.2 Develop a professional therapeutic relationship with patient, maintain boundaries and act in the best interest of the patient. (K) (23)
RELEVANT PERFORMANCE INDICATORS
1. Recognize patient's concerns and requirements.
 2. Demonstrate respect for patient's personal boundaries.
 3. Identify commonly occurring boundary violations.
 4. Describe actions used to address boundary violations.
- 1.3 Demonstrate sensitivity to and respect for each patient's rights, autonomy, dignity and uniqueness. (K, S)
RELEVANT PERFORMANCE INDICATORS
1. Identify homeopath's role in fostering the patient's right to make his/her own decisions regarding health and social well-being.
 2. Communicate in a manner that respects the patient's uniqueness.
 3. Identify socio-economic or socio-cultural factors that may be relevant to the patient.
- 1.6 Identify the potential effect of personal values, beliefs and experiences and utilize this self-awareness to provide unbiased care. (S)
RELEVANT PERFORMANCE INDICATORS
1. Recognize factors that influence the ability to provide unbiased care.
 2. Formulate a plan to address actions that influence the ability to provide unbiased care.
- 1.9 Use effective communication to develop professional relationships with patients, families and other health-care professionals.
RELEVANT PERFORMANCE INDICATORS
1. Use clear and concise written communication.
 2. Use clear and concise verbal communication.
 3. Adapt communication to recipient (e.g., patients, families and other health-care professionals).
 4. Confirm that communication is being understood by recipients.
- 2.27 Establish a therapeutic relationship by developing a rapport with patients that facilitates the sharing of information in a professional environment.
RELEVANT PERFORMANCE INDICATORS
1. Use active listening to facilitate reciprocal communication.
 2. Understand non-verbal communication.
 3. Minimize obstacles to communication.
 4. Manage personal responses to patient's information.
- 3.1 Manage a practice environment that is professional and safe for patients and staff. (K, S)
RELEVANT PERFORMANCE INDICATORS
1. Maintain a professional personal presentation (e.g., attire, hygiene, etiquette).
 2. Maintain professional practice environment.



3. Identify risks to safe practice (e.g., harassment, physical abuse, discrimination, sexual harassment).
4. Address the identified risks to safe practice.

2.3 Demonstrate interviewing and case-taking skills to elicit spontaneous responses from the patient (e.g., using open-ended questions, avoiding leading questions, respecting silence). (K)

RELEVANT PERFORMANCE INDICATORS

1. Demonstrate interview techniques that allow the patient to share information.
2. Respect the boundaries of the therapeutic relationship

2.31 Encourage more detailed responses from the patient to formulate a complete symptom statement.

RELEVANT PERFORMANCE INDICATORS

1. Demonstrate how to pose specific questions that elicit more detailed responses from the patient for symptom clarification (i.e., peculiar, uncommon, characteristic symptoms).
2. Respect the boundaries of the therapeutic relationship.

DEFINITIONS

For the purpose of this standard the following definitions apply:

Homeopath

“Homeopath” means a registrant of the College of Homeopaths of Ontario.

Mandatory Reporting

Mandatory reporting refers to the obligation under the *Regulated Health Professions Act, 1991*, (RHPA) and the Health Professions Procedural Code for Registrants, regulated health care professionals, and employers to file written reports to the College in a number of circumstances. This may include but is not limited to a regulated health professional who, in the course of practising his/ her profession, acquires information leading to reasonable grounds to believe that another regulated health professional abused a patient.

Registrant

A Registrant is a member of the College of Homeopaths of Ontario.

Sexual Abuse

Sexual Abuse of a patient by a Registrant is defined in the *Regulated Health Professions Act, 1991*, as:

- sexual intercourse or other forms of physical sexual relations between the Registrant and the patient;
- touching, of a sexual nature, of the patient by the Registrant; or
- behaviour or remarks of a sexual nature by the Registrant towards the patient.

Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the services provided.



LEGISLATIVE CONTEXT

Regulated Health Professions Act, 1991, S.O. 1991, CHAPTER 18, Sched. 2, s. 1 (3)

Homeopathy Act, 2007, Ontario Regulation 315/12 Professional Misconduct (Note: This regulation is not yet in force. It comes into force on the day named by proclamation of the Lieutenant Governor.):

1. Abusing a patient or a patient's representative verbally, physically, psychologically or emotionally.

RELATED STANDARDS

#10 Standard of Practice on Informed Consent

#14 Standard of Practice on Professional Ethics

#1 Interpretative Guide on Professional Conflict of Interest

SOURCE

College of Medical Laboratory Technicians of Ontario

Transitional Council of the College of Naturopaths of Ontario