

Doctor Patient Relationship – Boundary Crossing

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Professional boundaries are integral to the doctor-patient relationship. Boundaries help in establishing trust and confidence in a healthcare professional. For a patient, being able to confide in their physician and entrusting their health and wellbeing in the capable hands of the physician is crucial to establishing a healthy and productive relationship with the physician.

Anytime boundaries are crossed by either party (doctor or patient) it can compromise the dynamics of the doctor-patient relationship which in turn can impact the quality of care. For this reason, professional and ethical boundaries need to be established and adhered to closely.

Boundaries

Professional boundaries between doctors and their patients are necessary to keep both doctors and patients safe. However, at times, due to certain circumstances or for a variety of reasons, these boundaries may be crossed or violated.

A non-sexual hug when greeting a patient or after a bereavement, a home visit when the patient is bed-ridden or elderly, or even exchanging appropriate gifts and cards on special occasions can constitute boundary crossing. But in each of these cases, the doctor-patient relationship is not altered to the extent of becoming risky or inappropriate. These kind of boundary crossings can in fact help strengthen the doctor-patient relationship.

A boundary violation, exploitative sexual or business relationships, on the other hand constitutes a far greater risk and its implications can alter/damage the doctor-patient relationship. Not only do boundary violations have the potential to cause a trust deficit to develop on both sides, but more importantly, it can compromise the quality of patient care.

Boundary violations can be initiated either by the doctor or the patient. The best way to prevent the situation from escalating is by recognizing the warning signs and taking appropriate steps to limit or restrict such interactions at the very beginning.

DOCTOR PATIENT RELATIONSHIP MAINTAINING A PROFESSIONAL BOUNDARY



INTRODUCTION

The relationship between a doctor and a patient is built on mutual trust.

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A patient should be able to trust the physician to conduct themselves in a professional manner during consultations. Likewise a patient needs to respect the doctor-patient relationship.

Any kind of improper conduct, mental and or physical, can be construed as a serious breach of professional ethics leading to a breakdown in the doctor-patient relationship.



BOUNDARY CROSSINGS VS BOUNDARY VIOLATIONS



Boundary crossings can happen when a healthcare profession deviates from the more traditional or usual professional practice but not always in a manner that is considered exploitative.



Example of boundary crossing that are not considered exploitative - a physician might decide to help a patient face a difficult situation; like disclosing to a patient who has been diagnosed with a particular health condition that one of their family members also has been diagnosed with the same health condition.



If however, anytime a physician moves outside the purview of usual practice to inappropriate practice which is both unethical and unprofessional and is harmful to a patient, it becomes boundary violation.



BOUNDARY CROSSINGS AND VIOLATIONS: RISK FACTORS FOR PHYSICIANS

The following reasons/conditions can lead to boundary crossings or violations by healthcare professionals.



Physicians are increasingly being encouraged to foster a more informal and open relationship with their patients which can lead to difficulties in maintaining clear professional and personal boundaries.



Lack of clear communication can also at times lead to patients misinterpreting the actions of the healthcare professional.



Healthcare professionals are often required to closely work with patients, share information to build trust, and participate in the lives of a patient especially during stressful and traumatic periods which can lead them to interact with the patient outside the office.



Physicians work under high stress and have little or no emotional support/counseling which can lead to lapse in judgment.



Inexperienced doctors may be unaware of the complexities of boundary crossings.

MINIMIZING THE RISK OF BOUNDARY CROSSINGS/VIOLATIONS

Healthcare professionals can minimize the risk of unprofessional and unethical behavior by analyzing and assessing the implications of their actions at all stages. Consider the following questions;

Are my actions accepted medical practice?



Are my actions in the best interest of the patient?



Am I under stress, worry or guilt about my actions?



Do my actions and behavior align with high-risk situations?



Are my actions beneficial to my interests but exploitative to the interests of the patient?



Am I unnecessarily revealing information about myself or my family to the patient?



Boundary Crossing in an Evolving Healthcare Space

The nature of healthcare practice is evolving at a fast pace. Digitization of this space has given patient healthcare management a new form. In this new space, the patient is an equal partner in care management. To facilitate this kind of

collaborative partnership, physicians are encouraged to form a more interactive relationship with their patients.

Most healthcare professionals are on a first name basis with their patients. They also are far more involved in the lives of their patients. Informal interactions during medical consultations or even social media interactions that are quickly becoming the norm, often lead to a situation where professional and personal boundaries are hard to maintain. And this can result in boundary crossing.

Boundary Crossing Risk Factors Faced by Healthcare Professionals

Poor communication is a big risk factor when it comes to boundary crossings. If a physician is unable to communicate effectively with patients, it leaves room for misinterpretation. The patient might construe what is routine questioning and examination to be inappropriate. Here the physician is only doing his job and no boundaries have been violated, but because of a lack of communication, his actions can be questioned.

Stress and lack of emotional/mental counselling for healthcare professionals is again a big risk factor. Emotional instability and working under duress can also lead to physicians developing serious mental conditions which can push them to cross or violate the sanctity of the doctor-patient relationships. This is why physicians need to have a support system in place in the form of family or colleagues, or even professional counsellors.

Boundary crossings or violations can also happen in the case of junior or inexperienced physicians. With very little experience in patient communications and interactions, the risk of boundary crossings is high. Educating junior doctors or providing them with clear boundary crossing guidelines is a necessary step in reducing instances of boundary crossings and or violations.

Patients and Boundary Crossing

Instances of patients crossing and or violating the boundaries of the doctor-patient relationship can happen in the case of those patients who face considerable difficulty in maintaining interpersonal relationships. These patients find it difficult to maintain relationship boundaries and are inconsistent in their behavior and actions with their healthcare professionals.

Strategies to Reduce Instances of Boundary Crossing and Boundary Violation Risks

It is vital that healthcare professionals uphold and maintain the trust that patients place in them. Here are 10 questions that can help raise awareness and encourage self-reflection as a way of maintaining professional and ethical boundaries in doctor-patient relationships.

- Am I favoring patients who are more agreeable to my recommendations?
- Am I finding it difficult to terminate my relationship with patients who are emotionally dependent on me?
- Are cultural beliefs and taboos conflicting with my treatment recommendations? If yes, how am I dealing with the conflict?
- How do I feel and treat patients who complain about my treatment recommendations?
- Are my thoughts about a particular patient affecting my ability to maintain professional boundaries and provide effective treatment?
- Are my actions, words, suggestions, and/or tone preventing certain patients from participating in the decision-making process about their health care?
- Am I open to accepting inappropriate gifts and or communications from patients?
- Am I deliberately seeking more personal details about a certain patient than what is clinically required?
- Am I making exceptions for patients that I find physically attractive or important?
- Am I interested in engaging with certain patients on a social level outside of clinically scheduled visits? If yes, why?

These are just some of the important questions physicians can use for self-reflection when in doubt about their interaction with specific patients. If the answer to these questions places you in a position of risk of boundary crossing or boundary violation, then it is best to step back and reassess your standing and seek professional help.

Conclusion

The quality of the patient–physician relationship is an essential aspect of quality care. Relationships that are based on mutual respect and trust, and faith in the skills, knowledge, values of a healthcare professional allow for effective doctor-patient interactions. This not only leads to enhanced accuracy of diagnosis and better treatment, but it also helps lower instances of boundary crossing and boundary violations that are counter-productive to patient healthcare.

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