

Standard for Maintaining Professional Boundaries

Professional boundaries are the physical and emotional limits placed on the patient-practitioner relationship. Patients share personal information with members. They also depend on their professional knowledge for their care. This results in a power imbalance in favour of the member.

Members must establish professional boundaries to prevent the abuse of this power and to promote trust and respect. Breaching a professional boundary can harm a patient and the therapeutic relationship.

This standard addresses the following principles:

[Principle 1: Members should refrain from treating patients with whom they have a close personal relationship.](#)

[Principle 2: Members must set professional boundaries with each patient.](#)

[Principle 3: Members must maintain professional boundaries with their patients.](#)

[Principle 4: Members must safeguard the privacy and dignity of their patients.](#)

Principle 1: Members should refrain from treating patients with whom they have a close personal relationship.

Members should refrain from treating people with whom they have a close personal relationship, such as a friend, relative, or business partner. Strong personal, emotional, or business ties can impair a member's professional judgement.

Members must never treat a spouse or a person with whom they have a sexual relationship, except in an [emergency](#).

Applying the principle to practice

Members may need to treat a person with whom they have a close personal relationship if there is no other option available for the required service. This could occur, for example when the member is in a remote area, or when a patient has suffered past trauma and requires treatment from someone they know well. In these cases, the member must inform the patient about the potential boundary and conflict of interest issues.

Emergencies

Members may provide services in an emergency. An emergency is when there is a reason to believe that a person will suffer severely or risk serious bodily harm unless they receive treatment right away. If possible, members must transfer patient care to another health professional as soon as they can.

Record keeping

Members must record the reasons why they have treated a person with whom they have a close personal relationship. They must note the discussions they had with the patient about potential boundary and conflict of interest issues.

When they transfer the patient's care to another healthcare professional, they must make a complete note of this in the patient's record.

Principle 2: Members must set professional boundaries with each patient.

The responsibility for setting boundaries in the patient-practitioner relationship rests with the member. Each patient's boundaries will be unique to their own experiences, including their culture, gender, age, beliefs, values, and sexual identity. It is important to be sensitive to any history of trauma.

Applying the principle to practice

Members must touch patients only in a therapeutic manner. They must ensure that their behaviour or remarks cannot be interpreted as inappropriate or offensive.

Here are some examples of situations that pose the risk of a boundary violation:

- disclosing information about the member's personal life to a patient
- giving or receiving gifts
- taking part in business or leisure activities with a patient
- making comments or gestures that are not directly related to clinical care.

Members must also set and maintain appropriate boundaries with patients' families, caregivers, and support persons.

Record keeping

Members must note in each patient's file anything that will affect or place limits on the patient's personal boundaries, such as a history of trauma.

Principle 3: Members must maintain professional boundaries with their patients.

Sometimes a member may cross a professional boundary in a harmless and therapeutic manner. While a single boundary crossing may not cause harm, a series of such crossings may lead to a boundary violation.

That is why members must monitor professional boundaries as the patient-practitioner relationship develops and make changes as needed.

Applying the principle to practice

Whenever something occurs that could lead to a boundary violation, move quickly to address it. Identify the breach and correct the inappropriate behaviour.

If a member finds that they cannot maintain professional boundaries, they must take these steps to end the patient-practitioner relationship:

1. Provide notice to the patient of the decision.
2. Help the patient find another practitioner.
3. Explain the fees for providing the patient with a copy of their record or transferring a copy to their new practitioner.

Record keeping

Members must document boundary crossings or violations and any corrective actions taken in the patient record.

If the member ends the patient-practitioner relationship, they must record the reasons and actions taken.

Principle 4: Members must safeguard the privacy and dignity of their patients.

Members must talk openly with their patients about assessment and treatment procedures, such as touching and positioning, that could impose on their personal boundaries.

Applying the principle to practice

Members must discuss the measures they can take to make their patient more comfortable, such as:

- providing them with a secure and private place to undress
- using draping techniques during assessment and treatment
- having a third person whom the patient trusts present for support.

Members must always obtain written consent from the patient for procedures that involve [contact with sensitive areas](#).

Record keeping

Members must keep the patient's written consent for contact with sensitive areas on file, as well as any other measures taken, such as having a trusted third person present.