BOUNDARY VIOLATIONS

**SEX AND POWER**

- There is an inherent power imbalance between patients and physicians. A patient sees the physician in the professional role of healer, and assumes the physician knows more or has more skill in a particular area. This is why patients seek care and guidance, and are often willing to be a great deal more honest, much more emotionally intimate, and vulnerable far more quickly to the physician than to anyone else. The patient (or his/her insurance) contracts with and pays the physician for services. These elements convey power to the physician and set up the boundaries of the physician-patient relationship.

- Changing any of the elements in the physician-patient relationship affects the boundaries, and may weaken them.

- Sexual contact of any nature between a physician and a patient is the most egregious boundary violation. It is unacceptable, can lead to professional censure, and to a permanent loss of a medical license and a career.

- Residents may not see themselves as powerful figures to patients, may strive to develop egalitarian relationships with their patients, and may behave as friendly in ways that can be misconstrued (e.g., suggesting the use of one of another’s first names).

- A resident may not feel that s/he is the patient’s “real” doctor. Instead, s/he may feel that s/he can be friends with the patient, because the attending is the physician. Therefore, the resident may believe that boundary issues aren’t applicable to him/her. However, in the patient’s view, the resident is part of the treating team and is in a position of power similar to the attending faculty physician.