



BOUNDARY VIOLATIONS

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SEXUAL VIOLATION VERSUS SEXUAL IMPROPRIETY

Sexual violations are so egregious they are fairly easy to identify. They are engaged in by a minority of individuals who are often sexual predators. Even though such violations are rare, they tend to receive significant publicity when they occur.

Sexual Violation may include physician-patient sex or any conduct with a patient that is sexual or may be reasonably interpreted as sexual, including but not limited to:

- Kissing
- Touching breasts, genitals, or any sexualized body part for any purpose other than appropriate examination or treatment, especially for sexual gratification of the physician, or in a situation in which the patient has not consented, has refused, or has withdrawn consent
- Encouraging the patient to masturbate in the presence of the physician or masturbation by the physician while the patient is present
- Offering to provide practice-related services, such as drugs, in exchange for sexual favors
- Engaging in sexual intercourse: genital, oral, or anal

Sexual Impropriety, which is more common but often more difficult to define, includes behavior, gestures, or expressions that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:

- Disrobing or draping practices that reflect a lack of respect for the patient's privacy
- Deliberately watching a patient dress or undress, instead of providing privacy for disrobing
- Subjecting a patient to an intimate examination in the presence of medical students or other parties without the explicit consent of the patient or when consent has been withdrawn
- Examining or touching of genitals without the use of gloves
- Making inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient's body or underclothing, making sexualized or sexually demeaning comments to a patient, criticizing the patient's sexual orientation (homosexual, heterosexual, transsexual, or bisexual), making comments about potential sexual performance during an examination or consultation except when the examination or consultation is pertinent to the issue of sexual function or dysfunction, requesting details of sexual history or sexual likes or dislikes when not clinically indicated for the type of consultation
- Using the physician-patient relationship to solicit a date
- Initiating or encouraging conversation regarding the sexual problems, preferences, or fantasies of the physician
- Examining the patient intimately without consent

Revised from the Ad Hoc Committee on Physician Impairment. Report on Sexual Boundary Issues By The Ad Hoc Committee on Physician Impairment. The Federation of State Medical Boards of the US, Inc. accepted this Report on Sexual Boundary Issues as policy in April 1996. Accessed 2/15/04.

http://www.fsmb.org/Policy%20Documents%20and%20White%20Papers/sexual_boundary.html