



BOUNDARY VIOLATIONS

Text Button I

THE SLIPPERY SLOPE

Often boundary violations begin with innocent behavior. One event in and of itself may be acceptable; however, this can start the physician down a slippery slope of more and more problematic behaviors.

Early indications of potential problems in a physician's behaviors include (not necessarily linearly):

- Neutrality slowly declines; physician spends more time with the patient or suggests appointments late in the day.
- Fraternizing occurs outside the practice setting; physician arranges to see patients outside of regular office hours or outside the work environment (in non-hospital settings), makes frequent phone calls or emails that start by discussing laboratory results and continue to social conversation
- Treats patient as special in some way—with special treatment, extra time, extra appointments, charging less (or not at all) for visits
- Reveals confidential information concerning other patients or the work environment
- Engages in self-revelation, treating the patient as a friend
- Initiates physical contact, often initially in a non-sexual manner
- Increasingly blurs the line between personal relationship and a professional/medical relationship
- Fails to keep or alters office records and documentation of the physician-patient encounters/connections
- Begins dating the patient
- Begins a sexual relationship with the patient

(Adapted from Simon, R.I. Therapist-patient sex. Forensic Psychiatry 22(1): 31-47, 1999)

Factors that increase the likelihood of sliding the slippery slope with a patient:

- Not using chaperones during sensitive portions of the history and physical
- Accepting gifts that could have intimate meaning to the patient
- Accepting excessive gifts
- Keeping secrets about professional behaviors.
- Not completely documenting encounters and connections with the patient
- Treating some patients differently in a substantial way
- Revealing excessive amounts of personal information to patients
- Engaging in a behavior the physician would be embarrassed to have publicly revealed (in the local newspaper, or to his/her colleagues)
- Engaging in behavior(s) that makes other members of the health care team uncomfortable vis-a-vis the patient



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THE SLIPPERY SLOPE (CONT'D)

As with all rules exceptions do and should exist.

- Revealing a little bit of personal information makes the physician more real, more trustworthy
- Graciously accepting baked goods or garden produce is courteous and gifts can often be shared with your office staff; appreciation for the gift can be expressed in the context of the entire team, e.g., "Thank you for the delicious coffee cake (or the flowers). I will put your gift in our break room so we all can enjoy your thoughtfulness."
- Going to the funeral of a patient may show respect and may be a display of support for other family members (who may also be the physician's patients) especially for a patient with whom the physician had a long and trusting relationship. On the other hand, the physician can't play favorites. Setting up an expectation that the physician will attend all significant family events (funerals, christenings, etc.) may be completely unrealistic. Attending these events for one family and not another may lead to patient dissatisfaction
- In small rural communities, physicians may be unable to avoid social contact with their patients
- One test of acceptability of behavior especially relevant in small communities is the publicity test. Imagine that whatever the physician is contemplating appears on the front page of the local newspaper. If this would be embarrassing or compromising to anyone in any way, the physician should refrain from doing it!
- The physician's behavior with trainees can also indicate boundary violations, which can occur between faculty and residents, and upper-year residents and junior residents or other learners

With trainees, warning signs include:

- Giving special consideration especially if not reviewed and agreed to by the program leadership or the entire faculty body
- Grading higher than the resident's performance merits
- Meeting, or requesting meetings, outside of the work setting or typical hours
- Establishing dating and/or sexual relations with anyone with whom one has supervisory/evaluative responsibilities

Residents should be encouraged to discuss such situations openly with faculty so that they can receive mentoring on the fine line between appropriate and inappropriate behavior.