POSITION STATEMENT

PROFESSIONAL RELATIONSHIPS AND BOUNDARIES

APPROVED 2001 REVISED 2013 REFORMATTED May 2014

Members must treat patients/clients with sensitivity while respecting the boundaries of a health care relationship. Care must be taken to recognize potential violations of professional relationships and to maintain appropriate behaviour.

BACKGROUND

The intent of the Professional Relationships and Boundaries Position Statement is to assist members and patients/clients to:

- identify risks and increase awareness of situations in which sexual involvement or other boundary issues might occur;
- prevent inappropriate interaction between the patient/client and the member;
- establish and maintain professional boundaries; and
- increase members' awareness of patient/client centred issues such as culture, disability and age-related factors.

This document is intended to assist in the interpretation of the *Regulated Health Professions Act, 1991,* and the College's Code of Ethics and Professional Misconduct Regulation, by providing clear definitions and examples of CASLPO's expectations of professional conduct in the practice of speech-language pathology and audiology.

The Professional Relationships and Boundaries document is one component of CASLPO's Sexual Abuse Prevention Program. Please refer to that document for the complete program.

GUIDING PRINCIPLES

Interpersonal relationships are inherent in the interactions between a member and his or her patients/clients during the management of communication disorders. However, the member must always consider the impact of the relationship on the therapeutic needs of the patient/client. The member possesses unique knowledge and skills upon which the patient/client must rely. This places the audiologist or speech- language pathologist in a position of power relative to the patient/client. This power imbalance is inherent in every relationship between a member and a patient/client and can make the patient/client vulnerable to abuse or boundary violations. The member must always be sensitive to the possibility that the professional relationship may create vulnerability or dependency on the part of the patient/client. It is the responsibility of the member to ensure that a therapeutic relationship is appropriately established and maintained. The member should empower the patient/client to become an active participant in their care, thereby

reducing the power imbalance. Patients/clients must be confident that the services provided will be free of abuse of any kind.

The responsibility always falls on the audiologist or speech-language pathologist to recognize issues of power and control, respect physical and emotional boundaries and practise in a manner that preserves the patient's/client's trust. The member possesses the knowledge, skills and insight regarding situations and factors that may lead to abuse, and is therefore responsible for preventing abuse.

Boundaries help both the member and the patient/client by ensuring that words and actions will not be misinterpreted by the member or patient/client, so that there are clear distinctions between appropriate and inappropriate behaviour. Boundary violations are warning signs that the power balance is not being respected.

It is important for the member to examine their practice to identify areas in which they may be vulnerable to allegations of abuse or member misconduct due to unclear boundaries. For example, different cultures may have different values and attitudes towards therapeutic practice. These differences in values and attitudes may result in misinterpretation of behaviour or comments in the context of the therapeutic relationship. **It is always the responsibility of the member to preserve professional boundaries, no matter what the patient's/client's behaviour.**

COMPONENTS OF A THERAPEUTIC RELATIONSHIP

Therapeutic relationships are different from non-professional, casual, social and personal relationships. In a therapeutic relationship, the patient/client and their needs are foremost. It is expected that the member will not exploit the professional relationship for the fulfillment of personal gain or needs. Power, trust, respect and physical closeness are components that professionals must consider when managing the boundaries of the relationship.

A) POWER

A therapeutic relationship implies an inherent imbalance of power due to the professional's authority in the health care system, their unique knowledge and the patient's/client's dependence on the care provided. Audiologists and speech-language pathologists can also influence other health care providers and payers, have access to confidential information and have the ability to influence decisions about the patient's/client's care. Patients/clients may not want to compromise the relationship by challenging the knowledge and expertise of the member. Some patients/clients may feel vulnerable in a relationship that creates dependence on the professional and requires trust that the member will act in his or her best interest. The onus is on the audiologist or speech-language pathologist to recognize this inherent vulnerability and power imbalance and create an environment in which the patient/client feels safe and free to ask questions.

B) TRUST

The therapeutic relationship is characterized by the inherent vulnerability of patients/clients. They assume that the clinician has the requisite knowledge, abilities, skills and competence to provide quality care. Clinicians have a responsibility not to harm or exploit the patient/client and to act in the patient's/client's best interests. It is very difficult to re-establish trust once it has been breached.

C) RESPECT

Audiologists and speech-language pathologists have a responsibility to understand and respect individuals regardless of differences in background, such as those involving gender, sexual orientation, cultural, spiritual, physical, social, environmental, moral, ethical, economical, educational, political and ethnic variations. Members must act in a way that is respectful of the patient's/client's participation in his or her care.

D) CLOSENESS

The therapeutic relationship places individuals in an atmosphere requiring physical, emotional and psychological closeness that is not usually encountered in relationships in everyday life. The nature and degree of closeness inherent in members' intervention differs from the closeness of social, romantic or sexual relationships. Closeness may include physical closeness during examinations, disclosure of sensitive personal information and expression of deep-rooted emotions. These practices are acceptable when carried out appropriately, but they do carry a greater degree of closeness that may further deepen a patient's/client's feelings of vulnerability. Members must practice with sensitivity, respecting patients'/clients' autonomy and ensuring that patients/clients are informed and share control in decisions about their care.

LEGAL CONSTRAINTS ON PRACTICE

Members must comply with the laws and regulations governing the practice of audiology and speech-language pathology in the province of Ontario. Discrimination on the basis of citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance, or record of offence is not permitted in any relationship with patients/clients, families, colleagues or others.

Speech-language pathologists and audiologists have an obligation to ensure that patients/clients receive an appropriate explanation for all care provided and that they understand and have consented. Using communication techniques that account for the patient's/client's level of communication, language proficiency and cultural orientation is essential[1]. In all situations, informed consent must be obtained from the patient/client or substitute decision maker as appropriate. Members must respect the patient's/client's right to participate in all treatment decisions. Patients/clients must be assured that they may withdraw consent at any time. Members are responsible for obtaining the patient's/client's permission for staff, students, or others to observe any aspect of patient/client care. Member's must document both the giving of consent and its withdrawal in the patient/client record and include reasons given, where possible.

Finally, members must refrain from engaging in sexual relationships with patients/clients. Under the *Regulated Health Professions Act*, *1991,* any form of sexual relations (including remarks or behaviour of a sexual nature) between a member of a health regulatory college and a patient/client constitutes sexual abuse.

PROFESSIONAL CONSTRAINTS ON PRACTICE

Members must accept responsibility for the practice of their profession and exercise sound judgement. Members are responsible for ensuring that their own competence and skills, and those of students and supportive personnel working under their supervision, are sufficient to provide quality services.

Audiologists and speech-language pathologists need to be aware of situations and factors that may lead to abuse or allegations of misconduct. The member must ensure that all procedures including assessment, treatment planning and implementation reflect care and concern for the patient's/client's well-being, comfort, and dignity. When appropriate, patients/clients should be offered choices about how they are to be touched or treated and by whom. It is good practice to always ask a patient's/client's permission before touching him/her and to explain the purpose of the procedure. The member must respect and be sensitive to the fact that patients/clients of all ages represent a diversity of cultural, religious, disability and socio-economic backgrounds. See the College's "Position Statement on Service Delivery to Culturally and Linguistically Diverse Populations". The member must refrain from making any comments, remarks or gestures that may be interpreted as sexual or demeaning. This includes telling jokes or stories of an offensive nature to the patient/client, and making comments about a patient's/client's body, clothing, race, culture, sexual orientation etc. The member should refuse to participate in such discussions initiated by the patient/client.

The maintenance of accurate records is important for the protection of both the member and patient/client. For example, recording the giving (or withdrawal) of consent, descriptions of procedures performed, patient's/client's reactions, results, etc. will be helpful if allegations or suspicions of abuse arise in the future. The College's proposed Records Regulation provides specific requirements for making and keeping records, which must always be secure and confidential.

BOUNDARIES IN DIFFERENT TYPES OF RELATIONSHIPS

Relationships between a member and a patient/client and his/her significant others (defined for the purposes of this document as anyone of emotional significance to the patient/client. See Glossary, below, for examples) can take a variety of forms.

A) SEXUAL OR ROMANTIC RELATIONSHIPS

Under no circumstances should an audiologist or speech-language pathologist engage in a sexual relationship with a current patient/client or their significant other. A sexual relationship with a former patient/client or the patient's/client's significant other is never appropriate if the member uses or exploits trust, knowledge, emotions or influence derived from the therapeutic relationship. The patient's/client's willingness or the willingness of the patient's/client's significant other to participate in such a relationship does not absolve the member of their legal and ethical obligations.

The following guidelines are intended to assist members with appropriate handling of situations in which a romantic or sexual relationship may arise[2].

1) A patient/client in treatment attempts to initiate a romantic or sexual relationship:

- The patient/client should be made aware of the ethical and legal restrictions of the member. Members should communicate clearly the appropriate professional boundaries for the therapeutic relationship.
- The patient/client must be referred to another audiologist/speech-language pathologist if either the member or the patient/client is having problems dealing with feelings of attraction, or if attempts to resolve the situation have been unsuccessful.
- It is appropriate for the member to seek advice from supervisors, qualified members of the profession or the College.
- Issues which arise and actions taken should be documented.

2) A romantic or sexual relationship develops with a patient/client after discharge

When deciding whether it is acceptable to become involved in a romantic or sexual relationship with a patient/client after the therapeutic relationship has ended, members are expected to exercise good judgement and to adhere to the following guidelines in making the decision:

- An interval of sufficient duration must have elapsed between the documented end of the therapeutic relationship and the time a member pursues a romantic relationship with a former patient/client or his/her significant other. Any determination by a member of whether or not an interval of sufficient duration has elapsed must include consideration of, among other factors:
    - The patient's/client's vulnerability or degree of emotional dependence on the audiologist or speech-language pathologist as a result of the professional relationship;
    - The duration and frequency of treatment;
    - The nature of the intervention;
    - The amount and nature of the patient's/client's disclosure of personal information; and
    - The ability of the patient/client to act freely.
- If the patient/client still requires professional services, or will require them in the future, the member should ensure that all care or management has been transferred to another audiologist or speech-language pathologist before any romantic or sexual relationship starts. The member should ensure that the patient/client understands and acknowledges that the therapeutic relationship has concluded and documents the same in the patient/client record at discharge.
- There may be times when it is never appropriate to start a romantic or sexual relationship with a former patient/client, regardless of how long ago the treatment relationship ended. This may be the case even if the decision to avoid a romantic or sexual relationship is disappointing or upsetting to the member and/or the patient/client.

B) OTHER PERSONAL RELATIONSHIPS

The issue of boundaries is broader than sexual abuse, covering such topics as family relationships, financial dealings, conflict of interest, and breach of confidentiality. Boundary concerns can arise when a member treats a close friend or family member, neighbour or colleague or others with whom the member has a personal relationship. A boundary violation can occur whether the member intended it to or not. Regardless of the intention, the violation can have serious negative effects on both the patient/client and the member.

Casual or social relationships outside of the therapeutic relationship may be acceptable where the relationship has a neutral or positive effect on the therapeutic relationship. A casual or social relationship outside of the therapeutic relationship, which has or may have a negative effect on the therapeutic relationship, is not acceptable.

C) WARNING SIGNS WHICH MAY INDICATE THAT PROFESSIONAL BOUNDARIES MIGHT BE CROSSED:

- Deliberately scheduling patient/client sessions to take place at a time when others are likely to not be present such as early or late appointments, particularly when this has not been requested by the patient/client or is unrelated to therapeutic needs
- Deliberately and consistently extending therapeutic sessions beyond the scheduled time
- Conversations with the patient/client outside of the therapeutic environment unrelated to the patient's/client's treatment
- Excessive self-disclosure to a patient/client
- Exchange of expensive or personal gifts with patient/client
- Deliberately meeting or attempting to meet socially with the patient/client
- Experiencing feelings of mutual or one-sided attraction to the patient/client
- The member lends money to the patient/client or vice versa
- Extending credit to the patient/client beyond the member's customary practice
- Providing preferential treatment to the patient/client to the detriment of other patients/clients (e.g. cancelling appointments to "fit-in" the patient/client)
- The patient/client asks the member to do something that may be unethical or illegal (e.g. provide a false receipt for services)
- Offering to help a patient/client with something outside of the therapeutic relationship or to provide therapeutic services beyond the member's knowledge and skills

Members should examine the nature of the professional relationship with a patient/client if any of these or other warning signs are present. Members must be aware of behaviours and situations that could lead to or be perceived as crossing professional boundaries.

CONSEQUENCES OF BOUNDARY VIOLATIONS

BOUNDARY CROSSINGS occur when the behaviour of a member deviates from the prescribed boundaries of a therapeutic relationship. Some behaviours (e.g. gift-giving, self-disclosure, accepting gifts, treatment of friends or family members) are not normally a part of intervention and are generally inappropriate. However, there are situations that fall into grey zones, when normally inappropriate behaviours are acceptable if they meet the patient's/client's needs and established goals.

BOUNDARY VIOLATIONS are behaviours on the part of the member that are inappropriate and violate the nature of the therapeutic relationship. These behaviours do not contribute to the established treatment goals.

Some of the possible negative consequences of boundary violations are:

- the patient/client or the member may make decisions about treatment that are not in the best interests of the patient/client
- the member may lose objectivity with respect to the patient/client
- the patient/client may not respect the advice and recommendations of the member in the same way he or she would with a care provider they do not know as well

MANAGING BOUNDARY CROSSINGS

There are times when an audiologist or speech-language pathologist may intentionally cross a professional boundary for the betterment of the therapeutic relationship. When the actions fall out of what is typical, the member needs to reflect upon the following questions prior to engaging in the atypical activity:

- Am I doing something that my patient/client needs in order to achieve our agreed upon treatment goals?
- Do my actions have the potential for confusing the patient/client and could they be perceived to be inappropriate in a therapeutic relationship?
- Will my actions cause the patient/client to expect more services than are routinely provided or beyond my treatment mandate?
- Can other resources be utilized to meet this need?
- Would I tell a colleague about this activity?
- Are my behaviours similar to those of other practitioners in the same circumstances?
- Who benefits the most from performing these tasks?
- Is the payer aware that an audiologist or speech-language pathologist is performing these activities? Would the payer fund them as part of the plan of care?

GLOSSARY

THE COLLEGE

refers to the College of Audiologists and Speech-Language Pathologists of Ontario or CASLPO

PATIENT/CLIENT

Refers to any members of the public who use the services of audiologists and speech-language pathologists.

SIGNIFICANT OTHERS

means a person or persons of emotional significance to the patient/client. This includes, but is not limited to, a patient/client's spouse, parent or sibling, and, in the case of a minor or incompetent patient/client, the parent, guardian or person responsible for the care of the minor or incompetent patient/client.

MEMBER

audiologists and speech-language pathologists who are CASLPO members

RESOURCES

College of Audiologists and Speech-Language Pathologists (1996). *Ontario Regulation 749/93: Professional Misconduct.*

College of Audiologists and Speech-Language Pathologists (2011). By-law No. 8, 2011-8 *Code of Ethics .*

College of Audiologists and Speech-Language Pathologists (1996). *Conflict of Interest Regulation (draft).*

College of Dieticians of Ontario *Guidelines for the Conduct of Professional Members on the Prevention of Sexual Abuse.*

Peters, Martin (1993). Preventing sexual abuse in health care: Criminal law aspects and issues. *Preventing Sexual Abuse in Health Care: Preparing for the Impact of Bill 100.* Toronto: The Canadian Institute.

Rankin, Elizabeth (1993). The dynamics of sexual abuse in member relationships…and the theory of dynamic relations as origin of disease is both cause and effect. *Preventing Sexual Abuse in Health Care: Preparing for the Impact of Bill 100.* Toronto: The Canadian Institute.

Ross, Margaret. (1993). Risk management for health care members. *Preventing Sexual Abuse in Health Care: Preparing for the Impact of Bill 100.* Toronto: The Canadian Institute.

College of Physical Therapists of Alberta: "Therapeutic Relationships: Establishing and Maintaining Professional Boundaries: A resource guide for physical therapists".

FOR MORE INFORMATION

Please feel free to contact the College by mail, phone, fax or e-mail if you have questions regarding this or other College publications.

The College's Director of Professional Conduct can be contacted by email at complaints@caslpo.com or by phone at 416-975-5347 ext. 221, or toll free at 1-800-993-9459 ext. 221.

The College's Registrar can be contacted by email at caslpo@caslpo.com or by phone at 416-975-5347 ext.

215, or toll free at 1-800-993-9459 ext. 215.

POSITION STATEMENT

QUESTIONS AND ANSWERS

PROFESSIONAL RELATIONS AND BOUNDARIES

APPROVED September 2013 REFORMATTED SEPT. 2014

Questions and Answers[1]

1. Is it appropriate for me to touch a patient/client who is visibly upset after having been given bad news?

There are several relevant considerations when deciding whether it would be appropriate to touch a patient/client in these circumstances. The relative age of the patient/client, the type and location of the touch, whether the patient/client initiated the contact. You may also want to consider whether others are in the room, the nature and extent of your professional relationship with the patient/client, whether you know how the patient/client will react, socio-cultural background, body language etc. For example, it may be appropriate to touch a patient's/client's hand or shoulder to offer comfort if you know or have good reason to believe that the patient/client will react positively to that or have no reason to believe that this would make the patient/client uncomfortable. It may be appropriate to accept a hug from a child patient/client rather than reject an offered hug, but members need to consider whether this could be misinterpreted or produce concerns in parents. It would likely be inappropriate to touch a patient/client at all, regardless of the situation, if you know that the patient/client is uncomfortable with physical contact.

2. Should I stay for dinner with a family whose child I have just seen for a session in their home?

While there is no absolute prohibition against accepting an offer for a meal in a patient's/client's home, members must keep in mind that the dynamics of the professional-patient/client relationship are affected by the physical surroundings. For example, the member must be aware that conversation around a family's dinner table may be more casual or include topics that would not normally be appropriate between members and their patients/clients and the member may need to be actively involved in managing the conversation. The member should ensure that the atmosphere remains respectful of these

[1] These questions and answers are designed to encourage members to consider and apply the principles contained in the College's Position Statement on Professional Relationships and Boundaries. The answers may not contain all relevant considerations and are not intended to summarize every appropriate response. Members must use their own professional judgement, as guided by this document, when responding to boundary situations that arise in their own practices.

professional boundaries. If necessary, you may need to politely decline the invitation or remove yourself from the situation if the boundaries are not being respected, regardless of how well-intentioned the invitation. Finally, the member must remember that anything discussed by a patient/client, regardless of the setting, must be kept confidential.

3. Can I accept a box of chocolates from a child whom I have been treating?

Members are not prohibited from accepting gifts from patients/clients, so long as the acceptance of the gift does not interfere with or unduly influence the therapeutic relationship. Token gifts such as a box of chocolates, gift card for a nominal amount, floral arrangement, etc., are generally acceptable. There are also times when gift-giving is a more common occurrence, such as at discharge and around seasonal gift-giving holidays, when it may be more acceptable to receive a gift from a patient/client. If a member accepts a gift, details of the gift should be documented in the patient/client record. Any gift, regardless of the amount, that comes with an expectation that the professional boundaries will be crossed (e.g. preferential treatment regarding scheduling of appointments, discounts not offered to others) are not appropriate. Also, any gift that will or likely will interfere with the member's ability to act objectively towards the patient/client would also be inappropriate. Members should never solicit gifts from patients/clients or their families, and should make it clear when a gift is given that it was not necessary for it to be given. Members should also be mindful that their employer may have an organizational policy regarding the acceptance of gifts.

4. Is it appropriate for me to give a neighbour advice regarding her aging parent?

It depends on the nature of the advice. Members should not give specific advice outside of a therapeutic relationship. Without adequately assessing a person, a member would not be in a position to provide meaningful advice about care or treatment. It may be acceptable to provide very general advice such as suggesting that the parent go for an assessment. Members should keep in mind relevant privacy issues, including their obligation pursuant to the *Personal Health Information Protection Act, 2004* to ensure that they have a person's consent before collecting personal health information about them. Depending on the circumstances, the member may be considered to be collecting personal health information about the parent, and would therefore need their consent to do so.

5. Should I express my disagreement with another professional's opinion?

Members should not make false or derogatory statements about other members. However, this does not prohibit the expression of genuine professional opinions that differ from those of other professionals. Members are not obligated to agree with other members and there are situations where it may be appropriate to express a differing opinion. For example, if a member is asked for a "second opinion" about a patient/client, the member may, using his or her own knowledge, skills and judgement, have a different opinion than the other professional. So long as the member has appropriately assessed the patient/client and can legitimately support the basis of his or her opinion, the member can and should (keeping in mind the best interests of the patient/client), share this with the patient/client. A member should not comment on another professional's opinion if that opinion is not within the member's scope of practice or if the member has not had an opportunity to adequately consider all relevant information. This does not mean that members are required to ignore concerns that they may have about opinions that are beyond their scope of practice. If a member has a concern about an opinion expressed by another professional (e.g. a member

has concerns about a medical diagnosis of a patient/client) the member can consider whether it would be appropriate to speak with the diagnosing professional to convey their concerns. In some circumstances, it may be appropriate for a member to convey to a patient/client that he or she has concerns about the other opinion, so long as it is also clearly explained to the patient/client that the opinion is not within the scope of practice of the member and the communication of the concern is not an attempt by the member to convey a "second opinion" nor should it be relied on by the patient/client as such. Members should guard against making comments "off the cuff" about an opinion expressed by another professional. A patient/client may take such a statement seriously and rely on it to his or her detriment, even if the member had not intended it to be a serious comment. However, members are reminded that, if they do offer a "second" opinion to a patient/client, this should be documented in the patient/client record.

6. Should I tell my patient/client about my mother's stroke and the services she obtained in the community?

Having relevant personal experience can be of value to the therapeutic relationship. However, members must always remain objective and respectful of patient/client choice. By personalising the information in this way, the patient/client may feel unduly influenced to avail him or herself of the same services. The patient/client may feel that the member is pressuring him or her to use those services because the member's mother used the services. A patient/client may also be uncomfortable with the personal nature of the information being shared, particularly if that information was not solicited by the patient/client. Members should ask themselves whether they are being objective in their views about the services obtained by a family member. Members also need to keep in mind that every patient/client is different and, while certain services may have been completely appropriate for one person, they may not be for another. By personalising the information, the member may become inappropriately vested in the decision by the patient/client and take any rejection by the patient/client of the information or advice as a personal rejection. Finally, members should be mindful of their obligations in relation to sharing the personal health information of a family member.

7. Can I offer free follow-up services to a patient/client who has been discharged because my employer's funding is no longer available?

There are two elements to this scenario: one, the provision of services to a patient/client after discharge and two, the provision of services for free.

Before doing so, a member should check that their employer does not have any policies in place that would prohibit continuing care by an employee after discharge. Other considerations include ensuring that the patient/client fully understands the new arrangement (e.g. that it may need to be at a different location) and that the member has the time to take on the patient/client in addition to his or her obligations to her employer (and her patients/clients with that employer). The member should also consider whether or not the needs/circumstances of the patient/client have changed such that he or she would be better off with a change in care provider. Members also need to ensure that their professional liability insurance covers practice outside of their employment. Regardless of the financial arrangements, members must remember that this is a patient/client and the member owes all of the same professional obligations and is held to the same standards as with any other patient/client, including, but not limited to, record-keeping and retention.

The College does not prohibit members from providing or offering to provide (including using advertisements for "free" goods or services) their services for free, so long as the services are actually free (i.e. charges are not "bundled" or otherwise hidden to appear free). *Pro bono* services and programs can be a worthwhile contribution to the community and can greatly increase access to important health care services. Members should feel encouraged to offer their services for free or at a reduced rate to those in need.

8. Can I provide services to a family member?

Members are not prohibited from treating family members[2]. When deciding whether to enter into a therapeutic relationship with a family member, members should consider if this would be in the best interests of the family member as a patient/client. A personal relationship contemporaneous with a professional relationship can be beneficial (e.g. a patient/client may feel more open and comfortable with a family member than a stranger) or problematic (e.g. a member may not take their professional responsibilities as seriously because the patient/client is "just" a family member or the family member may not feel comfortable sharing personal information with the member). Members should consider the following questions when considering whether to take on a family member as a patient/client:

a) Is there another provider available to provide the services?
b) Does the member's knowledge, skills and judgement match the needs of the family member?
c) Will the member be comfortable with treating a family member? Will the family member be comfortable with being treated by the member (which may or may not be beneficial to the therapeutic relationship)?
d) Will the member be able to maintain objectivity?
e) Will the member find it difficult to maintain confidentiality?
f) If the family member is a child, does the member have a good relationship with the child's caregiver(s), who may also be family members? How will the member handle their potentially competing roles of health care provider to the patient/client and family member to the caregivers?
g) How will the member handle any disagreements that he or she may have with their patient/client? Will the member find it difficult to accept the choices made by a patient/client who is a family member if they disagree with those choices?
h) What will the financial arrangements be and are both sides happy with those arrangements? Does the member feel pressured to provide the services for free or at a reduced rate? How will the member deal with issues if they arise regarding payment?
i) Is the member prepared to discontinue services if necessary?
j) Will the family member expect special treatment from the member?
k) Does the member understand that he or she must maintain all other professional obligations, regardless of the nature of the relationship? E.g. complying with all record-keeping requirements; not practicing beyond the scope of practice of the member.

[2] Subject to the absolute prohibition that members are not permitted to have sexual or romantic relationships with patients/clients.