



# POSITION STATEMENT

## QUESTIONS AND ANSWERS

### PROFESSIONAL RELATIONS AND BOUNDARIES

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#### Questions and Answers<sup>1</sup>

##### **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

<sup>1</sup> 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<sup>2</sup>. 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.

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