Navigating and Teaching Boundary Issues in Family Practice

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Conflict of Interest

We have nothing to disclose.

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Objectives

1. Recognize Potential Boundary Issues in Family Medicine.
2. Learn how to communicate comfortably regarding avoidance of boundary transgressions with learners.
3. Develop strategies for prevention of Boundary Transgressions and how to model those in your practice.
4. Manage transgressions when they occur.
5. Develop strategy for reviewing potential benefits and pitfalls associated with the use of social media to learners in your practice.

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Format for Resident Teaching

- Review literature
- Categories of transgressions
- Embed cases
- Plenty of time for discussion

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Today's Plan

- Physician-Patient Issues
- Preceptor-Learner Issues
- Physician-Social Media Issues

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Check-in…

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Code of Ethics

1. Consider first the well-being of the patient.

2. Treat all patients with respect; do not exploit them for personal advantage.

7. In providing medical service, do not discriminate against any patient on such grounds as age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status. This does not abrogate the physician's right to refuse to accept a patient for legitimate reasons.

11. Limit treatment of yourself or members of your immediate family to minor or emergency services and only when another physician is not readily available; there should be no fee for such treatment.

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Terminology

"Boundaries provide a set of conditions that…establish rules and role expectations that the patient may rely upon for safety required for treatment."

•American Journal of Psychotherapy, vol. 57, No. 4, 2003

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Terminology

Boundary violations occur when health care workers go outside the boundaries of the therapeutic relationship and establish social, economic, or personal relationships with their patients.

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Patient-Physician Issues

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Professional Boundaries

- Fee setting
- Scheduled time/appointment location
- Personal disclosure
- Limits regarding touch
- General tone of the professional relationship

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Recupero, P, Medical Teacher, Vol.27, 6 , 2005.

Beneficial Boundary Crossings

- Goal of boundary crossings is to enhance physician-patient relationship
- Help develop the therapeutic alliance

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Boundary Crossings

Three potential boundary-crossings

- Touching
  - » Holding the hand of a patient who just lost a family member
- Gift giving
  - » Accepting a gift for your newborn baby
- Self-disclosure
  - » "I would feel the same way if that happened to me"

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Physician Responsibility

- Set and enforce boundaries
- Recognize signs in ones own behaviour that violations may occur

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Balance of Power

- Physicians less vulnerable and have greater power
- Physicians must be aware of own weaknesses
- Physicians must be alert to signs a relationship is becoming or mistakenly perceived as more than professional caring
- Patients need to trust physicians but not vice versa

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Two Kinds of Trust

- *role of trust* (comes with medical degree)

- *earned trust* - builds with time
  - based on performance and behavior

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Intimacy and the Family Doctor

- know a great deal about patients' intimate physical, psychological and social situations
- needed to communicate / share what is closest to us
- exposing our intimate selves = vulnerability

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Intimacy (continued)

- physicians should not become overly cautious or distance themselves from patients for protection
- at times appropriate to open up to facilitate healing
- greater the involvement, the greater the risk of inappropriate intimacy or perception of it

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Boundary Violations by Physicians

Anything a physician does is morally suspect and reprehensible if:

1. not for patients' benefit
2. physician rather than patients' needs are being met

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Sexual Misconduct

- Proper clinical exam made for improper purposes
- Direct sexual assault
- Affair

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Ontario Guidelines

- Unethical to terminate treatment to start relationship
- Interval of at least one year
- Psychiatric therapeutic relationship - lifetime ban

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Boundary Violations by Patients

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Boundary Crossings by Patients

- Time transgressions
- Drug prescribing transgressions
- Gifts and services from patients
- Sexual advances

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Advice from Miss Manners

"If you want to be rude to a customer…the only way to do it – and get away with it – is to be extremely polite. By withdrawing into cold formality, you are telling the other person that you are not willing to deal with him in the same way…"

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Sexual Harassment Strategies

- Confidence & courage to address the issue or to leave exam room
- Refusing to provide ongoing care
- Beware increasing the risk of harassment by increasing the power differential

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Preceptor-Learner Issues

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Boundary Problems in Training

50-80% of residents report some form of abuse during medical training

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Types of Mistreatment and Harassment

- *psychological abuse* - shouting, insulting, ignoring, making disrespectful comments
- *physical assault* - hitting, shoving
- *discrimination* - gender (75% female), sexual orientation

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Perpetrators

- Supervising physicians
- Peer trainees
- Allied health professionals
- Patients and their families

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Incidence

- 91% teacher made negative comment about suitability to medicine
- 86% publicly humiliated
- 55% sexually harassed
- 35% threatened with poor grades

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Baldwin, Daugherty, Eckenfels, West J Med 1991: 155; 140-145

Preceptor-Learner Mismatch

- Considerable stress can occur for a learner when a preceptor has much different boundaries with patients than the learner does
- General information regarding the preceptor's patient boundaries should be discussed at the beginning of a rotation

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Coping with Transgressions

- Communication with the patient or learner
- Communication with trusted colleague
- Examine boundaries, and methods of preventing transgressions in future
- Consider redefining relationship with that patient or learner, or refer them to a colleague

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SOCIAL MEDIA

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Social Media – Key Issues

- **Patient confidentiality –**
  - **ensure secure site http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD05-03.pdf**
  - **Ensure staff understand confidentiality**
  - **Nothing on social media sites is confidential**
- **Professionalism**
  - **should be the same as with face-to-face interactions**
  - **If you are an employee, know employer's policy**
- **Online communication issues**
  - **Nothing is anonymous, and once published, can be used in many ways**
- **Potential benefits**
  - **Improved patient satisfaction and quality of health information available**

Social Media – Rules of Engagement

- **Understand the technology and your audience**
- **Be transparent**
  - **Identify who you are and any conflicts of interest**
  - **On sites such as Facebook, consider a separate professional page**
- **Respect others**
  - **Respect confidentiality**
  - **If posting info created by others, give credit**
- **Focus on areas of expertise**
  - **Post only in your areas of expertise**
  - **Expect to be challenged**
  - **When posting to non-health care providers, include disclaimers**

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Case: Social Media

A physician creates a Facebook account to stay in touch with her children and grandchildren. After a few weeks, the physician begins to receive friend requests from several patients. Not wanting to offend her patients, she accepts the requests. The physician notices some patients' messages include health-related questions and others post information about their health issues. In both instances, wanting to be helpful, the physician adds a comment.

Questions:

1. What policy and ethical obligations arise?
2. Could the physician be disclosing personal health information about his patients?

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Case: Needy Neighbour

A 32-year-old female patient of yours who happens to live in your neighbourhood and works as a nurse at the hospital calls you on a Friday evening at 9pm. You do not see her socially. You are not on call, but she is distraught because her husband has just left her.

What boundary transgressions occurred?

How does this situation affect the doctor-patient relationship?

How might the physician feel about this interaction?

How should the physician respond at this time?

How might the physician respond at the next booked appointment?

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Case: Needy Preceptor

Peter, a first year family medicine resident has been working with his core preceptor, Dr. Cole, for 9 months. Dr. Cole is recently separated from his wife, and has been suggesting that Peter join him for dinner or a beer after the office on half day backs (to finish discussions about the patients seen that day). He has also frequently invited Peter to join his basketball practice and his cycling group.

While Peter likes his preceptor and finds he is getting great teaching, he is very uncomfortable seeing him on a regular basis outside the office, and has his own social life. However, he does not want to negatively impact his working relationship with Dr. Cole and does not want his evaluations to reflect disinterest in medical discussions.

What boundary transgression has occurred here?
How might the resident approach this situation?

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Case #7

Dr X, a PGY1 in FM, is on a General Surgery rotation at his own Site. A senior surgery resident, Dr Y, interested in obtaining as much surgical exposure as possible has put herself in the call schedule almost every night. Even when Dr X is on call, he has not been getting first call to the ER or to the OR for assisting because Dr Y is always there.

In frustration, Dr X goes home and posts derogatory comments about Dr Y and the Family Medicine program on his Facebook page.

The next day, a staff administrator and a co-chief resident bring this to the Site Director's attention.

What boundary transgression occurred here?
How could Dr X have approached this situation?
What repercussions might he face?

Case – John Doe

- An ‘on-call’ physician prepares for her shift by reviewing the EHR of the patients on the unit to which she has been assigned to cover for another physician.
- When on call, she reviews the X-rays applicable to John Doe’s situation and reviews his chart in more detail to obtain a better understanding of his health situation and health history. She treats John Doe for a broken hip while covering for another physician.
- She has no further contact with John Doe after the end of her shift.
- After a couple of weeks, the physician is no longer on call, and she learns that John Doe has died. The physician checks the patient’s EHR to see if she may have missed anything and to learn from any mistakes.

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Questions – John Doe

Privacy issues to consider:

1. Can the on-call physician rely on the implied knowledgeable consent of all patients on the unit to review their charts before her shift begins? (When does the circle of care begin?)
2. Is the physician part of John Doe's Circle of Care and entitled to access John Doe's personal health information while on call? Are there any limits to the amount of information in the patient's file the on-call physician may access?
3. Is the on-call physician still within the Circle of Care when she accesses the patient's electronic health record after care has been provided, when she is no longer on call? Would this answer differ if the patient were not deceased?

case

Situation:

A physician recently had a blood test at the hospital where she works. She decides to use her Meditech system access to look up her test results and takes the opportunity to review the other aspects of her file.

Question:

1. Since the physician has access to the Meditech system, is it acceptable for her to review her own record?

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Case: Helpful Neighbour

A physician is outside in his yard and witnesses an elderly neighbour fall. The physician calls the hospital and orders an X-ray right away. The physician is not the elderly neighbour's family physician. Since it has been a week and the neighbour is anxious to hear the outcome, the physician uses his privileges to view the results of the X-ray.

Questions:

1. Is the physician part of the neighbour's circle of care?
2. Can the physician access the neighbour's health record because he ordered the X-ray?

Case: texting…

A physician regularly uses his personal smart phone to text a description of a patient's symptoms and suspected diagnosis, etc. to another physician to obtain a quick consult or response.

Questions:

1. Is personal health information being exchanged?
2. Are both physicians within the patient's circle of care?
3. Is personal health information being protected in the manner required by *PHIPAA*?

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