The fiduciary relationship is its fiduciary nature. A fiduciary relationship involves trust and duty: the patient places their trust and confidence in the professional who has a duty to act in the best interest of the patient. The power dynamic is critical. Power arises from professional education and knowledge; knowledge about the individual client; the power to provide or withhold treatment; and statutory powers. Breach of trust undermines both the immediate doctor–patient relationship and the public’s trust in the profession as a whole.

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Difference between personal and professional relationships

Doctors and others who get into trouble around boundaries have often confused their personal life with their professional life. A helpful exercise is to get a group of colleagues together to brainstorm the differences, identify any areas that might need some attention and make changes accordingly.

EXCESSIVE PERSONAL SELF-DISCLOSURE

As in personal relationships, in a professional setting personal disclosure typically has the effect of bringing the two parties closer together, whereas excessive disclosure radically changes the dynamic, so that the focus shifts from the patient to the professional. In almost every case of violations of sexual boundaries there are a series of steps taken on the way, always including a significant increase in self-disclosure by the clinician. Care needs to be given to the how and when of disclosures, and open discussion with colleagues and mentors is essential.

Impact of violations

Violations of boundaries can lead to a need for long-term psychological help for patients, who may be affected due to: failure to have the problems for which help was sought dealt with; worsening of the original problems; impaired ability to approach or trust other professionals; and additional damage caused by the breach of trust (Devereux 2010). Effects may range from confusion through to suicidal feelings and attempts. The practitioner who violates boundaries will be affected through disciplinary enquiries and professional sanction, up to being removed from the medical register. Others affected can include colleagues, other patients, the employing organisation, friends and family.

Social media and boundaries

Blurring of personal and professional lives is increasingly played out online (British Medical Association 2011; General Medical Council 2013c). The simplest approach to social media is to completely separate personal social media sites from professional ones, and to have the highest level of privacy in place on personal sites.

Other contextual issues

Developing awareness and responsibility around cultural and religious concerns of patients is important in the context of understanding boundaries such as touch and social invitations.

Frequently asked questions

Q. Why are boundaries important in these days of recovery and equality?

A. Boundaries are there to keep both doctor and patient safe. They recognise that although everyone has equal value as citizens, the professional relationship is inherently imbalanced; that what patients need is for professionals to do what they are there to do, and to behave with integrity.

Q. What should I do if I become aware that I have feelings towards a patient which are concerning?

A. It is normal to have a whole range of feelings towards patients (sometimes called “countertransference”) and in themselves these are ethically neutral occurrences. The key skill is in their clear identification, in sharing with a colleague or mentor, and in taking appropriate action. It is when feelings are acted on that problems arise. It is worth reflecting with a mentor or supervisor on the circumstances in which these feelings have arisen, as there may be important lessons about work with the patient, or about what is going on for you, personally and professionally.

Q. What should I do if I have already overstepped a boundary with a patient?

A. Both GMC guidance and general professional ethics require openness and accountability (General Medical Council 2013b). If you believe you have crossed a boundary in a way that risks causing significant harm to a patient, you should consider being open about this with colleagues; as a matter of integrity an apology to the person/persons concerned should be considered. Contacting your professional association, the GMC and your defence organisation will also be important.

Q. Can practitioners who have transgressed ever be safe to work again?

A. There is some evidence to suggest that this is possible for some practitioners (Coe & Gabbard 2012). Gabbard and others in the USA have shown that rehabilitation is possible; the key issue is in the identification of contextual and risk factors, and the development of rehabilitation plans which are directly connected to these. The GMC will always take action on improper relationships, and will be informed in its decision-making by the remedial action taken, the level of insight and the specific circumstances of the transgression. Openness and honesty following a transgression are key.

Q. Who violates boundaries?

A. Although there have been a number of cases where multiple offences have been committed by psychiatrists against patients (e.g. the psychiatrists Kerr and Haslam who were subject to a major inquiry in 2005), these cases are relatively uncommon. Assessment and rehabilitation experts report that doctors at all stages of their careers may violate boundaries
and that there are higher rates for people who are further ahead in their professional careers (Coe 2012).

The majority of transgressions seem to be committed by clinicians who themselves experience personal and professional stress, sometimes with additional trauma. It is important to attend to personal stress and burnout as early as possible, and to communicate with colleagues and mentors about this. Please see also PSS guides 5, 6, 14 and 15.

Sources of further help and support

BMA Doctors for Doctors
BMA Counselling (24 hours a day, 7 days a week) and the Doctors Advisor Service: 08459 200 169
Email: info.d4d@bma.org.uk
Website: http://bma.org.uk/practical-support-at-work/doctors-well-being/about-doctors-for-doctors

The Clinic for Boundaries Studies
Training and support services
Website: www.professionalboundaries.org.uk
Tel: 0203 468 4194

London Deanery
Professional Boundaries, a self-assessment tool available on the Professional Development–Professional Support Unit section of the London Deanery website: www.londondeanery.ac.uk

Psychiatrists’ Support Service
www.rcpsych.ac.uk/pss

References

British Medical Association (2011) Using Social Media: Practical and Ethical Guidance for Doctors and Medical Students. BMA.


General Medical Council (2011a) Good Medical Practice. GMC.

General Medical Council (2013a) Good Medical Practice. GMC.

General Medical Council (2013b) Maintaining a Professional Boundary between You and Your Patient. GMC.

General Medical Council (2013c) Doctors’ Use of Social Media. GMC.


Further reading


British Medical Association (2007) Accepting Donations from Patients. BMA.


General Medical Council (2008) Conflicts of Interest. GMC.


We thank Mr Jonathan Coe, Managing Director, Clinic for Boundaries Studies, for his help preparing this guide.