

Boundary Violations: What to look for... and what to do about it

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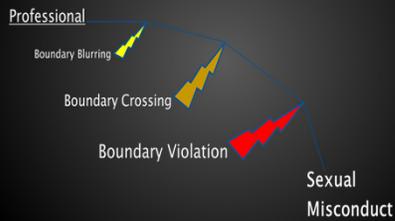
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Definitions

- Boundaries are mutually understood, unspoken physical and emotional limits of the professional relationship between the physician and the patient (also staff, trainees, patient families).
- When these limits become altered, what is allowed in the relationship becomes ambiguous. Unethical conduct and other unprofessional behavior may occur.
- A boundary violation occurs any time the physician-patient relationship becomes more than that of healer and patient.

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The Slippery Slope

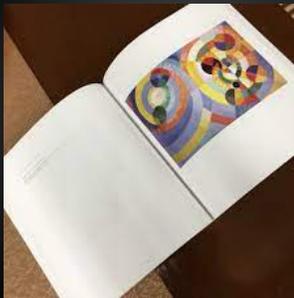


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Scenario 1: The Rockstar



Scenario 2: The Mutual Interest



Scenario 3: The "familiar" patient



Types of boundary violations

- Nonpatient violations
 - Sexual harassment of coworkers
 - Overinvolvement or romantic relationships with staff
 - Prescribing for nonpatients

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Types of boundary violations

- Patient nonsexual violations
 - Misprescribing narcotics to patients
 - Inappropriate behavior during examinations
 - Having no attendant present
 - Kissing a scar
 - Being overly interested in the patient
 - Dual relationships

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Types of boundary violations

- Patient sexual violations
 - Sexual intercourse with current or former patients
 - Sexual activity with current patients

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AMA Council Guidelines:

- Sexual contact or a romantic relationship concurrent with the physician-patient relationship is *always* unethical.
- Sexual contact or a romantic relationship with a former patient *may* be unethical under certain circumstances. The potential for misuse of physician power and exploitation of patient emotions is derived from former relationship.

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The Slippery Slope

- While some cases of sexual exploitation involve predatory doctors, many other cases represent the culmination of a series of boundary crossings (non-exploitative departures from usual practice)

Frequency of violations

- Out of 100 cases of professional boundary violations
 - 53 had engaged in sexual boundary violations
 - 22 engaged in sexual boundary violations with non-patients
 - 18 had non-sexual violations involving financial matters, social relationships, confidentiality and other transgressions

Who are the offenders?

- Out of 100 cases of professional boundary violations
 - 96% male
 - 92% Caucasian
- Age range 27-74; mean 47.83
- Specialty
 - Psychiatry 41%
 - Family Practice 16%
 - Internal Medicine 12%
 - General Practice 9%
 - Surgical Subspecialties 9%

Who are the offenders?

- 52 met criteria for an Axis II personality disorder
 - Antisocial
 - Borderline
 - Histrionic
 - Narcissistic
 - Dependent
- 17 had a substance abuse diagnosis
- 13 had a paraphilia or sexual disorder

Personality traits

- Difficulty with impulse control
- Self-centered
- Less empathetic
- Less likely to take responsibility for their offenses
- Less likely to be influenced by societal norms
- Attempt to present themselves in an unrealistic positive light
- Blame others for any troubles they encounter
- Show minimal appreciation of the plight of their victims

Substance abuse in healthcare professionals

- Physicians abuse drugs, both controlled substances and illicit drugs, at similar rates to the general population
- Specialties with higher rates:
 - Anesthesiology
 - Emergency Medicine
 - Family Practice
 - Psychiatry
- Specialties with lower rates:
 - Pathology/Radiology
 - Pediatrics

DSM-V Paraphilic Disorders

- Voyeuristic
- Exhibitionistic
- Frotteuristic
- Sexual masochism
- Sexual sadism
- Transvestic

Problematic Sexual Behavior

- *Is there a pattern of commitment violations?*
- *Does the behavior conflict with the person's values?*
- *Is there diminished sexual self-control?*
- *Is there a pattern of negative consequences?*
- *Is there a lack of sexual responsibility?*

Problematic Sexual Behavior

- It is behavior that is judged, not the un-acted-on impulse or fantasy. Physicians are, at best, only human. Think what you will, but “do the right thing.”
- Disorders characterized by aberrant sexual impulses (the “paraphilias”) and personality disorders should have little bearing on responsibility for one’s actions or their consequences.

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Nissale’s Law

*Never have sex with a patient....
but if you do, don’t ever stop!*

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Risk factors for boundary violations

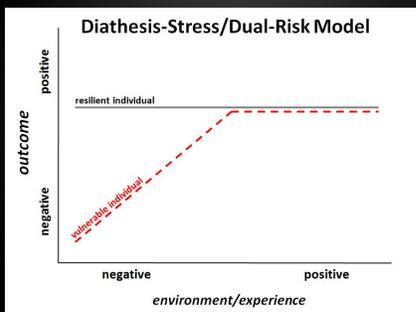
- Provider risk factors
 - Life crises
 - Transitions in career
 - Illness
 - Loneliness and the impulse to confide in someone
 - Idealization of a “special patient”
 - Pride, shame, and envy
 - Problems with limit setting
 - Denial
 - Issues peculiar to small town environment

Boundary violations are more likely when doctors are under stress, with insufficient emotional support

Risk factors for boundary violations

- Patient risk factors
 - Enmeshment
 - Retraumatization from earlier abuse
 - Repetition compulsion
 - Shame and self-blame
 - Feelings that the transference is “true love”
 - Dependency
 - Narcissism
 - Masochism

Diathesis-Stress Model



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Vulnerability + Stress = Risk of Impairment

- Impairments
 - Persistent arousal - can't self-soothe
 - Externalizing - others alienated or seen as threat
 - Internalizing - no care-eliciting
 - Displacement of distress—taking it out elsewhere, disruptive behavior
 - Denial and abolition of affect
 - Depression, anxiety, insomnia, pain, somatization
 - Risk of suicide
 - Isolation, detachment, dissociation
 - Self-medication and addiction
 - Patient care becomes compromised
 - Reluctance to seek outside help, resistance to change

• Boundary Issues

A word on burnout...





"And in the end, when the life went out of him and my hands could work no more, I left from that place into the night and wept - for myself, for life, for the tragedy of death's coming. Then I rose, and walking back to the suffering-house forgot again my own wounds, for the sake of healing theirs."

-Anonymous ER doctor

Erosion of Empathy

- "... It is imbedded in daily training and in the very organization of the medical schools themselves. Time pressures and sleep deprivation, built into the training, make students feel "overwhelmingly tired and unempathetic at times...I am thinking more about getting through the encounter expeditiously than about making a connection with the patient."

Practical Wisdom: The Right Way to Do the Right Thing, Schwartz & Sharpe, Riverhead Books, New York, 2010, p. 132

Slide 26

- m1** Our training teaches us to modulate our feeling, gradually learning how to deny fatigue and sleep the acknowledgement they deserve, to hide our tears and to tone down our laughter. The bedside manners are
mkpennington@gmail.com, 4/22/2016

Erosion of Empathy

- "...researchers [at Jefferson Medical College] found a significant decline in empathy during the third year...sustained in the fourth year. And there is further evidence that empathy continues to decline during ... residency..."
- "Along with [the] erosion of empathy, there is evidence of an ethical erosion"

Practical Wisdom: The Right Way to Do the Right Thing, Schwartz & Sharpe, Riverhead Books, New York, 2010, p.130

Who's at risk?

The Inexperienced



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Case 1: The Concerned Cardiologist

- A well-intentioned cardiologist receives multiple complaints to the Medical Board for telling patients they are fat
- While his patient's 14 year old daughter was sitting in the exam room, he told the family that she would be "even more beautiful" if she lost weight

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Who's at risk?

The Vulnerable



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Case 2: The Sad Nurse

- A single mom (RN) who has struggled with depression and migraines on and off for several years befriends a male physician
- Physician “helps her out” from time to time by writing prescriptions for antibiotics for her and her son
- One day at work, the physician sees that she is clearly in pain and offers to write her a prescription for hydrocodone until she can get in to see the neurologist

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Case 3: The Preceptor

- 3rd year female medical student shadows a Family Practice physician in his rural clinic
- Multiple drug rep dinners where alcohol is served
- After a night of heavy drinking, attending offers the student phentermine to get through work the next day
- Relationship turns flirtatious through texting/facebook and eventually in person
- Student and attending begin an affair that continues throughout the rotation

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AMA supervisors and trainees

- Sexual relationships between supervisors and trainees are unethical
- Inherent inequalities in status and power
- Even when consensual are not acceptable
- Supervisory role must be eliminated if parties wish to pursue their relationship

(AMA Code of Medical Ethics, §3.08, 1996)

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Who's at risk?

The Predatory

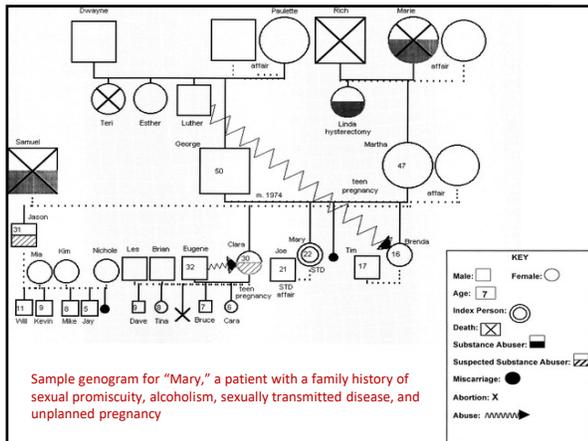


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Case 4: the team doctor



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Situations that may lead to problems

- Over-familiarity with patients
- Business relationships
- Gift giving and accepting
- Treatment of family and friends
- Social contact with patients (including social media)
- Inappropriate staff and trainee relationships

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The changing culture of medicine

- Decreasing formality in medicine
- Use of first names encouraged
- More relaxed, collaborative relationship with patients
- More casual style may be misinterpreted by patients

The deliberate move to reduce formality in medicine has increased the likelihood of boundary crossings and violations.

The Exploitation Index

- Have you accepted for treatment individuals known to be referred by a current or former patient?
- Do you tell patients personal things about yourself in order to impress them?
- Do you take great pride in the fact that such an attractive, wealthy, powerful or important patient is seeking your help?
- Do you disclose sensational aspects of your patient's life to others (even when you are protecting the patient's identity)?
- Do you accept gifts or bequests from patients?

The Exploitation Index continued

- Do you join in any activity with patients that may serve to deceive a third party (eg, insurance company)?
- Do you ever use information learned from patients, such as business tips or political information, for your own financial or career gain?
- Do you make exceptions for your patients, such as providing special scheduling or reducing fees, because you find the patient attractive, appealing, or impressive?
- Do you make exceptions for your patient because you are afraid she/he will become extremely angry or self-destructive?

Social Media

- The widespread availability of both patient and provider personal information online threatens professional boundaries
- Case Example: The friendly nurse

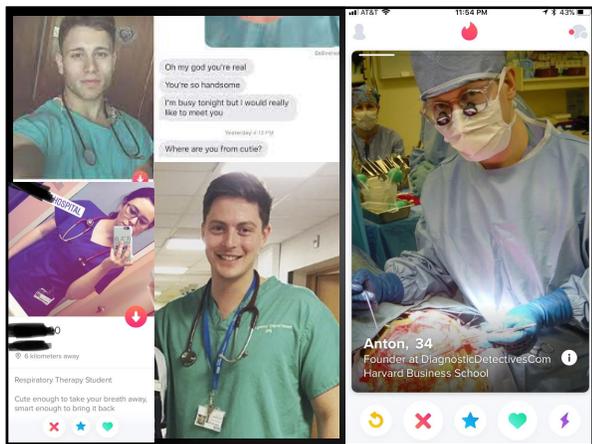


Social Media

- The onus of boundary maintenance is on health professionals
- The most frequent boundary violations are related to breaches of confidentiality
- There is an obvious gap in organizational policy to assist providers in navigating these issues

Online Problematic or Risky Behaviors

- Inappropriate or nonprofessional interactions (e.g. flirting or sexual) with patients
- Misrepresentation of credentials online
- Mocking patient or others in health care while venting
- Self-presentation online
- Social media friending of patients



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Whether a work of art or freak of nature she's a beautiful sight to behold.

SUSPENDED

Former APA President Suspended by Columbia for 'Racist' Tweet

Mynameis...Miro @zg4ever · 3d
It is not a work of art made of black stone or granite. She is Sudanese model Nyakim Gatwech. The most beautiful among the black beauties. She is in the Guinness Book of World Records for having the darkest skin ever seen on earth. She is also known as the **QUEEN OF DARK**.



Recommendations for online professionalism (AMA's CEJA)

"The internet fosters disinhibition and feelings of anonymity and invisibility, which can promote either bad behavior or behavior that an individual would not engage in offline."



-Council for ethical and judicial affairs

Recommendations for online professionalism (AMA's CEJA)

- Behaviors and actions should be the same online as they would be in the clinic
- Physicians who are aware of unprofessional online conduct by colleagues are obligated to address it
- Maintain patient confidentiality and privacy in all settings
- Use privacy settings to safeguard personal details and monitoring one's Internet presence
- Maintain appropriate boundaries with patients on the internet just as in person
- Recognize that online actions may affect one's reputation and career

This physician seems “off” ...
what do I do now?

- If there is a direct threat to patient safety
 - Notify the Medical Board *immediately*
 - Possible revocation of license
 - Licensed Professional Assessment
 - Treatment
 - Monitoring

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This physician seems “off” ...
what do I do now?

- If there is *no* immediate threat to patient safety
 - Supervisor/Administration
 - Physician Health Committee (hospital peer group)
 - Risk Management
 - Fit for Duty test
 - Diversionary Programs (Peer Recovery Network, Physician Health Programs, Physician Health and Wellness)
 - LPA
 - Treatment
 - Monitoring

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Physician Health Program (PHP) vs.
Regulatory Agency (RA)

- PHP does NOT deal with boundary violations by “rules of the game”
- A key point that differentiates sexual misconduct cases from cases of physicians with substance use disorders (SUD) is that physicians being monitored for SUD *rarely* engage in behaviors that result in direct patient harm
- Patient harm occurs in *every* case of professional sexual misconduct

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Boundary violators vs. general PHP population

- Chart review of 120 physicians monitored for boundary violations:
 - More men (93% compared to 69% in general PHP population)
 - More between ages of 40 and 49 (48% vs 33%)
 - More were mandated for evaluation
 - More reported a history of childhood abuse
 - More were psychiatrists (22% vs 7%)

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J Am Acad Psychiatry Law 40:59-66, 2012

Physician Health and Wellness

- No relation to Medical Board
- May act as advocate prior to enrollment in PHP
- Often refers to PHP if true concern of impairment
- Provide boundaries education

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Physicians Health Program

- Serves providers affected by substance use disorders (SUD), physical illnesses and impairment, and/or psychiatric conditions
- Recognizes SUD and psychiatric illnesses as *treatable* conditions
- Those who complete acute treatment, continue ongoing treatment, and are appropriately monitored may have excellent outcomes and possess the ability to practice medicine in their field of expertise safely and effectively
- Strives to provide 'Responsible Advocacy' to participants by fostering a relationship of trust with participants and accountability to the Regulatory Agency (Medical Board) and to the public

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Medical Board

- Mission is to protect and enhance the *public's* health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education
- Not (necessarily) the physician's friend....
- If ever scheduled to meet with the board, lawyer up!

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Licensed Professional Assessment (LPA)

Typical Components:

- Psychiatric evaluation
- Psychological testing
- Full psychosocial history
- Family systems assessment
- General history and physical examination with screening laboratory studies
- Urinalysis and hair testing
- Collateral interviews
- Polygraph examination

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Treatment

- Psychiatric evaluation
- Medication management
- Individual psychotherapy
- Group psychotherapy/psychoeducation
- EMDR
- Neurofeedback
- Polygraph
- 12 step/Caduceus (AA, NA, SAA, SLAA, EDA)
- Peer support
- Structured environment
- Boundaries course

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Monitoring

- Random drug/EtOH screens
- Mandatory 12-step/Caduceus attendance
- Quarterly reports
 - Worksite monitor
 - Recovery monitor
 - Psychiatrist/Mental Health Provider
- In-person meetings
- Periodic on-site review
- Chaperone

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Good news on recovery

- The *vast majority* of physicians do not commit a second offense
- Brooks, et al, Physician Boundary Violations in a Physician's Health Program: A 19 Year Review, J Am Acad Psychiatry Law, 40:59-66, 2012
 - No further incidents were reported by 88% of participants

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Questions?



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References and Resources

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