



Professional Boundaries in the Doctor-Patient Relationship

- **Doctors are responsible for maintaining appropriate professional boundaries in the doctor-patient relationship.**
- **It is usually considered unethical to accept gifts, monetary or otherwise from your patient.**
- **Financial dealings with patients (other than the fees for care provided) are generally unacceptable.**
- **In most instances, it is unwise to hold an Enduring Power of Attorney for your patient.**
- **All your communication with patients, including via social media and other electronic communications must be appropriate and professional.**

Power imbalance

1. There is an inherent power imbalance in the doctor-patient relationship. Your patient is vulnerable, whether seeking assistance, guidance or treatment. This can cause problems in different ways: in breaches of trust, non-therapeutic motives or incentives intended to benefit the doctor, and the development of inappropriate personal relationships.

Professional boundaries must be maintained

2. At all times, you must maintain appropriate professional boundaries with your patients. Some areas pose particular difficulty, and, if not identified early and appropriately managed, could result in you compromising the doctor-patient relationship and/or the care that you provide. The topics discussed below are not exhaustive as it is not possible to prescribe for every eventuality.

Gifts

3. Do not seek or accept any inducement, gift or hospitality that may affect, or be perceived to have the capacity to affect the way you prescribe for, treat or refer patients. Be careful that you do not lead patients to form the impression that their care is dependent upon gifts or donations of any kind. At times, patients, or their families, may present you with small or consumable gifts or koha as a gesture of appreciation for your care. These will generally be acceptable, provided they are token in nature, and do not include cash donations.
4. Do not put pressure on patients or their families to make donations to other people or organisations.
5. Patients who wish to give cash should be referred to any policies of your employer or practice that relate to gifts and donations.
6. Most organisations have clear policies concerning the receipt of gifts. Any gift must be openly declared to ensure transparency. Document any actions you take in response to any offers of inducement, gifts or hospitality.

7. You should never give gifts to a patient: the patient may feel obligated to give something in return, or interpret the gift as an indicator of a personal relationship.
8. There may be situations when refusing a gift or koha may be difficult, impolite or appear to be culturally insensitive. The giving of gifts may be an expectation under certain circumstances or within some cultures.¹

Bequests and loans

9. Do not encourage patients to give, lend or bequeath money or gifts that will benefit you. As with a gift, the best option is to refuse a bequest with a polite explanation or request that it be reassigned. Document any actions you take in response to the bequest.

Financial transactions

10. Financial transactions between a doctor and patient, other than the fees for care provided, may compromise the professional relationship. Your access to personal and confidential information about patients under your care could place you in situations that result in personal, monetary or other benefits to you or others.
11. You must be honest and open with patients, employers, insurers, and other organisations or individuals about any financial dealings that could compromise the care you provide.²

Acting as a representative or enduring power of attorney

12. Patients may develop a relationship of trust with you and seek to involve you or ask you to represent them under an enduring power of attorney. In most instances, acting for your patients through representation agreements or by accepting responsibilities under an enduring power of attorney is unwise as you could be perceived as having exerted undue influence on those patients.

Social media and electronic forms of communication³

13. Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current and former patients.
14. Text messaging can be an appropriate form of professional communication, e.g. reminding patients about their appointments. You must maintain professional boundaries and ensure communication via text messaging is not misinterpreted by the patient or used to communicate in a way that is not clinically focused. Where possible, do not use your personal device to contact patients. It is good practice to document any electronic communication with your patient in their clinical record.

Seeking clarification or further advice

15. If you are unsure about any aspect of this statement, please contact the Medical Council. You might also seek advice from a trusted colleague, the New Zealand Medical Association (NZMA), your medical indemnity insurer, or your professional college or association.

¹ Refer to Council's statement on *Cultural competence* for information on the skills, knowledge and attitudes expected of doctors in their dealings with all patients.

² Refer to the section on 'Financial and commercial dealings' in *Good medical practice* and to Council's statement on *Doctors and health related commercial organisations*.

³ Refer to Council's statement on *Use of the internet and electronic communication*.

- **Good medical practice**
- **Doctors and health related commercial organisations**
- **Use of the internet and electronic communication**
- **Information, choice of treatment and informed consent**
- **Cultural competence**
- **Maintenance and retention of patient records**
- **Ending a doctor-patient relationship**
- **What to do when you have concerns about a colleague**
- **Sexual boundaries in the doctor-patient relationship**
- **New Zealand Medical Association's *Code of ethics for the New Zealand medical profession.***

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This statement is scheduled for review by November 2023. Legislative changes may make the statement obsolete before the review date. The contents of this statement supersede any inconsistencies in earlier versions of the statement.