

College of Pharmacists of British Columbia



Patient Relations Program Standard

Application

This standard applies to all registrants in all practice settings, and should be read in conjunction with Standard 7(b) of the Code of Ethics in Schedule “A” of the *Health Professions Act* Bylaws. It should also be read in connection with sections 32.2 and 32.4 of the *Health Professions Act*.

Definitions

In this standard:

“**professional misconduct**” has the same meaning as in s.26 of the Act;

“**sexual misconduct**” includes:

- i. sexual intercourse or other forms of sexual relations between the registrant and the patient,
- ii. touching of a sexual nature, of the patient by the registrant, or
- iii. behaviour or remarks of a sexual nature, by the registrant towards the patient, but does not include touching, behaviour or remarks by the registrant towards the patient that are of a clinical nature appropriate to the service being provided.

Purpose

This standard is to inform registrants and the public of the college’s expectations for registrants to ensure that proper professional boundaries are observed and to prevent professional misconduct of a sexual nature.

Standards

(i) *Maintaining Professional Boundaries and Avoiding Dual Relationships*

It is important to ensure that there are clear professional boundaries between registrants and their patients. Professional boundaries are based on trust, respect and the appropriate use of power as there is a power imbalance between patients and registrants. Patients are entitled to rely on registrants to act in a professional and ethical manner and to never put their personal interests above those of their patients. Registrants have the responsibility to maintain appropriate professional boundaries at all times and should refrain from having dual relationships with patients.

The ways in which registrants must maintain appropriate professional boundaries include: (a) showing respect for the patient’s privacy at all times; (b) avoiding physical contact outside of clinical necessity; (c) avoiding behaviour or remarks that may be interpreted as sexual or inappropriate by a patient; (d) refraining from asking personal information that is irrelevant to the professional services being provided; (e) refraining from sharing inappropriate personal information with the patient; and (f) showing sensitivity to the patient’s cultural or religious background;

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Forming a relationship with a patient outside the professional setting may place a registrant in an ethically compromising situation, and may result in the violation of a professional boundary which is a serious regulatory matter.

As a consequence, registrants should generally avoid dual relationships, even when the patient attempts to initiate the relationship or consents to enter into a personal relationship. The existence of a dual relationship may compromise the registrant's ability to provide objective and unbiased care which places the patient (and broader public) at risk.

(ii) *Relationships with Former Patients*

Depending on the circumstances, it may be considered unethical and unprofessional conduct to form a relationship with a former patient. Registrants should have regard to the following considerations before considering a relationship with a former patient:

- The nature of the previous professional relationship and whether it involved a significant imbalance of power;
- Whether the former patient was, or is, vulnerable;
- Whether the registrant is using the knowledge or influence that the registrant gained through the professional relationship to develop or continue the personal relationship;
- Whether the registrant is already treating, or are likely to treat, any other members of the former patient's family;
- Whether the patient understands that the registrant-patient relationship has ended;
- Whether the patient is capable of consenting;
- Whether or not a reasonable interval of time has passed since the professional relationship ended with the patient.*

It is unethical for a registrant to terminate a professional relationship in order to initiate a personal or sexual relationship with a patient.

* Registrants should consider the following guidelines to self-assess whether a reasonable interval of time has passed:

- The nature, intensity and frequency of the former registrant-patient relationship, as well as the level of patient vulnerability and power imbalance should be taken into consideration.
- The relationship must not be a result of or appear to be a result of the use or exploitation of the trust, knowledge, influence, or emotions derived from the previous professional relationship.

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- Registrants—not their clients—assume the full burden of demonstrating that the former client has not been exploited, coerced, or manipulated, intentionally or unintentionally.

(iii) *Duty to Report Sexual Misconduct*

Registrants have a statutory duty to report sexual misconduct under s. 32.4 of the *Health Professions Act*.

The college requires registrants who have reason to believe that a registrant of a health profession is engaging in sexual misconduct to promptly report that information to the college, and in any event no later than 30 days of reasonably concluding that such conduct is or has taken place. Any delay in filing a report may jeopardize public safety.

Guidelines

Education on Professional Ethics

Registrants have a responsibility to educate themselves on professional ethics and should be aware that the college has an online ethics program.