Hazardous Affairs:
Preventing Sexual Boundary Violations in Medicine

1-Hr Lecture-Discussion

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Introductions

• Facilitator
• Participants
Goals

The goals of the *Hazardous Affairs* Learning Module are to provide participants with a general knowledge of the definitions, rules and guidelines around professional boundaries and sexual misconduct in the medical profession and to make physicians aware of their own vulnerabilities so they understand how to prevent crossing sexual boundaries.
Objectives

By the end of the session, participants will be able to:

1. List and define levels of sexual misconduct and sexual harassment.
2. Identify risky behaviors for crossing sexual boundaries based on issues of self-wellness and office practices.
3. Identify three preventive measures to avoid sexual misconduct.
4. Complete an individual action plan to help improve proper boundaries in your practice.
Agenda

1. Introduction
2. Hazardous Affairs DVD
3. Workbook questions and discussion
4. Action plans
5. Evaluation and Q&A
6. Summary
7. Homework*

*Optional homework – complete and score BVI
Ground Rules

• Confidentiality – all comments will remain confidential
• Respect each other’s opinions and comments
• Safe to ask questions and share stories
• Time: 60 minutes
Hazardous Affairs - DVD

- Click the link below to watch the Hazardous Affairs DVD
- Insert the DVD and switch into Windows Media Player or other compatible program to watch the Hazardous Affairs DVD
Review of Definitions

• “If a physician has reason to believe that non-sexual contact with a patient may be perceived as or may lead to sexual contact, then he or she should avoid the non-sexual contact. At a minimum, a physician’s ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient.”

• “Sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship.”

Review of Definitions

• **The Power Differential:** Any situation with an obvious hierarchy of power results in a *power differential*. Hierarchy or a *power differential* makes a sexual relationship with a patient unethical and wrong in any situation.
  – (e.g.: doctor-patient; nurse-student; doctor-nurse; doctor-trainee, doctor-technician; or teacher-learner)
Review of Definitions

- **Level 1: Sexual Impropriety** – behaviors, gestures or expressions that are seductive, reflecting a lack of respect for the patient’s privacy.

- **Level 2: Sexual Violation** – Any conduct that is sexual or may be interpreted as sexual. (E.g.: Kissing romantically, masturbation, touching or sexual intercourse) This is a serious offence and may result in criminal charges. Physician-patient sex, whether initiated by the physician or the patient, is a sexual violation.
Review of Definitions

- **Sexual Harassment**: includes unwelcome sexual advances, requests for sexual favors, and other verbal and/or physical harassment of a sexual nature. Harassment does not have to be of a sexual nature.

- **Hostile Work Environment**: results when harassment is frequent or severe that it is *hostile or offensive to any individual(s)*; or when it results in an adverse employment decision.
Question 1

A patient you have not seen in over two years invites you to a social function and you feel some attraction to this person. Which of the following statements are true?

a) Unless you have formally discharged this patient from your practice he or she is still a patient

b) “Once a patient always a patient" applies to all physicians and all of their patients

c) You are free to date this patient

d) All of the above

e) None of the above

f) I don’t know
Question 2

Examination or touching of genital mucosal areas without the use of gloves is an example of:

a) Sexual violation
b) Sexual impropriety
c) Sexual harassment
d) Sexual risky behavior
e) I don’t know
Question 3

A physician is laughing with his/her staff and commenting about “dumb blondes.” A blonde patient overhears their joking. The patient files a complaint. This is an example of:

a) Sexual violation
b) Sexual impropriety
c) Sexual harassment
d) Sexual risky behavior
e) Poor judgment
f) I don’t know
Question 4

Risk factors that may predispose you to sexual misconduct issues include which of the following:

a) Poor self care  
b) Poor office practices  
c) Burnout  
d) Lack of sleep  
e) All of the above  
f) None of the above  
g) I don’t know
Question 5

Ms K has been a patient for about two years and you have seen her four times. She is very pleasant and always hugs you when she is ready to leave. While sitting on the exam table, she reaches across to straighten your tie and smiles while she states, “If you weren’t my doctor I would ask you on a date.” This is an example of what type of behavior?

a) Avoidance  
b) Gesturing  
c) Grooming  
d) Flirting  
e) Personal favoritism  
f) I don’t know
Question 6

Dr. K was recently divorced within the past year. Dr. K feels down and is depressed. The nurses and some friends are encouraging Dr. K to start getting out and having more fun. One patient offers to take Dr. K to dinner and a movie. How should Dr. K handle this situation?

a) Graciously accept and enjoy the evening
b) Accept but state, “Only this one time.”
c) Accept only if other friends come along
d) Say he/she cannot decide right now because of a high level of stress
e) Postpone declining until he/she starts counseling
f) Decline but state, “It would be nice but I have boundary rules preventing me from dating a patient.”
g) I don’t know
Dr. F is a resident in general surgery. Dr. F recently started dating a post-doctoral fellow in the biochemistry department at the same academic institution. The relationship turns serious and advances into a sexual relationship. Over the weekend, the fellow falls while playing tennis and has a large swollen left knee. Dr. F thinks it is not broken and instructs the fellow to apply ice and elevate it. Dr. F calls in a few days of hydrocodone/acetaminophen until the fellow can see her PCP. Which of the following statements are true?
Question 7 (cont.)

a) Dr. F prescribed narcotics properly by giving a limited amount.
b) Dr. F prescribed narcotics properly to their significant other.
c) Dr. F did not violate any narcotics prescribing boundaries.
d) Dr. F prescribed narcotics to a patient.
e) Dr. F is now having sex with a patient.
f) All of the above
g) None of the above
h) I don’t know
Question 8

A patient emails you a message to your home email describing a new symptom that has been going on for three days and seems to be getting worse. It is Friday morning and you will be in clinic all day. You see the email on Saturday morning while you are checking your home emails and think this is straight forward but the patient may need antibiotics. You, however, are not on call for the group this weekend. Which is the next best course of action?
Question 8 (cont.)

a) Email the patient back and ask for an update.
b) Email the patient with your presumed diagnosis and treatment plan.
c) Forward the email to the doctor on call.
d) Call in the antibiotic and email the patient to pick it up from the pharmacy.
e) Call the patient to discuss the plan and provide education on how to call in for acute issues.
f) Call the answering service and provide the patient’s information for the on-call doctor.
Q&A
1. Hippocratic Oath
2. American Medical Association (AMA) Code of Ethics
3. American College of Physicians Ethic Manual
4. Medical Professionalism in the New Millennium: A Physician Charter
5. Federation of State Medical Boards (FSMB)
Homework

1. Complete the BVI index
   - Self-score it
   - Reflect on score

2. Action plans
   - Complete, save and review
   - Reassess after 6-12 months if personal and office changes are successful.
Evaluations

• Please complete the evaluation form prior to leaving the room.
• Additional comments on course materials can be sent via cph@vanderbilt.edu
Summary

• We want you to practice smart!
• Remember these definitions, rules and ways to keep yourself off the slippery slope.
• Complete your action plan & BVI and review.
• Take steps to make your office/practice environment one that is both professional and safe.