

Australian Medical Association Limited
ABN 37 008 426 793

42 Macquarie Street, Barton ACT 2600: PO Box 6090, Kingston ACT 2604
 Telephone: (02) 6270 5400 Facsimile (02) 6270 5499
 Website : <http://www.ama.com.au/>



**AMA RELEASES NEW GUIDELINES ON SEXUAL BOUNDARIES
 BETWEEN DOCTORS AND PATIENTS**

The AMA has released updated guidelines for doctors on maintaining clear sexual boundaries with patients, including over social media.

The Guidelines on *Maintaining Clear Sexual Boundaries Between Doctors and Patients and the Conduct of Patient Examinations* combine two documents – the AMA’s *Patient Examination Guidelines* and the *Position Statement on Sexual Boundaries Between Doctors and Their Patients* – both of which were updated as part of the AMA’s routine, five-year policy review cycle.

They have been written to be consistent with the Medical Board of Australia’s *Guidelines: Sexual Boundaries in the Doctor-Patient Relationship*, released in December last year.

“Doctors have an ethical and legal duty to maintain appropriate professional boundaries with patients,” AMA President, Dr Tony Bartone, said today.

“These revised Guidelines acknowledge the potential power imbalance in the doctor-patient relationship, and how the very personal and physical nature of the relationship may lead to patients feeling vulnerable and exposed.

“When patients seek care, they may be sick, injured, anxious, and distressed. They may be asked to undergo a physical examination, which may cause discomfort or embarrassment, or they may be asked to provide very personal and sensitive information about their health and lifestyle, or relevant information about their family members.

“It is essential that doctors adhere to very strict professional boundaries to ensure that patients feel comfortable and safe when seeking medical care.

“Maintaining appropriate professional boundaries facilitates trust in the medical profession, promotes patient care, and protects both doctors and patients.”

The Guidelines also acknowledge the potential power imbalance between doctors and former patients, and between doctors and individuals close to the patient, particularly those making healthcare decisions on a patient’s behalf.

“Put simply, a doctor should not use their professional position to establish or pursue a sexual, exploitative, or other inappropriate relationship with patients, or those close to patients, including their carers, guardians, spouses, or parents of child patients.

“Violating professional boundaries undermines the doctor-patient relationship and may cause psychological harm to patients, or compromise their medical care.

“In addition, such violations undermine the trust the community has in the medical profession to act with professionalism at all times and may constitute criminal conduct. Doctors who violate professional boundaries may find themselves subject to police investigation, as well as disciplinary action.

“Doctors should also be aware that professional boundaries apply not only to face-to-face patient consultations, but also in the use of social media and other forms of electronic communication and consultation, such as emails, text messages, and telehealth.”

The Guidelines also advise that it might be inappropriate for a doctor to engage in a sexual relationship with a former patient.

“Doctors should realise the influence that they have on patients, and that a power imbalance could continue long after the professional relationship has ended,” Dr Bartone said.

“The doctor should consider carefully whether they could be exploiting the trust, knowledge, and dependence that developed during the doctor-patient relationship before they decide to pursue or engage in a relationship with a former patient.

“Doctors also have an ethical and legal duty to report colleagues or other registered healthcare professionals who engage in sexual misconduct.”

The updated Guidelines also:

- Clearly define sexual boundaries, including behaviours that could be considered to be in breach of those boundaries;
- Encourage doctors to practise self-awareness of their own behaviours to maintain appropriate boundaries;
- Highlight that, depending on the circumstances, consent may be implied, verbal, or written;
- Expand the section on patients who lack decision-making capacity;
- Recognise that the environment in which an examination takes place will determine what privacy measures can reasonably be taken; and
- Ensure the terminology used in relation to chaperones, observers, and support persons is consistent with the updated Medical Board of Australia guidelines.

The Guidelines on *Maintaining Clear Sexual Boundaries Between Doctors and Patients and the Conduct of Patient Examinations* are available at <https://ama.com.au/position-statement/maintaining-clear-sexual-boundaries-between-doctors-and-patients-and-conduct>

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CONTACT: John Flannery 02 6270 5477 / 0419 494 761
Maria Hawthorne 02 6270 5478 / 0427 209 753

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