

GUIDELINE ON THE MAINTENANCE OF PROFESSIONAL BOUNDARIES FOR OPTOMETRISTS & DISPENSING OPTICIANS

Introduction

The Board, in its role of protecting community and patient safety, has produced a document to explain and define professional boundaries with the intention of making optometrists and dispensing opticians aware of their responsibilities towards their patients in terms of appropriate and inappropriate relationships and how to avoid the latter. Patient safety is paramount.

Definition

Boundaries are the limits that facilitate an appropriate professional relationship between a practitioner and his/her patient¹. These boundaries are always based on clinical needs and a boundary violation occurs when the practitioner puts his/her needs above those of the patient, thereby gaining at the patient's expense.

Guidelines

Boundary issues might not be obvious. Boundary issues that become boundary violations can begin innocently and might be considered harmless until something goes wrong¹. The impact on the patient is the same whether the intent was innocent or not. It is solely the practitioner's responsibility to maintain or restore boundaries regardless of whether it is the patient or the practitioner causing the violation.

Ethics, such as the Board's *Standards of Ethical Conduct* and the *Code of Health and Disability Services Consumers' Rights*, exist to shape the professional relationship between the practitioner and patient. Professional ethics can also define inappropriate behaviours to be prevented in the practitioner/patient relationship. They show "harm" which needs to be prevented, including the temptation to (among others):

- Take short cuts
- Deceive or cheat patients
- Manipulate patients
- Impose personal bias as to what is right, good, fair or just to shape the professional relationship
- Seek financial, physical, emotional or social benefit at the expense of the patient.

¹ *Professional Boundaries, discussion and cases distance education from College of Optometrists Ontario*

There is always a power imbalance in professional relationships and the professional needs to be aware of this and to manage it. Again, it is the responsibility of the practitioner to maintain the professional boundaries, regardless of who is “pushing the boundaries”. Trust is the basis of the practitioner-patient relationship and abuse of this trust will not be tolerated. A breach of professional boundaries is a breach of trust.

A boundary violation can involve any behaviour, including words, gestures or expressions that are demeaning to the patient or demonstrate lack of respect for the patient.

Some examples of a breach of professional boundaries (this is not exhaustive):

- Inappropriate questions or comments that are not relevant to the examination
- Touching the patient without consent or for a reason that is not relevant to the examination
- Expressing a personal, moral or religious belief to a patient in a way that could distress them or exploit them if they are vulnerable
- Using your professional relationship with a patient to pursue a relationship with someone close to them.

Some examples of events that might involve a breach of professional boundaries in the future (this is not exhaustive)²:

- Seeing a patient at unusual hours without clinical justification, especially if other staff are not present
- Preferring a certain patient to have the last appointment of the day, without clinical justification
- Accessing clinical records without clinical need
- Providing your personal contact details with no clinical need to do so
- Giving or accepting social invitations from a patient
- Revealing intimate details about your life to a patient
- Giving or receiving gifts from a patient.

If a patient or the carer of a patient is attracted to a practitioner and their behaviour is threatening the professional boundaries, it is up to the practitioner to re-establish the boundaries. If a patient or the carer of a patient pursues a sexual or emotional relationship with you, it would be advisable to seek advice from a colleague, the Board or your professional association. Transfer of care to another practitioner is the appropriate step in this instance.

Accepting a box of chocolates from a grateful patient is unlikely to be a boundary violation. Accepting weekly boxes of chocolates is more likely to be a cause for concern. Be aware that a sexual or a personal relationship with a former patient or their carer might be inappropriate because:

- your former professional relationship might still influence the relationship
- the patient was vulnerable when under your care and still might be vulnerable
- you might still be caring for other family members³.

As an optometrist or dispensing optician, it is not unusual to treat family members and friends. It is your responsibility as a practitioner to ensure that the care you provide meets acceptable clinical and ethical standards of the profession. If you are providing care to family members or those close to you, you

² Draft: *Sexual boundaries in the doctor-patient relationship*, Medical Council of New Zealand, August 2018

³ <http://guidance.college-optometrists.org/guidance-contents/ci=ommunication-partnership-and-teamwork-domain/maintaining-boundaries>

should ensure continuity of care and clinical objectivity. An objective assessment of the patient's condition is imperative to ensure good practice and care.

When treating family members or friends you may find yourself in situations where you question whether it is appropriate or not to provide treatment to a family member or those close to you. In these situations, it is important that you consider and reflect on your ethical and professional obligations as a practitioner.

The Board expects you to also seek advice from an independent practitioner as appropriate, and if necessary, consider transfer of care to another practitioner as soon as practicable, to avoid the risk of boundary confusion. This also applies to self-care/prescribing. When in doubt, seek advice from an independent practitioner.

It is the responsibility of the practitioner to be aware of cultural differences in personal boundaries. Touching the head is taboo in many cultures but needs to be done in optometry and optical dispensing so it is your responsibility to address this in a way that does not disempower or upset the patient. For more information on culturally competent practice, please refer to the *Standards of Cultural Competence* available on the Board's website.

If you are unsure about whether a particular situation may constitute a breach of professional boundaries and/or a breach of the Board's *Standards of Ethical Conduct*, please contact the Board for advice. You can contact the Board's Registrar for an anonymous discussion on 04 474 0705.

Approved by the Board: July 2019

Date to be reviewed: July 2022

References:

www.nursingcouncil.org/index.php/content/download/707/2829/file/guidelines

<https://guidance.college-optometrists.org/guidance...and.../maintaining-boundaries>

[www.optometry.org.au/blog-news/2017/6/15/crossing-the line](http://www.optometry.org.au/blog-news/2017/6/15/crossing-the-line)

https://www.collegeoptom.on.ca/,,Distance_Eduation_ProfessioniaI_Boundaties.pdf

<https://www.avant.org.au/member...and...unhelathy-realtionships-with-patients>

Professional Boundaries, discussion and cases distance education from College of Optometrists Ontario (1)

Draft: Sexual boundaries in the doctor-patient relationship, Medical Council of New Zealand, August 2018 (2)

<http://guidance.college-optometrists.org/guidance-contents/ci=ommunication-partmenrship-and-teamwork-domain/maintaining-boundaries> (3)