

It is the responsibility of health professionals to maintain clear professional boundaries with patients and carers, and not to display sexualised behaviour towards them.

In 2008, the Council for Healthcare Regulatory Excellence developed comprehensive guidance on this matter, which is being used as a template by all regulated healthcare professionals.

The Pharmaceutical Society of Northern Ireland has endorsed the CHRE's guidance and all registered pharmacists in Northern Ireland are asked to refer to the CHRE document in the first instance.

[http://www.chre.org.uk/img/pics/library/0801\\_Clear\\_Sexual\\_boundaries\\_professionals.pdf](http://www.chre.org.uk/img/pics/library/0801_Clear_Sexual_boundaries_professionals.pdf)

What follows is a supplementary note intended to assist pharmacists in the application of the CHRE guidance in the context of pharmacy practice. It is set out in the form of Frequently Asked Questions.

Pharmacists should particularly take note of this guidance in respect of the growing clinical role of the profession.

#### ***In pharmacy, what is meant by “patient” and “carer”?***

A patient is any person who receives medical attention, care or treatment. Therefore, within pharmacy, this would include anyone who receives pharmaceutical, or other, care or treatment from the pharmacist or the pharmacy staff.

In this context a patient is not a member of the public entering a pharmacy to purchase solely non-medicinal products such as toiletries or cosmetics etc or other commodities not associated with healthcare.

A carer is anyone close to the patient and who are part of their clinical experience – a participant in a patient's care. This could be a close relative, or a professional carer.

### ***What is meant by a “Sexual Boundary”?***

A breach of sexual boundaries occurs if you display *sexualised behaviour* towards a patient or carer. Sexualised behaviour is understood as an act or form of behaviour designed or intended to arouse or gratify sexual impulses or desires.

Examples of what are considered to be sexualised behaviour by healthcare professionals towards patients are:

- Asking for or accepting a date
- Sexual humour during consultations or examinations
- Inappropriate sexual or demeaning comments, or asking clinically irrelevant questions, for example about their body or underwear, sexual performance or sexual orientation
- Requesting details of sexual orientation, history or preferences that are not necessary or relevant
- Internal examination without gloves
- Asking for, or accepting and offer of, sex
- Watching a patient undress (unless a justified part of an examination)
- Unnecessary exposure of a patient’s body
- Accessing a patient’s or family member’s records to find out personal information not clinically required for their treatment
- Unplanned home visits with sexual intent
- Taking or keeping photographs of the patient or their family that are not clinically necessary
- Telling patients about their own sexual problems, preferences or fantasies, or disclosing other intimate personal details
- Clinically unjustified physical examinations
- Intimate examinations carried out without the patient’s explicit consent
- Continuing with examination or treatment when consent has been refused or withdrawn
- Any sexual act induced by the healthcare professional for their own sexual gratification
- The exchange of drugs or services for sexual favours
- Exposure of parts of the healthcare professional’s body to the patient
- Sexual assault

### ***Why is it so important to maintain strong professional boundaries?***

Patients seeking medical advice or intervention are, by definition, in a position of vulnerability and an imbalance of power therefore exists between the healthcare professional (who has access to relevant information and resources) and the patient.

Additionally, all healthcare professionals must uphold public trust and confidence in their profession by acting with honesty and integrity and not abuse their professional position.

Any display of sexualised behaviour towards a patient or carer would be a clear breach of this professional position and severely detrimental to the professional/patient relationship of confidence and trust.

It would also breach the Code of Ethics for Pharmacists in Northern Ireland<sup>1</sup>, and compromise the following principles contained within it:

1. Make the safety and welfare of patients your prime concern
4. Exercise professional judgement in the interests of patients and public
7. Act with honesty and integrity

### ***How do I avoid unintentionally breaching a sexual boundary?***

Be sensitive to cultural differences that can affect a patient's perception of what is appropriate. For example, some patients may be modest about showing parts of the body that their healthcare professional would not usually consider to be intimate. Treat patients in a way that respects their views and wishes, and preserves their dignity.

Be aware that a wide range of behaviours can be interpreted by your regulatory body as constituting the display of sexualised behaviour and can include:

- Revealing intimate details to a patient during a professional consultation
- Giving or accepting social invitations where this is sexually motivated
- Visiting a patients home unannounced and without a prior appointment
- Clinically unnecessary communications (e.g. personal text or email messages)

More detail on types of behaviour that can be deemed as crossing professional boundaries can be found in the CHRE guidance to healthcare professionals on clear sexual boundaries:

[http://www.chre.org.uk/img/pics/library/0801\\_Clear\\_Sexual\\_boundaries\\_professionals.pdf](http://www.chre.org.uk/img/pics/library/0801_Clear_Sexual_boundaries_professionals.pdf)

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<sup>1</sup> <http://www.psnl.org.uk/professionals/code-of-ethics.php>

As a rule, clear communication with patients will help to avoid misunderstandings.

During diagnosis or treatment explain what you are doing and why. Communicate in a way that the patient can understand and take into account the patient's particular communication requirements.

Explain why certain questions need to be asked and why any examination or procedure is necessary. Explain what will happen in the examination and ensure the patient has understood.

Give opportunity for the patient to ask questions.

### **What if a sexual attraction develops between myself and a patient or carer?**

If you become attracted to a patient or carer you must not act on these feelings.

Sexual attraction to a patient may impair your professional judgement and therefore you should attempt to refer the patient to someone who can treat them objectively.

Obviously such action should be taken with sensitivity to the feelings of the patient. If required, you may wish to contact the Pharmaceutical Society of Northern Ireland for further advice on such matters.

### **What if it is *the patient or carer* who is displaying sexualised behaviour?**

CHRE guidance to health professionals recommends that in scenarios in which a patient or carer displays sexualised behaviour an appropriate course of action may be to discuss their feelings in a constructive manner an attempt to re-establish a professional relationship. Alternatively, seek to transfer care to another pharmacist.

In all scenarios where you suspect there is an issue of a professional boundary being crossed, discussion with a colleague or fellow professional can be helpful (whilst maintaining patient confidentiality).

Pharmacists should also be mindful of any relationships with patients or carers that might develop through social networking websites such as facebook or internet chat forums. These are not recognised professional routes of communication and therefore any correspondence of this sort could be considered to stray outside the appropriate boundaries pharmacist-patient relationship. Professional judgement should be exercised.

### **What about relationships with a *former* patient?**

The view of the Council for Healthcare Regulatory Excellence, the Pharmaceutical Society of Northern Ireland, and other regulators, is that a relationship with a former patient or carer will often remain inappropriate as the relationship may be influenced by the previous professional relationship.

However, a degree of professional judgement must be made by the pharmacist, taking in to consideration such issues as:

- When the professional relationship ended and how long the relationship lasted
- Whether the professional relationship consisted of a significant power imbalance
- Whether the former patient, was or still is particularly vulnerable
- Whether you are exploiting a power imbalance or the knowledge or influence that you gained through a professional relationship to develop or progress the relationship
- Whether you are, or are likely to, treat other members of the former patient's family.

Ultimately, should you pursue a relationship with a former patient you must be able to stand over that decision if a complaint is subsequently made and your professional regulatory body calls your conduct into question.

### **What if I suspect another professional of an improper relationship or behaviour?**

The Pharmaceutical Society of Northern Ireland has produced Professional Guidance on raising concerns which outlines such issues to be aware of as the Public Interest Disclosure Act 1998 and raising concerns where a duty of confidence exists. Pharmacists should refer to this guidance when considering raising a concern about another professional, or other public interest matters.

<http://www.psni.org.uk/documents/314/Guidance+on+Raising+Concerns.pdf>

Furthermore, with reference to the Code of Ethics for pharmacists in Northern Ireland, failure to raise a concern could amount to professional misconduct by way of breach of the principles of the Code of Ethics e.g.

1. Make the safety and welfare of patients your prime concern
4. Exercise professional judgement in the interests of patients and public
7. Act with honesty and integrity

Depending on the circumstances, you may need to alert the police, the regulatory body for the healthcare professional, the employer and/or the Primary Care Organisation. In doing so, you should seek to maintain patient confidentiality where possible at all times.

### **Should a chaperone be present if conducting an examination of the patient?**

Patients should be offered the choice of having a chaperone present during any examination that the patient considers to be intimate.

It is good practice to make a record of any discussion you have with patients about chaperones, including when the patient declines a chaperone.

If a chaperone is unavailable, then you should offer to postpone any examination until such time that a chaperone is available.

### **Further contact points**

If you require further clarification on these matters, or this guidance, please contact the Pharmaceutical Society of Northern Ireland. **Tel:** 02890 326 927. Email: [info@psni.org.uk](mailto:info@psni.org.uk)