



**College of Chiropractors  
of British Columbia**

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# **Clear Sexual Boundaries Between Chiropractors and Patients: Responsibilities of Chiropractors**

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**With permission of the UK Professional Standards Authority**

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The College of Chiropractors of British Columbia or CCBC is the regulatory body that licenses chiropractors in this province and sets standards of practice to protect the public.

The UK Professional Standards Authority (formerly the The Council for Healthcare Regulatory Excellence - CHRE) is responsible for overseeing the UK's nine health and care professional regulatory bodies. Their oversight and scrutiny of the regulators is important for protecting users of health and social care services and the public.

In January 2008 the CHRE created several documents including "Clear sexual boundaries between chiropractors and patients: responsibilities of chiropractors".

The CCBC acknowledges and thanks the Professional Standards Authority for granting permission to modify and distribute this paper to the Chiropractors of British Columbia.

### **Resources and Links:**

UK Professional Standards Authority <http://www.professionalstandards.org.uk/>

College of Chiropractors of BC <http://www.chirobc.com/>

## **Contents**

<b>1) About this guideline</b>	<b>4</b>
<b>2) Why is guideline on sexual boundaries necessary?</b>	<b>5</b>
<b>3) Avoiding breaches of sexual boundaries</b>	<b>7</b>
<b>4) Reporting problems</b>	<b>9</b>
<b>5) Good practice in maintaining doctor-patient relationships</b>	<b>10</b>
 <b>Appendix A:</b>	
 <b>Examples of sexualized behavior by chiropractors towards patients</b>	 <b>14</b>

## **About this guideline**

**This guideline aims to** set out the responsibilities of chiropractors in relation to the maintenance of clear sexual boundaries with patients and their parent/guardians.

### **It contains information about**

- the importance of clear sexual boundaries between chiropractors and their patients
- the establishment and maintenance of clear sexual boundaries with patients
- the action chiropractors must take if they are informed of, or have concerns about, a breach of sexual boundaries.

### **Summary of advice**

Chiropractors must not display sexualized behavior towards patients or their parent/guardians, because doing so can cause significant and enduring harm. The chiropractor/patient relationship depends on confidence and trust. A chiropractor who displays sexualized behavior towards a patient breaches that trust, acts unprofessionally, and may, additionally, be committing a criminal act. Breaches of sexual boundaries by a chiropractor can damage confidence in chiropractors generally and leads to a diminution in trust between patients, their families and chiropractors.

### **Definition of terms used in this document**

**Patient:** a person who receives care or treatment from a chiropractor. This guideline also applies to parent/guardians and others who are close to patients and who are part of their clinical experience, for example a parent who accompanies their child to the clinic. Chiropractors need to think carefully about how they behave towards such people, and the effect their behavior might have on their relationship with the patient.

**Sexualized behavior:** acts, words or behavior designed or intended to arouse or gratify sexual impulses or desires. Examples of sexualized behavior are listed at Appendix A.

## **Why are guidelines on sexual boundaries necessary?**

The vast majority of chiropractors work with dedication and integrity and are committed to the best possible patient care. However, in a small minority of cases chiropractors have breached sexual boundaries with patients or their parent/guardians resulting in a number of investigations in recent years. These inquiries have demonstrated the serious and enduring harm caused when sexual boundaries are transgressed.

### **What constitutes a breach of sexual boundaries?**

A breach of sexual boundaries occurs when a chiropractor displays sexualized behavior towards a patient or parent/guardian. Sexualized behavior is defined as acts, words or behavior designed or intended to arouse or gratify sexual impulses or desires. An illustrative list of unacceptable sexualized behaviors is included in this guideline at Appendix A. Breaches of sexual boundaries do not just include criminal acts such as rape or sexual assault, but cover a spectrum of behaviors, of varying seriousness, all of which can cause harm. The following list groups the main types of sexual boundary breaches in descending order of seriousness:

- criminal sexual acts
- sexual relationships
- other sexually motivated actions towards patients such as sexual humor or inappropriate comments.

### **The consequences for patients when sexual boundaries are breached.**

Breaches of sexual boundaries by chiropractors are unacceptable because:

- they can cause significant and enduring harm to patients
- they damage trust – the patient’s trust in the chiropractor and the public trust in chiropractors in general
- they impair professional judgment. Sexual or inappropriate involvement with a patient may influence a chiropractor’s decisions about care and treatment to the detriment of the patient.

### **Trust and safety**

Chiropractors have a duty to ensure the safety and wellbeing of their patients. A patient must be able to trust that their chiropractor will provide the best possible care and act in their best interests. They must

feel confident and safe so that they can be treated effectively and participate effectively in their care. A breach of sexual boundaries can seriously damage this trust.

### **Acknowledging the power imbalance**

An imbalance of power is often a feature in the chiropractor/patient relationship, although this may not be explicit. Patients are often vulnerable when they require healthcare, and chiropractors are in a position of power because they have access to resources and knowledge that the patient needs. A power imbalance may also arise because:

- in order to be diagnosed or treated a patient may have to share personal information
- a chiropractor influences the level of intimacy and/or physical contact during the diagnostic and therapeutic process
- a chiropractor knows what constitutes appropriate professional practice whereas a patient is in an unfamiliar situation and may not know what is appropriate.

### **Acknowledging difference**

Cultural differences can affect people's perceptions of what is intimate or appropriate. For example, some patients may be modest about showing parts of the body that their chiropractor would not usually consider to be intimate. Chiropractors must be sensitive to cultural difference and treat patients in a way that respects their views and wishes, and preserves their dignity.

## Avoiding breaches of sexual boundaries

On occasion chiropractors find themselves sexually attracted to patients or their parent/guardians. It is the chiropractor's responsibility never to act on these feelings and to recognise the harm that any such actions would cause.

### Acknowledging signs of sexual attraction

All chiropractors must be self-aware and recognise behaviours which, while not necessarily constituting a breach of sexual boundaries, may be **precursors** to displaying sexualised behaviour towards patients or parent/guardians.

These behaviours have the ability to deteriorate boundaries, which include:

- revealing intimate details to a patient during a professional consultation
- giving or accepting social invitations
- visiting a patient's home unannounced and without a prior appointment
- seeing patients outside of normal practice, for example when other staff are not there, appointments at unusual hours, not following normal patient appointment booking procedures or preferring a certain patient to have the last appointment of the day other than for clinical reasons
- clinically unnecessary communications.

Failure to recognise the signs of sexual attraction at an early stage and act appropriately could result in serious harm to patients and to the chiropractor's career.

### When sexual feelings towards a patient become a cause for concern

If a chiropractor is sexually attracted to a patient and is concerned that it may affect their professional relationship with them, they should ask for help and advice from a colleague or the CCBC Registrar in order to decide on the most professional course of action to take.

If, having sought advice, the chiropractor does not believe they can remain objective and professional, they must:

- find alternative care for the patient
- ensure a proper handover to another chiropractor takes place
- hand over care in a way that does not make the patient feel that they have done anything wrong.

## **When a patient or parent/guardian is sexually attracted to a chiropractor**

Sometimes patients or their parent/guardians are attracted to their chiropractor. If a patient displays sexualised behaviour towards a chiropractor, an appropriate course of action might be to discuss the patient's feelings and attraction in a constructive manner and try to re-establish a professional relationship. If this is not possible, the chiropractor should transfer the care of the patient to a colleague.

It is strongly recommended that the chiropractor seeks advice from a colleague or the CCBC Registrar.

## **Sexual activity with former patients or their parent/guardians**

Sexual relationships with any former patient, or the parent/guardian of a former patient, will often be inappropriate however long ago the professional relationship ended. This is because the sexual relationship may be influenced by the previous professional relationship, which will often have involved an imbalance of power as described above.

The possibility of a sexual relationship with a former patient may arise, for example through social contact. If a chiropractor thinks that a relationship with a former patient might develop, he or she must seriously consider the possible future harm that could be caused and the potential impact on their own professional status. They must use their professional judgment and give careful consideration to the following:

- when the professional relationship ended and how long it lasted
- the nature of the previous professional relationship and whether it involved a significant imbalance of power
- whether the former patient was particularly vulnerable at the time of the professional relationship, and whether they might still be considered vulnerable
- whether they would be exploiting any power imbalance, knowledge or influence obtained while they were the patient's chiropractor to develop or progress the relationship
- whether they are, or in future are likely to be, treating other members of the former patient's family.

If a chiropractor is not sure whether they are – or could be seen to be – abusing their professional position, they should seek advice from an appropriate professional body.

However consensual a relationship appears to be, if a complaint is made the onus will always be on the chiropractor to show that they have acted professionally by giving serious consideration to the points above in relation to the circumstances in question, and by seeking appropriate advice.

## **Reporting problems**

### **Problems with other chiropractors**

If a chiropractor becomes aware that another chiropractor has breached sexual boundaries with a patient or parent/guardian, he or she has an ethical and professional duty to take action.

Concerns about their own position or job security should not deter them from speaking out. The patient's welfare should be their first concern.

Failure to take steps to prevent harm to a patient or parent/guardian may amount to misconduct and lead to action being taken on their registration.

From the Health Professions Act 32.4

(1) If a registrant has reasonable and probable grounds to believe that another registrant has engaged in sexual misconduct, the registrant must report the circumstances in writing to the registrar of the other registrant's college.

(2) Despite subsection (1), if a registrant's belief concerning sexual misconduct is based on information given in writing, or stated, by the registrant's patient, the registrant must obtain, before making the report, the consent of

(a) the patient, or

(b) a parent, guardian or committee of the patient, if the patient is not competent to consent to treatment.

Chiropractors may be made aware of concerns about a colleague by a patient – either a patient directly affected by a sexual boundary transgression or another patient. In either case the chiropractor should:

- be aware of how difficult it may have been for the patient to come forward with this information
- answer the patient's questions and, if relevant, provide information to help them establish whether a breach of boundaries has taken place
- alert the patient to other sources of advice
- inform the patient how they can make a complaint if they wish to do so.

If the chiropractor is in doubt they should seek advice from a colleague or appropriate professional body.

## **Disclosure of unprofessional behaviour by a colleague**

If a chiropractor is asked for advice by a colleague who feels attracted to a patient or parent/guardian but has not acted inappropriately, they do not have a professional duty to inform anyone.

However, if they feel that the colleague or the patient may be at risk of harm, or if they feel they need help in advising their peer, it is strongly recommended that they seek advice from an appropriate professional body.

## **Good practice in maintaining doctor - patient relationships**

The CCBC provides specific standards of professional conduct that apply to relationships between chiropractors and patients and spouses. These include guideline on communication, consent, confidentiality, procedures for intimate examinations and use of chaperones. Good practice in these areas is an important part of the maintenance of clear sexual boundaries. Please refer to the appropriate Standards of Practice.

### **Clear and effective communication**

Clear communication with patients helps to avoid misunderstandings. During diagnosis or treatment chiropractors should explain what they are going to do and why. They must communicate this in a way that the patient can understand and that takes into account the patient's particular communication requirements. In particular, a chiropractor should:

- explain why certain questions need to be asked
- explain why any examination or procedure is necessary
- explain what will happen during any examination or procedure and ensure the patient has understood and always when examination or treatment is in a sexually sensitive area
- find out what the patient wants to know about their condition and its treatment
- give the patient an opportunity to ask questions
- if necessary, use an appropriate interpreter
- obtain the patient's permission before the assessment or treatment and record that permission has been obtained
- make sure patients know that they can communicate any discomfort or concern and that they can stop an examination or procedure at any time.

## **Obtaining consent**

Chiropractors must always ensure they have a patient's valid consent before carrying out any examination or investigation, and before providing treatment or care. They must also ensure they have ongoing consent from the patient where treatment changes or develops.

For consent to be valid, patients must be given sufficient information, in a way that they can understand, to enable them to exercise their right to make informed decisions about their care.

Special consideration must be given when seeking consent from patients under the age of majority. Chiropractors must be aware of the legal, statutory and regulatory requirements relevant to their practice.

## **Maintaining confidentiality**

Patients have a right to expect that information about them will be held in confidence.

Confidentiality is central to trust in the therapeutic relationship and without assurances about confidentiality, patients may be reluctant to give chiropractors the information they need to provide good care.

## **Intimate examinations**

The maintenance of clear sexual boundaries is particularly important when chiropractors carry out intimate examinations and/or treatment in sexually sensitive areas. The definition of an intimate examination will depend on the patient's perspective and may be affected by cultural issues. Chiropractors must be aware of this and ensure that patients' privacy and dignity are maintained. The following should be ensured:

- there should be a place to undress, such as a curtained space or changing room, that is out of view of anyone else, including the chiropractor, other employees, patients and the public, unless observation is necessary as part of a clinical assessment and the patient understands and consents to this
- intimate examinations should take place in a closed room or well-screened area that cannot be entered while the examination is in progress
- someone should be available to help the patient if the patient requests and requires assistance
- the patient should be offered appropriate cover, such as a robe, if they have to walk from one area to another
- waiting time whilst patients are undressed should be kept to a minimum

- patients should not be asked to remain undressed for longer than is necessary to complete the examination or procedure and should be advised to get dressed as soon as the examination or procedure is finished
- partial undressing should be advised wherever possible. If the examination or procedure includes several parts of the body, as much of the patient's body as possible should remain covered during the different stages of examination
- chiropractors should ensure that patients' valuables are kept with patients or that secure storage is provided
- examinations or procedures should not be interrupted, for example by phone calls.

### **During intimate examinations**

- chiropractors must continue to ensure their patients' comfort and wellbeing throughout the course of intimate examinations. They can do so by:
  - offering reassurance and being courteous
  - keeping discussion relevant and encouraging questions and discussion
  - remaining alert to verbal and non-verbal indications of distress from the patient
  - discontinuing the examination immediately at the patient's request.
  - chaperones may be considered

Wherever possible patients should be offered the choice of having an impartial observer, or chaperone, present during an examination that the patient considers to be intimate. If a chaperone is present, the chiropractor should record the fact and make a note of their identity and status.

### **Choosing a chaperone**

A chaperone does not need to be a chiropractor but ideally they should understand the procedures involved in the examination. They should be sensitive to the patient's dignity and privacy, be prepared to support the patient if they show signs of discomfort or distress and be confident to raise concerns about a chiropractor should suspected misconduct arise.

In some circumstances, a member of staff or a relative or friend of the patient may be an acceptable chaperone.

### **If no chaperone is available**

Sometimes a chaperone is not available, or the chiropractor or patient may not be comfortable with the choice of chaperone. Under these circumstances the chiropractor should offer to postpone the

examination until a date when an appropriate chaperone is available, if this is compatible with the patient's best health interests. The chiropractor must ensure that a patient does not feel compromised or pressured into proceeding with an examination if a chaperone, or an acceptable chaperone, is not available.

### **When a patient declines a chaperone**

Patients may decline the offer of a chaperone for a number of reasons. They may think it unnecessary because they trust the chiropractor, for example, or they may worry that they will be even more embarrassed with another person in the room.

The chiropractor should record any discussion about chaperones and its outcome. If the patient does not want a chaperone, the fact that the offer was made and declined should be recorded.

## **Appendix A:**

### **Examples of sexualized behavior by chiropractors towards patients or their parent/guardians**

- 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
- routine or non-therapeutic hugging of patients
- requesting details of sexual orientation, history or preferences that are not necessary or relevant
- asking for, or accepting an offer of, sex
- watching a patient undress (unless a justified part of an examination)
- unnecessary exposure of the 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
- examinations or treatment in sexually sensitive areas without the patient/s explicit consent
- continuing with examination or treatment when consent has been refused or withdrawn
- any sexual act induced by the chiropractor for their own sexual gratification
- the exchange of drugs or services for sexual favours
- exposure of parts of the chiropractor's body to the patient
- sexual assault.