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# Maintaining a professional boundary between you and your patient

1 In *Good medical practice*<sup>1</sup> we say:

- 53 You must not use your professional position to pursue a sexual or improper emotional relationship with a patient or someone close to them.

2 In this guidance, we explain how doctors can put this principle into practice. You must be prepared to explain and justify your decisions and actions. Only serious or persistent failure to follow our guidance that poses a risk to patient safety or public trust in doctors will put your registration at risk.

## Doctor-patient partnership

3 Trust is the foundation of the doctor-patient partnership. Patients should be able to trust that their doctor will behave professionally towards them during consultations and not see them as a potential sexual partner.

## Current patients

4 You must not pursue a sexual or improper emotional relationship with a current patient.

5 If a patient pursues a sexual or improper emotional relationship with you, you should treat them politely and considerately and try to re-establish a professional boundary. If trust has broken down and you find it necessary to

end the professional relationship, you must follow the guidance in *Ending your professional relationship with a patient*.<sup>2</sup>

6 You must not use your professional relationship with a patient to pursue a relationship with someone close to them. For example, you must not use home visits to pursue a relationship with a member of a patient's family.

7 You must not end a professional relationship with a patient solely to pursue a personal relationship with them.

## Former patients

8 Personal relationships with former patients may also be inappropriate depending on factors such as:

- a the length of time since the professional relationship ended (see paragraphs 9–10)
- b the nature of the previous professional relationship
- c whether the patient was particularly vulnerable at the time of the professional relationship, and whether they are still vulnerable (see paragraphs 11–13)
- d whether you will be caring for other members of the patient's family.

You must consider these issues carefully before pursuing a personal relationship with a former patient.

## Timing

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- 9 It is not possible to specify a length of time after which it would be acceptable to begin a relationship with a former patient. However, the more recently a professional relationship with a patient ended, the less likely it is that beginning a personal relationship with that patient would be appropriate.
- 10 The duration of the professional relationship may also be relevant. For example, a relationship with a former patient you treated over a number of years is more likely to be inappropriate than a relationship with a patient with whom you had a single consultation.

## Vulnerability of the patient

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- 11 Some patients may be more vulnerable than others<sup>3</sup> and the more vulnerable someone is, the more likely it is that having a relationship with them would be an abuse of power and your position as a doctor.
- 12 Pursuing a relationship with a former patient is more likely to be (or be seen to be) an abuse of your position if you are a psychiatrist or a paediatrician.
- 13 Whatever your specialty, you must not pursue a personal relationship with a former patient who is still vulnerable. If the former patient was vulnerable at the time that you treated them, but is no longer vulnerable, you should be satisfied that:
  - the patient's decisions and actions are not influenced by the previous relationship between you
  - you are not (and could not be seen to be) abusing your professional position.

## Social media

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- 14 You must consider the potential risks involved in using social media and the impact that inappropriate use could have on your patients' trust in you and society's trust in the medical profession. Social media can blur the boundaries between a doctor's personal and professional lives and may change the nature of the relationship between a doctor and a patient. You must follow our guidance on the use of social media.<sup>4</sup>

## Help and advice

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- 15 If you are not sure whether you are (or could be seen to be) abusing your professional position, you should seek advice about your situation from an impartial colleague, your defence body or your medical association.

## Endnotes

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- 1 General Medical Council (2013) *Good medical practice* London, GMC.
- 2 General Medical Council (2013) *Ending your professional relationship with a patient* London, GMC.
- 3 Some patients are likely to be more vulnerable than others because of their illness, disability or frailty, or because of their current circumstances (such as bereavement or redundancy). Children and young people younger than 18 years should be considered vulnerable. Vulnerability can be temporary or permanent. For more guidance on this, see the Royal College of Psychiatrist's guidance *Vulnerable Patients, Safe Doctors* (2007).
- 4 General Medical Council (2013) *Doctors' use of social media* London, GMC.