

## STANDARD OF PRACTICE

# Prohibition Against a Sexual Relationship with a Patient

Standard of Practice S-014  
Patient Relations Committee  
Approved by Council: February 8, 2005  
Re-affirmed by Council: February 19, 2009

*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### Intent

To inform members that a sexual relationship with a patient is strictly forbidden by law.

### Description of Standard

Under no circumstances should a member have a sexual relationship with a current patient.

### Background

Sexualizing a professional relationship is against the law. In Ontario, the *Regulated Health Professions Act (RHPA)* prohibits sexual involvement of health care professionals with patients. The *RHPA* defines sexual abuse as sexual intercourse or other forms of physical sexual relations, touching of a sexual nature, or behaviour or remarks of a sexual nature, between a member and a patient.

Because of the broad definition of sexual abuse outlined in the *RHPA*, it is unacceptable for a member to have a sexual relationship with a current patient. Even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under this definition and could leave the member open to a possible complaint to CCO.

### Procedure

- It is never appropriate to have a sexual relationship with a patient who is receiving active treatment. The professional relationship must be terminated.
- There is a history of complaints against members who have had sexual relationships with their patients/former patients. Complaints have been made by patients, significant others (including spouses of both members and patients) and former significant others. Therefore, there is a minimum recommended waiting period of one year following the termination of the professional relationship, before beginning any sexual relationship.
- Refer the patient to another chiropractor and document these actions on the patient's chart (it is recommended the referral be in writing and a copy of such correspondence be given to the patient and a second copy placed in the file).

- With the patient's consent, transfer patient records to the new attending chiropractor.
- In some cases, it may never be appropriate for a member to have a sexual relationship with a former patient. For example, if there is a continued power imbalance between the member and the patient, or the patient is vulnerable.

### **If a patient suggests or attempts to develop a sexual relationship:**

- Inform the patient of restrictions and communicate proper boundaries for the doctor/patient relationship. (see *Where's my line?* - CCO/CMTO/ CPO, 1996)
- Refer the patient to another chiropractor if the above actions do not resolve the situation.
- Document actions on the patient's chart.

### **Final Words**

- A sexual relationship with a patient is strictly forbidden by law.
- Information regarding allegations of sexual abuse comes to the attention of CCO through the Complaints Committee, the Executive Committee, and/or mandatory reporting by a member or another health professional.
- The penalties for a finding of professional misconduct relating to sexual abuse of a patient include:
  - revocation of a member's licence for five years;
  - stringent conditions on a member's licence before applying for reinstatement;
  - results of the discipline proceedings will remain on the public register indefinitely; and
  - financial obligations, such as paying for therapy and/or counselling for the victims and reimbursing CCO for legal and investigative costs.

This standard replaces guideline G-006: Guidelines for Establishing a Personal Relationship with Your Patients (i.e., Dating).

**Legislative Context**

*Health Professions Procedural Code, Schedule 2 to the Regulated Health Professions Act, 1991*

**Sexual Abuse of a Patient**

Section 1(3): In this Code, “sexual abuse” of a patient by a member means,

- (a) sexual intercourse or other forms of physical relations between the member and the patient,
- (b) touching, of a sexual nature, of the patient by the member, or
- (c) behaviour or remarks of a sexual nature by the member towards the patient.

**Exception**

**Section 1(4):** For the purposes of subsection (3), “sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

**Statement of purpose, sexual abuse provisions**

1.1 The purpose of the provisions of this Code with respect to sexual abuse of patients by members is to encourage the reporting of such abuse, to provide funding for therapy and counselling for patients who have been sexually abused by members and, ultimately, to eradicate the sexual abuse of patients by members.

**Orders Relating to Sexual Abuse**

**Section 51(5):** If a panel finds a member has committed an act of professional misconduct by sexually abusing a patient, the panel shall do the following in addition to anything else the panel may do under subsection (2):

1. Reprimand the member.
2. Revoke the member’s certificate of registration if the sexual abuse consisted of, or included, any of the following,
  - i. Sexual intercourse

- ii. Genital to genital, genital to anal, oral to genital, or oral to anal contact,
- iii. Masturbation of the member by, or in the presence of, the patient,
- iv. Masturbation of the patient by the member,
- v. Encouragement of the patient by the member to masturbate in the presence of the member.

### Statement re: impact of sexual abuse

**Section 51(6):** Before making an order under subsection (5), the panel shall consider any written statement that has been filed, and any oral statement that has been made to the panel, describing the impact of the sexual abuse on the patient.

### Same

**Section 51(7):** The statement may be made by the patient or by his or her representative.

### Notice to Member

**Section 51(8):** The panel shall not consider the statement unless a finding of professional misconduct has been made.

**Section 51(9):** When a written statement is filed, the panel shall, as soon as possible, have copies of it provided to the member, to his or her counsel and the College.

Standard of Practice S-015  
Executive Committee and Quality Assurance Committee  
Approved by Council: February 10, 2004  
Amended: June 13, 2004

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*Note to Readers: In the event of any inconsistency between this document and the legislation that affects chiropractic practice, the legislation governs.*

### Intent

The purposes of the standard of practice are:

- to ensure the public is aware that immunization/vaccination is outside the scope of practice of chiropractic and chiropractors do not have the legislative authority to immunize/vaccinate patients; and
- to ensure that chiropractors advise patients to consult health providers who have immunization/vaccination within their scope of practice.

### Description of Standard

Chiropractors may not, in their professional capacity, treat or advise patients/ others with respect to immunization/vaccination as it is outside their scope of practice, as defined in Section 3 of the *Chiropractic Act, 1991*.

In responding to requests from patients and members of the public regarding immunization/vaccination, members shall:

1. advise that immunization/vaccination is outside the scope of practice of chiropractic and chiropractors do not have the legislative authority to immunize/vaccinate patients; and
2. advise patients to consult with health providers who have immunization/vaccination within their scope of practice, namely, physicians, nurses and nurse practitioners.

### Legislative Context

Section 3 (1) of the Health Professions Procedural Code - One of CCO's objects under the *Regulated Health Professions Act, 1991 (RHPA)* is to "develop, establish and maintain programs and standards of practice to assure the quality of the practice of the profession."

The Professional Misconduct Regulation under the *Chiropractic Act, 1991*, includes the following as an act of professional misconduct: