Ethics Committee Panel: Boundary Crossings and Violations

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Presentation Overview

I. Dr. Greene: Definitions
II. Dr. Glezer: Boundaries and Technology
III. Dr. Reyes: Boundary Crossings in Practice
Definition of Boundary

- Gabbard, 2005: Components that constitute the therapeutic frame, which must be flexible
- Structure characteristic of the therapeutic relationship
- Gabbard/Gutheil 1993: The limit of appropriate behavior
- Zur 2002: Boundaries are like fences, must be flexible to reflect the individual treatment
Boundary Crossings

• Gabbard/Gutheil 1993: Deviation from classical therapeutic activity
• Harmless, non-exploitative, possibly supportive of therapy
• Helpful break in the frame of therapy/treatment
• Define a “flexible” wall that reflects each individual situation
Boundary Violations

- Gabbard 2005: Transgressions that are harmful and exploitative of the patient
- Reflective of the clinician’s desire or additional motive above treatment
- Zur 2002: Beyond decency and integrity, misuse of power for own benefit
Crossings to Violations

• The slippery slope: most sexual boundary violations occur as the result of multiple boundary crossings and multiple nonsexual boundary violations

• Boundary crossings do not generally lead to boundary violations or sexual boundary violations

• Gutheil/Gabbard 1993: Fact finders (the jury) often believe that the presence of boundary violations is presumptive evidence of sexual misconduct
Boundary Crossings

- Addressing the patient by first rather than last name
- Minimal body contact with the patient (hug/pat on shoulder)
- Disclosure of personal information
- Accepting gifts from the patient
- Walking with a patient outside the office
Nonsexual Boundary Violations

- Repeatedly extending therapy time beyond boundary
- Meeting the patient in locations that are not typically thought as therapeutic
- Accepting expensive gifts or allowing payment to stop, giving gifts to patient
- Bartering for services: housecleaning for therapy
- Excessive self disclosure
- Excessive nonsexual physical contact
Sexual Boundary Violations

• Extreme form of violation to the patient
• The result of multiple boundary transgressions
• Awareness of behavior and boundary crossings can prevent this occurrence
• Crossings and violations can lead to this if one is not aware of or acknowledging ethics of treatment
How To Gauge: Crossing vs. Violation?

- Gutheil/Simon 2002: Look at the ethical principles
- The Principles of Medical Ethics With Annotations Applicable to Psychiatry 2013 Edition (APA)
- Opinions of the Ethics Committee on The Principles of Medical Ethics (2019 Edition)
How To Gauge: Crossing vs. Violation?

• What is your role as the treatment provider?
• Do your actions reflect motives other than treatment?
• Do your actions constitute a dual agency to the patient?
• Would your actions be seen as inappropriate to a jury?
How To Gauge: Crossing vs. Violation?

• Consultation:
  – Colleague
  – Ethics committee NCPS
  – Ethics committee APA

• Benefit of Consultation:
  – Assistance of determining conflicts that can’t be assessed
  – Confirmation/documentation that you are doing the right thing
“This next one is a sad little blues tune about love and pain that I wrote before I started taking Celexa.”
TECHNO-ETHICS:

A PRIMER ON ETHICAL ISSUES WITH TECHNOLOGY USE IN THE CONTEXT OF PSYCHIATRIC BOUNDARIES

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BOUNDARIES IN PSYCHIATRY

- A boundary is the edge of appropriate professional behavior, beyond which the psychiatrist is stepping out of or breaching the clinical role

- Boundary crossing versus violation
ETHICAL PRINCIPLES

• Autonomy
• Beneficence
• Nonmaleficence
• Justice
TECHNOLOGICAL TOOLS IN TODAY’S CLINICAL WORLD

• Patient portals
• Email
• Search (Google, etc.)
• Social media (Facebook, Instagram, etc.)
• Text messages
• Telemedicine
• Websites, blogs
• Apps (Symptom trackers, meditation guidance, etc.)
You really like App Y for mindfulness meditation guidance. You’ve used it yourself and you recommend it to your patients.

Is there potential harm in this recommendation?
What is the impact of a physician making this recommendation?
While you’ve used it personally, what do you know about it?
Is your patient potentially vulnerable?
DISCUSSION OF QUANDARY 1

• The weight of a physician recommendation
• The vulnerability of a patient
  • Do you know your patient’s digital expertise?
• https://www.psychiatry.org/psychiatrists/practice/mental-health-apps/app-evaluation-model
A patient comes to your office for a new visit. They mention having an active online presence, including blogging and social media. After the appointment, you search for their information online.

What are you hoping to gain from your search online?
Will you discuss with your patient what you read/learned or that you did a search?
DISCUSSION OF QUANDARY 2

- The purpose is essential
- Disclosure of the search
QUANDARY 3

• A former patient, who terminated after completing a course of therapy and medication, sends you a Facebook friend request.

• A current therapy patient happened to see your posts on social media and brings them up in your next session.

• A current pharmacology patient sees your Facebook page and sends a message requesting advice about his antidepressant.
DISCUSSION OF ONLINE SOCIAL MEDIA PRESENCE

• Setting privacy parameters
• Would you be friends with a former patient outside of social media?
• Separate identities for personal and professional
• Issue of patient confidentiality
  • Professional Facebook groups; Informed consent for posting?
  • What is the purpose? Self-serving versus patient-serving
• Potential cons for the individual patient but also for professionalism
  • Study conducted by UF noted multiple medical students with photos of drunkenness, inappropriate conduct, and patient-privacy violations
QUANDARY 4 – USE OF TEXT

• A patient, running late to the session, texts that he is on his way.

• A patient, struggling with depression, texts that she is feeling low and asks for support.
DISCUSSION OF TEXTING

- Expectation by younger patients and those in technology that this technology is available
- HIPAA compliance
- Advance discussion of scope of appropriate topics for texting
- Impact on your sense of availability to patients given expectation of response
- Casual nature of texting -> other casual encounters?
- Similarities to email
QUANDARY 5 - TELEHEALTH

• Your weekly therapy patient is traveling but would like to continue sessions and asks about using Skype or FaceTime

• You’re the only psychiatrist in a rural area. Can telehealth options be used to increase patient access?
DISCUSSION - TELEHEALTH

• HIPAA compliant platform (Skype and FaceTime are not!)
• Clinic policy versus individual patient accommodation
• American Telemedicine Association:
• Same standards as in-person sessions
• State by state differences in prescribing regulations
QUANDARY 6 – WEBSITE

• You have a website for your private practice. It includes a comments/questions page. A prospective patient reaches out and asks a question about whether or not you would change his medication.

• When does the doctor-patient relationship become established?
• Can you provide medical advice on your website?
DISCUSSION – WEBSITE

• Disclaimer
• Conflicts of interest disclosure
QUANDARY 7 – ONLINE DATING

• You practice in a relatively small town/city. Several weeks after signing up for match.com, one of your suggested matches is your patient or a former patient.
DISCUSSION – ONLINE DATING SITES

• Current vs. former patient in psychiatry? No dating patients
• Accidental vs. intentional extratherapeutic contacts
QUANDARY 8 – REVIEWS ONLINE

• You notice that a negative Yelp review of you appeared after you had a difficult patient encounter.

• Should you respond, the way that many restaurants or other businesses do, publicly?
• Should you be in touch with the patient? With Yelp?
DISCUSSION – ONLINE REVIEWS

- Confidentiality boundaries must be maintained
- Some websites will take down negative reviews if you provide justification or remove your listing
- Some clinicians have chosen to “drown out” a negative review by requesting positive ones
  - Difference between asking a mentor vs. former patient vs. current patient
- Contacting the writer of the review
A FEW EXAMPLE ARTICLES DISCUSSING THESE ETHICAL ISSUES


