

Professional Boundaries and Prevention of Sexual Misconduct and Abuse

The public can expect that licensed healthcare professionals will treat them with dignity and respect and never engage in sexual abuse, sexual misconduct, or exploitation. Licensed healthcare professionals must establish and maintain clear, respectful, and culturally sensitive boundaries in all professional interactions; recognize and manage power imbalances and avoid conduct that may impair judgment or cause harm; and uphold boundaries across all contexts of practice, including virtual care, research, and social media.

This Practice Standard applies to all professional interactions between licensed healthcare professionals and the individuals with whom they engage in a professional capacity.

A licensee must:

1. *Maintain appropriate professional boundaries in all professional contexts—including boundaries that are physical, emotional, psychological, sexual, financial, relational, and digital in nature—which means to:*

- 1.1. Observe professional boundaries and demonstrate them consistently.
- 1.2. Maintain appropriate professional boundaries with patients, substitute decision-makers, caregivers, family members and others close to a patient, supervisees, students, and colleagues.
- 1.3. Clearly communicate professional boundaries to patients.
- 1.4. Maintain professional boundaries in a manner consistent with each patient's cultural norms and individual needs.
- 1.5. Accept responsibility for maintaining professional boundaries, regardless of another person's actions, consent, or participation.
- 1.6. Monitor and manage their own personal and professional risk factors, which may increase their risk for boundary violations.
- 1.7. Refrain from excessive self-disclosure, preferential treatment, and social or business interactions that may compromise professional judgment or objectivity.

2. *Recognize the power imbalance with patients, which means to:*

- 2.1. Properly manage the inherent power imbalance in the healthcare provider–patient relationship, as well as other relationships in which a licensed healthcare professional has—or may be perceived to have—undue influence or authority over another person.
- 2.2. Never take advantage of their professional role to encourage or engage in sexual abuse or sexual misconduct.



3. Refrain from sexual misconduct, which means to:

- 3.1. Refrain from using words, gestures, body language, or physical contact that is—or could be perceived to be—sexualized or intended to manipulate or use the professional relationship to initiate or pursue sexual activity or to leverage emotional closeness for personal gain.
- 3.2. Never engage in sexual intercourse or any other form of physical sexual contact with a patient.⁷
- 3.3. Never provide psychotherapy to a person with whom they have had an intimate or sexual relationship.

4. Manage high-risk and special situations, which means to:

- 4.1. Never provide health services to any individual with whom they have an existing intimate or sexual relationship, unless the need for care is urgent and no other healthcare provider is readily available.
- 4.2. Recognize that in Indigenous, close-knit, or resource-limited communities, personal relationships may be unavoidable, making it necessary for a licensee to assess the impact of any personal relationship on their own impartiality and on patient trust, and to provide or continue care only when the benefits to the patient clearly outweigh the risks and appropriate steps have been taken to ensure respectful, unbiased care.

5. Be aware of restrictions on relationships with former patients, which means to:

- 5.1. Never have an intimate or sexual relationship with a patient to whom they have provided psychotherapeutic care.
- 5.2. Exercise caution and professional judgment before forming a relationship with a former patient, ensuring that:
 - 5.2.1. Sufficient time has passed since the termination of the professional relationship, such that there is no longer a power imbalance or reliance on the licensee.
 - 5.2.2. The professional relationship could no longer reasonably be expected to influence the former patient's decision making.

6. Report where required, which means to:

- 6.1. Report safety risks arising from failure to observe professional boundaries to CHCPBC, as required by the HPOA.

⁷ Under the HPOA, sexual engagement with a spouse does not constitute sexual misconduct, so long as the spouse has consented.



Related Standards and Legislation

Conflict of Interest

[Health Professions and Occupations Act, SBC 2022, c 43](#)