

ADVICE & GUIDELINES ON PROFESSIONAL CONDUCT
FOR DISPENSING OPTICIANS
APPENDIX E - GUIDANCE OF LEGISLATIVE ISSUES

[4] CHRE GUIDANCE ON SEXUAL BOUNDARIES

Guidance on sexual boundaries

AE4.1 Practitioners are reminded that they are held in a position of trust by their patients and there may be a power imbalance between them and their patient even though this may not be explicit. On occasion practitioners may find themselves sexually attracted to their patients or their carers or vice versa. It is the practitioner's responsibility not to act on these feelings and to recognise the harm that any such actions would cause.

AE4.2 If a practitioner finds themselves 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 appropriate body in order to decide on the most professional course of action to take.

AE4.3 If a patient displays sexualized behaviour towards a practitioner, the practitioner should seek advice from a colleague or their professional or representative body.

AE4.4 If a practitioner becomes aware that another healthcare professional has breached sexual boundaries with a patient or carer, he or she has an ethical and professional duty to take action. Practitioners are strongly advised to contact their professional and/or representative body for advice in these circumstances.

AE4.5 If a practitioner is asked for advice by a colleague who feels attracted to a patient or carer but has not acted inappropriately, they do not have a professional duty to inform anyone. However, if they feel that the colleague or patient may be at risk of harm, or they feel that they need helping advising their colleague, it is strongly recommended that they seek advice from their professional and/or representative body.

For further information practitioners are referred to the paper 'Clear sexual boundaries between healthcare professionals and patients: responsibilities of healthcare professionals'. This is available from the Council for Healthcare Regulatory Excellence www.chre.org.uk.

AE4.6 Sexual relationships with any former patient, or the carer of a former patient, may 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.

AE4.7 The possibility of a sexual relationship with a former patient may arise, for example through social contact. If a healthcare professional 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 healthcare professional 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.

AE4.8 If a healthcare professional 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.

AE4.9 However consensual a relationship appears to be, if a complaint is made the onus will always be on the healthcare professional 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.