

Guidelines for doctors on Sexual boundaries

Version 3.4

IPS Task Force on Boundary Guidelines

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Indian Psychiatric Society (IPS) Task Force on Boundary Guidelines

Message from President and Hon. General Secretary, Indian Psychiatric Society

Dear Colleagues,

Indian Psychiatry Society along with the Bangalore Declaration Group - a team of doctors across various medical specialties in India, has come up with a set of guidelines for doctors on sexual boundaries for the first time to train them on what is ethically right and wrong.

The Oath does specify that doctors must not enter into unhealthy relationships with patients, particularly in the sexual context. The need for specific guidelines for doctors to reflect the issues involved, as patients are a particularly vulnerable group was recognized by the Indian Psychiatric Society. IPS commissioned Task Force on Boundary Guidelines has been working since 2015 at this stage, on preparing guidelines for doctors on sexual boundaries.

It is important for the doctors to know about their boundaries of being intimate with a patient, both physically and mentally. Non-consensual sexual activity is a crime but doctors agree that even consensual sexual activity in a power imbalanced relationship like that of a doctor and patient is not truly consensual. It is hoped that these guidelines will encourage other medical groups in India to begin addressing these problems efficiently.

The IPS Task Force on Boundary Guideline, under the able leadership of Dr. AjitBhide, Chairperson, Dr. Sunita Simon Kurpad, Co-Chairperson and Dr. SrilakshmiPingali, Convenor has done a remarkable work and Indian Psychiatric Society is really happy to accept these guidelines.

These guidelines are uploaded at IPS website www.indianpsychiatricsociety.org

All the members of IPS are expected to abide by the guidelines.

Long live IPS.

Dr. G. Prasad Rao
President
Indian Psychiatric Society

Dr.GautamSaha
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Preface from The IPS Task Force Guidelines for Doctors on Sexual Boundaries Version 3.4

The finalized version of the Guidelines for Doctors in Sexual Boundaries was handed over to the Indian Psychiatric Society (IPS) in October 2016, so that IPS can be the first body of doctors in India to begin the process to ratify the guidelines and hold its members to its ethical standard.

These guidelines were first drafted by The Bangalore Declaration Group and subsequently worked on by the IPS Task Force on Boundary Guidelines. The Draft guidelines were placed on the IPS website in August 2016 for perusal and feedback from our colleagues in IPS, other colleagues in the medical fraternity, health professionals and the public. Social media and newspapers took the information about this initiative beyond the IPS website- several interested professionals from other disciplines and the public also got to know of this IPS initiative. Several newspapers also covered this issue.

Nearly all the feedback we received was positive with no edits suggested. A couple of psychiatrists wrote in with concerns about the ‘one year’ phrase in Point 8. (Draft point 8 ‘A minimum time frame of one year should elapse after the doctor patient relationship is terminated, after which it *may be* permissible for a doctor to have a sexual relationship with a patient (so long as existing laws of the Indian Penal Code are not broken’). Guidelines from other countries have varied from stipulating one to two years to not stipulating a time frame at all. After a lot of discussion, the Task Force has decided to retain the ‘one year’ waiting period, but reworded the paragraphs in greater detail, *as it is important that the lines are not misinterpreted or taken out of context* as ‘permission’ to have a relationship after one year. IPS does strongly discourage relationships even with former patients. However, it was felt that *not* stating the minimum time period as ‘one year, at the very least’, could cause greater harm by actually making some patients more vulnerable, as then there is nothing to prohibit a doctor from starting a relationship *before* one year elapses.

The Final Version 3.4 was submitted to the Executive Committee (EC) of the IPS in October 2016, to begin the process for IPS to formally adopt these guidelines.

As a background, the need for IPS to take a leadership stance on the issue of sexual boundary violations (SBVs) in the doctor patient relationship in India was raised at the Annual General Body Meeting during ANCIPS 2015 at Hyderabad. Dr. Vidyadhar Watve (President 2015-16), Dr. N.N. Raju (General Secretary 2015-2016) and the EC took a pioneering stance by constituting an IPS Task Force on Boundary Guidelines. The work of the Task Force continued under the leadership of Dr. Prasad Rao (President 2016-17) and Dr. Gautam Saha (General Secretary 2016-17), both of whom have been strong votaries of the need for these Guidelines. A special mention must be made of Dr. Prasad Rao’s strong leadership and enthusiastic support, not just of the Task Force and its work but for ensuring through the Press Meetings and discussion with journalists, that the information on these guidelines went to the general public too.

The initial draft of the Guidelines was prepared by The Bangalore Declaration Group. Several IPS members, including the Chair and Co Chair of the IPS Task Force were part of this group. This draft was further worked on by the IPS Task Force, placed on IPS website and feedback has resulted in the Final version 3.4. There are very many people who have given us invaluable feedback and support in the various fora across India. Due to the sheer numbers, we are unable to mention all of them by name. But we need to make a special mention of Dr. A.K. Agarwal whose Presidential address on ‘Ethics in Psychiatry’ some twenty- two years ago, now available in Indian Journal of Psychiatry has been a personal inspiration. We would also need to thank the media for the responsible coverage during the Press Release. As we did not release the actual draft guidelines to them, there were some minor errors in some of the reportage, which can now be corrected.

We have used the words doctor and patient, rather than client/ person in order to convey the nuances of these particular roles of these individual people.

It is hoped that once IPS adopts the Final version of the Guidelines, other medical societies in India would consider following suit. And we would request the Medical Council of India to also incorporate these guidelines.

This is an important first step against sexual abuse by professionals in our country. All the members of the Task Force have shared their time and expertise with generosity, and a conviction on the importance of this work. We understand that these Guidelines will by no means be the last word. We hope that based on ground realities and feedback, further revisions may be made in the future. We at the Task Force are grateful for the opportunity to have been part of this journey.

Dr Aiiit V Bhide
Chairperson

Dr Sunita Simon Kurpad
Co Chairperson

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Indian Psychiatric Society (IPS) Task Force on Boundary Guidelines

The guidelines for doctors on sexual boundaries was first drafted by **The Bangalore Declaration Group. The Indian Psychiatric Society (IPS)** has subsequently worked on this document and publish these guidelines with a view that IPS will hold all members to its ethical standard.

- 1) It is the ethical duty of all doctors to ensure effective care for their patients. This would mean that their own conduct should in no way harm their patient. Sexual relationships between doctors and patients invariably harm both the patient and the doctor. Trust, which is central to an effective doctor patient relationship, is inevitably damaged. In view of the power gradient that invariably exists in the doctor patient relationship, the onus is on the doctor to ensure he or she does not enter into an romantic or sexual relationship with a patient.
- 2) While the laws relating to sexual abuse in India generally pertain to women, these Guidelines aim to be gender neutral and serve as a guide to a code of conduct on doctors of any gender, and to protect patients of all genders too.
- 3) Doctors should ensure that they do not exploit the doctor patient relationship for personal, social, business or sexual gain.
- 4) In view of the power gradient in the doctor patient relationship and possible transference issues, doctors are reminded that even ‘consensual’ sexual activity between patients and doctors irretrievably changes the therapeutic nature of the doctor patient dynamic. This would be detrimental to the patient (even from the viewpoint of interfering with good medical care). This would mean that even if it is the patient who attempts to initiate the sexual relationship, it would be against good medical practice for a doctor to enter into such a relationship. Besides, it can be said that consent in a power imbalanced relationship is not true consent. While in some situations it may not be considered as ‘illegal’, these Guidelines would still consider it as a Sexual Boundary Violation (SBV).
- 5) Any non consensual sexual activity would amount to sexual abuse/ molestation/ rape and doctors would be answerable to the law of the land. (Indian Penal Code laws relate to rape, child sexual abuse, sexual molestation, adultery and sexual harassment in the workplace). Sexual activity with a person less than 18 years of age in India amounts to statutory rape (consent immaterial). The Indian Penal Code states that consent for a sexual relationship with a woman of ‘unsound mind’, is deemed invalid and amounts to rape. The Indian Criminal Law Amendment Act (2013), lists out details of what behaviour is tantamount to sexual harassment and stalking. Section 376C (d) states the punishment for anyone in a position of authority in a hospital, if they misuse their authority by having sexual contact with someone under their care.
- 6) It is obviously important for doctors to take a relevant sexual history and perform appropriate physical examination. This should be done sensitively and documented properly in the notes. If intimate examination is done, gloves should be used, a chaperone present and indication and findings documented in the notes. All this should be communicated properly to patients, to prevent any subsequent misunderstandings. The doctor should not touch a patient inappropriately in the guise of physical examination or sexual therapy, for own sexual gratification. Doctors need to be aware that sexual boundary violations (SBVs) can occur in all gender dyads.
- 7) If treatment that requires the patient to be sedated is used (like electroconvulsive therapy, or any procedure that requires anaesthesia), a nurse should be present during the induction and recovery of anaesthesia. This is good medical practice, not just a deterrent to sexual abuse.

- 8) Doctors are reminded that even a relationship with a *former* patient is discouraged and could be construed as unethical, as the previous professional relationship can influence the current relationship. There are serious difficulties in defining the time frame that should elapse after the doctor patient relationship is terminated, after which a doctor *may* consider having a sexual relationship with a patient (if existing laws of the Indian Penal Code are not broken). One difficulty is that the ending of ‘treatment’ does not signify the end of the ‘doctor patient relationship’ in view of multiple issues involved, including relapse rates of illnesses and individual vulnerabilities of patients.
If, for whatever reason a doctor feels it imperative to have a romantic/ sexual relationship with a patient (and again, if this does not involve the breaking of any laws), then the doctor should ensure the patient’s care is ‘handed over’ properly to another doctor. It is extremely important that the doctor discuss the issue with at least one senior colleague to ensure that the doctor himself/herself is not entering a relationship due to his/her own vulnerabilities which need to be addressed and the former patient is clearly not being exploited. Till evidence suggesting otherwise be obtained, IPS puts the *time frame as ‘one year at the very least, after termination of the doctor patient relationship’, with the emphasis on ‘at the very least’*.
- 9) It is impractical to have a detailed list of do’s and don’ts regarding Non Sexual Boundary Violations (NSBVs) as often it is the context which differentiates an acceptable boundary crossing from an unacceptable boundary violation. However, it would be useful to note that sometimes NSBVs can ‘slip into’ SBVs. It would be important for all doctors to be alert to warning signals in their own (or in their colleague’s), as well as patients’ behaviour in these situations.
- 10) Doctors are reminded to ensure that they use social media responsibly, as it can inadvertently lead to a blurring of professional boundaries.
- 11) As doctors are to ensure they do not exploit the doctor patient relationship for sexual gain, it would also imply that these Guidelines extend to protect the family members of patients too. (This would extend to family members who are also part of the therapeutic doctor patient/ family dynamic).
- 12) Any failure to follow these Guidelines, if reported to the Indian Psychiatric Society(IPS) will be referred to the Ethics Committee. It is suggested that all allegations of SBV be taken up for initial enquiry by the Ethics Committee of the IPS. If considered appropriate, they will refer the case to the local “Internal Complaints Committee” (as required by the Supreme Court mandated law on Prevention of Sexual Harassment of Women in the Workplace (Prevention, Prohibition and Redressal Act 2013.) Though this law pertains to women at the workplace, many hospitals/ nursing homes have gender neutral policies which extends to patients too.
If any criminal act is reported, then the appropriate process of enquiry by the police should be initiated. Doctors are reminded of their own ethical obligation to report unethical conduct by colleagues. (As listed in Section 1.7 of The Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002). Where children are involved, reporting is mandatory or risks imprisonment (Protection of Children from Sexual Offences Act, POCSO 2012).
- 13) Though these Guidelines pertains primarily to patients, doctors are reminded that similar care should be extended to interactions with students, colleagues and other professionals in the multidisciplinary team- indeed anyone who is in a ‘power imbalanced relationship’ with the doctor.
- 14) False allegations can occur. It is important for doctors to be alert to warning signals and risk situations. If the doctor finds him/ herself in the midst of an allegation (whether true or false), it would be important to reach out to colleagues for support. Members of the IPS should be available to support a colleague during any enquiry into an allegation. In the event of an allegation, support should not mean ‘covering up’ the issue. If the allegation proves true on enquiry, the colleague should be supported to the face the

consequences of his or her behaviour. Steps should be taken to access help to try and ensure that the behaviour does not recur and patients are protected.

- 15) The Indian Psychiatric Society recognizes that SBVs are not restricted to any particular group of doctors, indeed not restricted to doctors alone, but occurs in all professional groups. In endorsing this Guidelines for Doctors on Sexual Boundaries, the Indian Psychiatric Society takes one step towards effective action against sexual abuse in our society.

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