



CCOA Guidelines on Professional Boundaries

Managing the Chiropractor-Patient Relationship



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Managing the chiropractor-patient relationship

The College of Chiropractors of Alberta (CCOA) **Guidelines on Professional Boundaries** provides each regulated member with information and tools to manage the chiropractor-patient relationship. Regulated members are responsible to practice and demonstrate compliance with the **Standards of Practice**, **Code of Ethics** and **Directives** which are requirements of the *Health Professions Act* (HPA).

The items outlined in this guidance speak directly to the expectations of practice and the requirements of actions, and conduct, in managing the chiropractor-patient relationship. The **Standards of Practice** are explicit on the requirements of professional boundaries. These guidelines inform how we practice and conduct ourselves in compliance with the **Standards of Practice**.

Patient relationships

Relationships are essential to all interactions in society. Significant consideration must be given to the chiropractor-patient relationship as it is an essential part of the delivery of chiropractic care. This relationship is built on trust, respect, communication, and a mutual understanding of both the chiropractor and patients' expectations.

Chiropractors are accountable for maintaining appropriate professional boundaries while meeting the health care needs of their patients. There is an inherent power imbalance in the chiropractor-patient relationship, where the chiropractor holds the balance of power. It is exploitative for a chiropractor to use this relationship to meet their own social, emotional or relationship needs. Crossing professional boundaries puts the chiropractor-patient relationship at risk, breaches patient trust and can cause severe harm.

Professional boundaries with patients: Standards of Practice and Guidelines

Standard of Practice 6.0 – Professional Boundaries with Patients, including Dating and/or Sexual Relationships establishes expectations regarding regulated member activity in relation to professional boundaries. **Standard of Practice 6.1 – Professional Boundaries with Patients** indicates that regulated members must always maintain professional boundaries with patients. Professional boundaries, in patient care, are the physical and emotional limits of the therapeutic relationship between the patient and the regulated member. The regulated member's responsibility is always to act in the patient's best interest and to manage the boundaries within the chiropractor-patient relationship. Additionally, regulated members must recognize that each patient's boundaries will be unique to their own experiences, including their culture, age, values, or experiences of trauma.

The CCOA is providing the **Guidelines on Professional Boundaries** to complement **SP 6.0**. The guideline provides tools and actions to help regulated members maintain professional boundaries, including helping regulated members recognize effective chiropractor-patient boundaries and identify and address potential and actual boundary problems.

What are professional boundaries

Professional boundaries are the limits to the relationship between a regulated member and the person in their care, including the borders that mark the edges between a professional relationship and a personal relationship.

Boundary violations

Boundary violations are unethical and unprofessional because they:

- break the chiropractic-patient relationship by causing harm to the patient (physically, emotionally and/or psychologically)
- exploit the chiropractor–patient relationship
- undermine the trust that patients and the community have in their chiropractors
- may cause profound psychological harm to patients
- compromise a patient’s ongoing health

Good chiropractic practice relies on trust between chiropractors and patients and their families.

Professional boundaries apply to:

- scheduled treatment times
- duration of treatment
- patient and practitioner personal disclosures
- communication expectations
- agreement and understanding in the use of touch
- the general tone of the relationship

Professional boundaries serve to protect the patient and maintain the integrity of the professional relationship.

Power imbalances

In the chiropractor-patient relationship, there is a power imbalance because regulated members hold a position of power by virtue of having:

- Professional knowledge and skills that patients rely on for their well-being
- More authority and influence in the health care system
- Access to patients' bodies (for example when performing physical exams)
- Access to patients' personal health information

The regulated member has the responsibility to establish and manage professional boundaries and is responsible and accountable if a violation occurs.

Patients should never be put into a position where they need to defend themselves against violations by their chiropractor. Patients have an inherent trust in their chiropractors. If that trust is violated, the patient is at a distinct disadvantage. Patients may also be unaware that professional boundaries exist or understand the need for these practices.

The CCOA has the Complaints Process to help patients navigate this unfamiliar territory; but regulated members have a duty and responsibility to prevent professional boundary violations from occurring at all.



Boundary violations: Dating and/or Sexual relationships with patients

- Never pursue a dating and/or sexual relationship with a current patient.
- Do not engage in conversation or make comments or jokes that are sexual or offensive.
- Respond quickly to establish, or re-establish, boundary expectations if a patient behaves inappropriately.
- Avoid sharing your personal information with patients either in person or through social media.
- When your personal information is shared, it should only be of benefit to the healthcare needs of the patient.
- Avoid using your professional relationship with a patient to pursue a relationship with someone close to them.
- Think carefully about the ethics of having a dating and/or sexual relationship with a former patient. As per **SP 6.4 – Commencing a Dating and/or Sexual Relationship with a Former Patient**, a minimum of one year must have passed since concluding a chiropractor-patient relationship (both parties being of age – 18 years or older) **before** considering a dating and/or sexual relationship. Other factors to consider are:
 - the length of time since you treated them.
 - the duration and nature of the professional relationship.
 - the vulnerability of the patient.
 - if you are or will be treating other members of their family.

What to do if the patient's behaviour is inappropriate

Be alert for signs that the professional boundary between the doctor and patient is becoming blurred by the patient. Inappropriate patient behaviour could include expensive or inappropriate gifts; flirtatious notes texts and calls; invitations to meet socially or suggestive comments.

- If you are concerned about the patient's motives, do not ignore their actions.
- Do not accept expensive or inappropriate gifts.
- Communicate that the relationship must return to a professional level and if this is not possible you will need to transfer the patient to a colleague.
- Contact the CCOA and disclose the actions taken by the patient and the action you have taken.
- Keep a record of any conversations about boundaries as well as log all contact from the patient and retain any communication sent to you.
- Use a chaperone if you are concerned and document the patient's consent to do so.
- If the behaviour continues, there may be a need to discharge the patient.



Awareness of professional boundaries during treatment

The delivery of chiropractic care requires physical touch. Inadvertent touch may occur with areas that the patient is sensitive to. Examples of areas that are sensitive to touch may include, but not limited to: contact over or near the chest; contact over or near the anterior and posterior pelvis, and upper thighs, or any area where clothing needs to be shifted or moved. Please refer to **Standards of Practice 1.2 – Professional Communication** and **Standards of Practice 3.1 Informed Consent** for guidance before touching sensitive areas.

There are a variety of ways of connecting communication and touch in practice. The chiropractor must consider the patient's perception of touch and its meaning to the patient. At all times, regulated members need to be cautious and respectful when touching patients.

This necessitates careful and sound clinical judgment when using touch and clear and regular communication, and patient approval, when touch is to occur.

Chiropractors also need to recognize that while they have numerous interactions with patients each day, the patient does not have the same familiarity and comfort with touch as a chiropractor. The chiropractor's actions need to be communicated to a patient in advance of making any adjustments and the time spent with the patient needs to be focused solely on that patient's needs.

The chiropractor must understand that if touch is not clearly communicated and approved by the patient, that touch can be misinterpreted. The regulated member also needs to ensure that communication of where touch will occur is continuous throughout the assessment/treatment.

When a patient consents to touch for the purpose of healthcare, it does not mean they are providing unlimited consent for touch in all areas. Significant attention and intentional communication need to be provided to patients every time physical contact occurs.

Signs that professional boundaries may have been violated during treatment

Chiropractor-Patient violations

During treatment, the patient's verbal response or physical reaction may signal that patient's discomfort and indicate that professional boundaries have been potentially compromised. Paying close attention to patient reactions helps to ensure that professional boundaries are not violated. Patient behaviours may change when they feel that their own personal, or expected, boundaries have been crossed, which include:

- Changes in mood and/or conversation
- Sudden tensing
- Questions, and/or confusion about what is occurring
- Quickly moving away from the chiropractor
- Leaving the treatment area



- Emotional release
- Avoiding eye contact
- Changes in body language to one of self-protection

If the patient demonstrates any of the reactions or behaviours in the above list, stop treatment and communicate with the patient. Similarly, if you realize you made contact in a sensitive area, it is important not to wait to see if the patient reacts. Stop treatment and follow the actions indicated below:

- Immediately stop what you are doing.
- Create a physical space by distancing yourself at least two steps back from the patient.
- Make an “I” statement to the patient, such as “I am observing that you are concerned, tense, stressed, etc. Are you okay?” You may also make an “I” statement such as “I accidentally touched my hand against your [area of contact]. I am sorry. I want to stop and discuss that contact with you.”
- Take ownership of the situation or concern and explain to the patient that you are sensitive to their needs.
- Clarify with them specifically what caused their behaviour change.
- Apologize for any conduct. Remember your intention is irrelevant and that the patient’s perception is reality.
- Ask the patient how you could improve. This serves to give the patient control of the situation.
- Ask the patient if they would like to continue the assessment and/or treatment.
- Ensure you chart the details of the encounter and the actions taken by you and your patient.

Patient-Chiropractor violations

Inappropriate behaviour by patients may include:

- Inappropriately touching the chiropractor
- Making inappropriate or sexualized comments during treatment
- Initiating conversations, or actions, that blur or break the lines of professional boundaries

Similar to situations of chiropractor-patient violations, when you observe inappropriate behaviour from a patient, it is vital to address the issue and follow the steps below. Taking no action is never the appropriate decision.

- Immediately stop what you are doing.
- Create a physical space by distancing yourself at least two steps back from the patient.
- Make an “I” statement to the patient, such as “I am concerned with the [identify actions or comments] and would like to discuss this with you.” You may also make an “I” statement such as “have I done or said anything that has led to your [identify actions or comments].”



- Take ownership of the situation and discuss the expectations regarding patient interactions during clinical encounters.
- Provide the patient an opportunity to provide input and work collaboratively to outline an appropriate chiropractor-patient relationship.
- Ask the patient if they would like to continue.

Being present with each patient and continuously communicating during all patient encounters will prioritize patient safety and reduce the risk of harm. Professional boundary violations may occur for different reasons; however, the most significant factor is a lack of constant and clear communication.



Challenges to clear professional boundaries

When maintaining professional boundaries, there are certain areas that introduce challenges. Below are some examples of these areas:

Dual Relationships

A dual relationship occurs in situations where the regulated member holds both a significant authority or an emotional relationship as well as a chiropractor-patient relationship. Dual relationships should be avoided. Regulated members must consider the chiropractor-patient relationship as the prime relationship. When the chiropractor-patient relationship may be compromised by other relationships, the chiropractor should conclude the chiropractor-patient relationship.

For example, a regulated member may also be a course instructor, workplace supervisor, employer, family member or friend.

Overlapping relationships

An overlapping relationship occurs when a regulated member has social contact, but no significant authority or emotional relationship, as well as a chiropractor-patient relationship. Overlapping relationships, while potentially problematic, may not always be possible to avoid. Overlapping relationships are more likely to occur in rural communities or as part of social communities.

For example, overlapping relationships can occur in situations where the member is of a particular religious or ethnic group and tends to practice within this community; or the member has a child with a learning disability and is also active in a local support group for that disability. Situations where there may be overlapping relationships need to be reviewed on a case-by-case basis.

Personal information disclosure

In some situations, a chiropractor sharing their own personal information in a chiropractic-patient relationship may be appropriate; however, regulated members need to ensure that the purpose of disclosure is for the patient's benefit. When disclosing personal information, the regulated member needs to be mindful that they are not shifting the needs of the patient to the needs of practitioner. Blurring boundaries can confuse the patient with respect to roles and expectations. The primary question to ask is, "Does the disclosure of my personal information serve the patient's clinical or health goals?"

For example, informing a patient who is dealing with a painful herniated disc that you had a family member who had a painful herniated disc may bring hope to a patient's current health challenge.

Giving or receiving gifts

Gifting with patients of more than a token value is contrary to professional standards because of the risk of changing the nature of the relationship.

For example, a patient who receives a gift from a regulated member could feel pressured to reciprocate the gift giving to avoid damaging the relationship. They may think if they don't reciprocate that the chiropractor would be upset or mad at them. This could result in the patient receiving "inferior" care.

Conversely, a regulated member who accepts a significant gift from a patient risks altering the clinical relationship and could feel pressured to reciprocate by offering "special" care.

Relationship power imbalances

Regulated members should avoid relationships with their patients outside of the professional relationship. Some examples of the situations to avoid include:

- Employing a patient or their close relatives
- Seeking professional consultation from a patient in their area of expertise
- Involving themselves in a business venture where one could benefit financially from a patient's expertise or information
- Requesting favours from a patient, such as baby sitting, administrative work, or any type of assistance that involves a relationship outside of the professional one

Becoming friends with an established patient

Regulated members should avoid becoming friends with established patients and should refrain from socializing with them. Although there are no explicit guidelines that prohibit friendships, regulated members must use their judgment in assessing the appropriateness of this for each patient. Potential power imbalances may continue to exist and influence the patient well past the termination of the formal clinical relationship.

Maintaining established conventions

Ignoring established conventions that help to maintain a necessary professional distance between patients and regulated members can lead to boundary violations.

For example, not adhering to the standards of practice in providing care may include: providing treatment in social settings rather than professional settings; not charging for services rendered; not maintaining clear boundaries between living and professional space in home offices; scheduling appointments outside of regular hours or when no one else is in the office.



Informal communication and humour

Miscommunication between a chiropractor and patient may cause the patient to misunderstand a regulated member's intent.

It is never appropriate to make a personal comment about a patient's appearance, or tell a 'racy' joke, as this type of behaviour breaches the Standards of Practice. This leaves regulated members vulnerable to the discernment of the patient as to whether the communication is inappropriate.

Each patient will have differing views on acceptable conduct and what they consider offensive. It is important to maintain a professional tone in dealing with patients and avoid remarks of a sexual nature (jokes, offhand comments or use of vulgar language).



Navigating a potential professional boundary issue

There are times when professional boundary issues may seem blurry and can create confusion for both patient and chiropractor. When anticipating or experiencing an issue, consider the following questions to identify the actions you need to take next:

- Is what I am doing part of standard chiropractic practice?
- Is what I am doing putting me or the patient at risk of boundary violations?
- Is this in my patient's best interest?
- How does my action benefit the therapeutic outcome for the patient?
- Is what I am doing self-serving?
- Is what I am doing exploiting the patient for my benefit?
- Is what I am doing gratuitous (not what the patient is seeking care for)?
- Is what I am doing secretive or covert?
 - Would I be happy to share my conduct with my spouse or partner?
 - Would I be happy to share my conduct with my colleagues?
- How would this be viewed by the patient's family or significant other?
- Am I treating this patient differently (e.g., appointment length, time of appointments, extent of personal disclosures) than other patient?
- What feelings accompany my actions in my patient interactions? Are those feelings appropriate?
- Am I comfortable in documenting this decision/behaviour in the patient's file?
- Does this contravene the *Health Professions Act*, the **Standards of Practice**, the **Code of Ethics**, or any other requirement of practice that I have?

Sexual abuse and misconduct

The *Health Professions Act* (HPA), the **Standards of Practice** and the **Code of Ethics** provide specific direction related to sexual abuse and sexual misconduct. An important action for every chiropractor to take is to read the entire **Standard of Practice 6.0 – Professional Boundaries with Patients, Including Dating and/or Sexual Relationships**, and especially **Standard of Practice 6.6 – Sexual Abuse** and **6.7 – Sexual Misconduct**.

It must be clear to each regulated member that firm boundaries exist to protect patients, and regulated members need to strictly adhere to the **Standard**. Violations of these boundaries can lead to severe consequences, with the *HPA* specifically mandating minimum sanctions of suspension (sexual misconduct) and cancellation (sexual abuse) for hearing tribunal findings of unprofessional conduct.

There are NO circumstances in which dating and/or a sexual relationship between a chiropractor and a current patient should take place. Dating and/or sexual relationships between a regulated member and patient is detrimental to care, regardless of what rationalization or belief system the chiropractor chooses to use to excuse it. The unequal balance of power and influence makes it impossible for a patient to give meaningful consent to any dating and/or sexual relationship with their chiropractor.

Patient consent and willingness to participate in a dating and/or sexual relationship does not relieve the regulated member of their duties and responsibilities for ethical conduct. Failure to exercise responsibility for the professional relationship and to allow a dating and/or sexual relationship to develop is an abuse of the power and trust which are unique and vital to the chiropractor-patient relationship.

The best way to maintain the appropriate professional boundaries is through the regulated member's focus on always maintaining professional interactions and being aware of potential problems. This focus requires consistent and clear communication. Accepting and acknowledging the chiropractor's power imbalance and potential for control over a patient is essential in maintaining professional boundaries.

Chiropractors must be vigilant that the patient may experience touch, personal references, and sexual matters very differently from the chiropractor due to a variety of factors including gender, cultural or religious background or personal trauma (such as previous sexual abuse).



Preventing boundary violations of a sexual nature

Use the list below to prevent boundary violations of a sexual nature.

- Be aware of cultural and individual diversity that shape relationships and patients' perceptions.
- Do not use words, gestures, tone of voice, expressions or any other behaviours which patients may interpret as sexually suggestive, seductive, sexually demeaning or as sexually abusive. Take care to appreciate what a patient may infer, or understand, to be the purpose of a communication.
- Do not make sexualized comments about a patient's body or clothing.
- Do not criticize a patient's sexual orientation, gender identity, pronouns or values concerning sexuality.
- Do not ask the patient about details of their sexual history or sexual likes/dislikes.
- Do not request a date with a patient.
- Do not engage in inappropriate "affectionate" behaviour with a patient such as hugging or kissing.
- Do not engage in any contact that is sexual (from touching to intercourse).
- Do not talk about your own sexual preferences, fantasies, problems, activities or sexual performance.
- When treatment involves physical touch or contact, you must obtain informed, explicit consent.
- Document any intimate questions of a sexual nature that are required for appropriate assessment and diagnosis in the patient's file.
- Document all comments or concerns made by a patient or any other unusual incident that occurs during or after an appointment.

Disclosure of inappropriate behaviour by another regulated member

In Alberta, the **Code of Ethics, Article C3 – Duty to Report** requires chiropractors to disclose inappropriate conduct by another regulated member to the CCOA. This Article indicates that:

“If a chiropractor has reasonable grounds to believe that another chiropractor has engaged in unprofessional conduct, including breach of the **Code** or the CCOA **Standards of Practice**, the chiropractor must report the conduct to the CCOA Complaints Director.”

It is also important to note that the *Health Professions Act* (HPA) cites that contravention of the **Standards of Practice**, or **Code of Ethics**, established by a Regulatory College, is an act of unprofessional conduct and regulated members can face disciplinary risks if they fail to disclose information about a regulated member’s behaviour.

Steps to take to assist in managing disclosure to the college

If you suspect a colleague has committed a breach of the *HPA*, the CCOA **Standards of Practice**, **Code of Ethics** or **Directives**, you must disclose the violation to the CCOA Complaints Director.

The Complaints Director will provide you further direction and invite you to share their contact information with the patient so that CCOA can provide the patient more information on the Complaints Process and the Patient Relations Program.

Document any conversations, actions, and observations that you have and keep copies of any information provided to you.

Patient confidentiality must be maintained as much as possible. Look to the Complaints Director for further instructions.

Managing professional boundaries on social media

The explosion of social media usage has introduced new challenges to regulated members regarding maintaining professional boundaries in the virtual world.

It would be unrealistic for a regulated member to believe that their personal engagement in social media cannot, or will not, be linked to their professional role. Comments made on one's own time is subject to the same level of scrutiny as any made professionally.

Before using social media, regulated members have a responsibility to consider how they will establish and manage professional boundaries to easily identify scenarios that are of concern and consider how they might be managed.

When engaging in personal social media use, consider the professional boundaries and the implications for your professional reputation.

Steps to manage boundaries on social media

- Don't accept requests on personal social media accounts from patients.
- Don't discuss medical care and treatment with or about patients on social media.
- Avoid sharing sensitive personal information online.
- Regularly review your privacy settings for each of your social media profiles.
- Develop and communicate a social media policy in your clinic.



Summary

Professional boundaries are a vital component of every interaction between a chiropractor and patient. All regulated members are responsible and accountable to ensure that professional boundaries are maintained and protected. There are several important points that regulated members should keep in mind when navigating through these issues:

- Communication and consent are paramount.
- Patients can interpret things differently than they may be meant – it is the impact that is experienced by the patient that determines the violation, not the intent of the regulated member. Always remember that “perception equals reality.”
- Document any issues, discussions or interactions that are cause for concern and ensure that any documentation received is retained.

In addition to the CCOA [Guidelines on Professional Boundaries](#), there are other resources available to you, as indicated below. If you need further clarification, please contact the Registrar.

Resources

- [Standards of Practice](#) (found under Regulation & Governance on theccoa.ca)
 - [6.0 Professional Boundaries with Patients, Including Dating and/or Sexual Relationships](#)
 - [6.1 Professional Boundaries with Patients](#)
 - [6.2 Definition of a Patient](#)
 - [6.3 Commencing a Dating and/or Sexual Relationship with a Current Patient](#)
 - [6.4 Commencing a Dating and/or Sexual Relationship with a Former Patient](#)
 - [6.5 Evidence of a Doctor Patient Relationship](#)
 - [6.6 Sexual Abuse](#)
 - [6.7 Sexual Misconduct](#)
- [Code of Ethics](#)
- [Ethical Decision Making Resources webpage](#)
 - Scenarios
 - [Guidelines on Professional Boundaries](#)