

Blurred boundaries when treating a friend becomes complicated for O&G



Key messages from the case

At some point it is likely doctors will be called to treat someone they know outside work. It is always important to be aware of professional boundaries and take care that the line between personal and professional does not become blurred. Even consensual relationships with patients have the potential to compromise patient care and cause professional harm, as this UK case illustrates.

Details of the decision

Boundary violations

Ms A presented to the accident and emergency department of her local hospital with a possible ectopic pregnancy and saw Dr H. During the consultation Ms A reminded him that they had previously met socially.

Following the consultation, later that day Ms A contacted Dr H via WhatsApp thanking him for his care. During the conversation that followed, Dr H gave her medical advice and informed her of investigation results. Over the next days they met socially several times, including at her home, and kissed.

Ms A returned to the hospital on a later date with further symptoms. Dr H initially performed a clinical examination in the presence of a chaperone as he was the only O&G available and altered her medication when he was requested to do so by the consultant. He failed to disclose he was having a personal relationship with her.

Dr H decided to end the relationship and spoke to her about it while she was still in hospital on that occasion. However Ms A continued to message him after her discharge and they met again. When he eventually declined to respond to her requests that he be involved in her clinical care, Ms A threatened to report him. He self-reported to the hospital and the medical regulator.

Dr H accepted his actions amounted to misconduct.

Outcome

The tribunal noted his previous good character, apology and co-operation with the investigation, but considered suspension was warranted.

The tribunal was concerned that Dr H appeared not to understand the impact his actions had on Ms A in her particularly vulnerable state.

The tribunal suspended his registration for four months.

Key lessons

It is never acceptable to have a close personal or sexual relationship with a current patient. If a patient approaches you in a personal context, firmly refuse, document the incident in the patient record and inform a senior colleague. If possible, you should not treat the person in the future.

Avoid giving medical advice in a social context or via personal messages. Not only is it important that clinical advice is documented in the patient's clinical record, communicating in this way encourages a level of informality.

References and further reading

Avant factsheet – [Boundary issues 2020](#)

Avant factsheet – [Treating family members, friends or staff](#)

Avant article – ["But it's just a script": prescribing requests from family and friends](#)

Medical Board of Australia Guidelines – [Sexual boundaries in the doctor-patient relationship](#)

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