

Doctor's registration cancelled after boundary violation and prescribing breaches end in patient's suicide



Key messages from the case

This tragic case involves a young woman who took her own life after being prescribed drugs of addiction over many years by the doctor with whom she was in a long-term relationship. The case illustrates the reasons why doctors need to take care to maintain strict professional boundaries and avoid treating family and friends.

Details of the decision

Sexual boundary violation

Dr B practised as a specialist sports and exercise physician. Ms XY consulted him about a hip injury which was affecting her ability to work as a basketball coach. She had been consulting Dr B for about three years when they began a sexual relationship. The relationship lasted for over five years and they signed a lease on a property together. Dr B claimed he did not live there but stayed overnight sometimes.

Dr B also admitted he was drinking heavily during the relationship and there were suggestions, though no conclusive finding, that he may have acted violently towards Ms XY on two occasions. This is significant because Dr B was aware that Ms XY had a history of family violence involving a former partner.

The relationship ended and Ms XY moved interstate. Dr B continued to communicate with her – including expressing concern about his future if Ms XY disclosed the relationship.

Ms XY was found to have committed suicide via an overdose of Fentanyl approximately 9 months after the relationship ended. After Ms XY's death, her brother notified the regulator about

Dr B's conduct when he found materials about Ms XY's relationship with Dr B in her personal effects.

When Dr B commenced the intimate relationship with Ms XY, he was involved in disciplinary proceedings as a result of his sexual relationship with another patient. Dr B was reprimanded, cautioned and received conditions on his registration in relation to the previous boundary violation.

Inappropriate prescribing, treating family and friends

During the course of the relationship Dr B continued to provide medical care to Ms XY – including surgical referrals and prescribing Oxycodone, Oxycontin, Diazepam and Fentanyl. He also gave her medications from his doctor's bag and administered steroid and local anaesthetic injections. When prescribing these medications, Dr B did not consult with Ms XY's general practitioner or other treating practitioners.

Dr B admitted that long-term and high dose opioids were inappropriate for Ms XY's non-malignant pain. The evidence indicated he was aware that she was, or at risk of, becoming drug dependent. He failed to consult with Ms XY's other treating practitioners, several of whom

were also prescribing S8s and some who were treating her as an opioid-dependent patient.

Dr B failed to keep any record of his prescribing. He also failed to obtain the required permits to comply with his obligations when prescribing S8s to Ms XY over periods of longer than 8 weeks.

Outcome

The tribunal found that Dr B's admitted conduct constituted professional misconduct.

Dr B was reprimanded and his registration was cancelled. He was disqualified from applying for registration for 8 years.

The tribunal considered Dr B's boundary breach was particularly serious because:

- Dr B knew Ms XY was vulnerable. She was depressed about her ongoing injury which was affecting her work and personal life. There was evidence that Dr B became aware during the relationship that Ms XY was experiencing PTSD and had a history of family violence, anxiety and depression.
- Dr B pursued the relationship even though shortly after their relationship began, he was reprimanded and required to undertake education on professional boundaries following findings of an earlier boundary violation of the same kind.
- Following the end of the relationship, he attempted to dissuade Ms XY from reporting the relationship.
- He compounded the harm to Ms XY by prescribing drugs of addiction despite knowing that she was or was at risk of becoming dependent.

Key lessons

It is never appropriate to engage in a sexual relationship with a patient.

Blurring boundaries can also mean your professional judgment and objectivity is compromised. If you ever need to provide treatment to someone with whom you have a close personal relationship, it should only be in an emergency situation. If such an emergency arises, you should document your treatment carefully and refer the person to another practitioner as soon as possible.

Make sure that you understand your ethical and legal obligations when prescribing drugs of dependence, particularly if you consider the patient is, or is at risk of becoming dependent.

Never prescribe drugs of dependence or psychotropic medications to a family member or someone with whom you are in a close personal relationship.

References and further reading

Avant factsheet – [Boundary issues](#)

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

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

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

Avant factsheet – [Prescribing drugs of dependence](#)

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