

# GP's registration cancelled for 13 years following multiple boundary violation complaints



## Key messages from the case

Doctors are expected to ensure they always act with their patient's best interests in mind, demonstrate respect for patients' dignity and privacy, always seek patients' informed consent for examinations, and never exploit patients' trust or take advantage of the inherent inequality in the doctor-patient relationship.

## Details of the decision

### Sexual boundary violations

Dr A was accused by ten female patients of inappropriate conduct over the course of 16 years. Several of the patients were young women who had been seeing Dr A as their family doctor since they were children.

Many of the patients consulted Dr A for assistance in dealing with symptoms associated with depression.

Many of the complaints involved sexualised behaviours, including:

- kissing the patients on cheeks and lips
- hugging patients or insisting that patients hug him
- touching patients unnecessarily and inappropriately – often on the legs or buttocks or running his fingers over their bodies while performing skin checks
- placing his knee between patients' legs or leaned his genitals against patients during examinations
- making inappropriate comments about the clothing and appearance of the patient

- performing 'spinal manipulations' by wrapping his legs around a patient after she had been asked to remove her upper clothing.

### Examinations

Many of the complaints related to intimate and physical examinations.

Many patients complained Dr A unnecessarily lifted their clothing and exposed their breasts when using a stethoscope.

Patients complained Dr A asked them to remove more clothing than was necessary and asked them to remain undressed for longer than necessary when performing examinations, for example, asking patients to be fully naked for a pap smear or breast examination and declining to offer any draping. Patients also complained Dr A conducted digital examinations during a pap smear, without using a speculum.

Another patient complained he performed multiple fundal height measurements during which he pulled down her underwear and fully exposed her genitalia.

Dr A performed pap smears on young women without offering a chaperone.

## Unnecessary procedures

Dr A was also accused of having recommended or insisted that patients have frequent and unnecessary pap smears and breast examinations – many of which were never documented in the patient records. In one case the patient was unsure that a swab had been taken and never received any results for the test.

## Consent

Patients also complained that Dr A moved or removed items of clothing to examine them without warning or seeking consent.

It was alleged that Dr A performed a digital vaginal examination without warning or seeking consent from the patient. Another patient complained he performed a neck manipulation without her consent.

## Communication

Patients complained that Dr A would phone them frequently, insisting that they needed to make appointments. He would also book them in for multiple appointments without their request and without any clinical justification. When they cancelled the appointments he would call again to ask why they had done so.

## Outcome

Dr A was charged with criminal offences, pleading guilty to aggravated indecent assault of three patients and was convicted and fined. However when the matter was considered in disciplinary proceedings before the tribunal, Dr A disputed the majority of the other allegations.

The tribunal found the allegations were proven and that together they constituted professional misconduct.

The tribunal considered Dr A appeared to have been motivated by an excessive sexual interest in his young female patients and showed little insight into his behaviour or the harm that it had caused young and vulnerable patients. Dr A did not accept that he was guilty of professional misconduct and was found to have been untruthful in his evidence to the tribunal.

Dr A had been the subject of similar complaints some years previously.

Dr A had previously been subject to restrictions on his practice, and the tribunal was unsatisfied that suspension or conditions would be sufficient sanction, given the gravity of the proven conduct.

Dr A's registration was cancelled, and he was disqualified for applying for registration for 13 years. The tribunal also imposed an additional sanction prohibiting Dr A from providing any health service involving any form of physical contact with a female patient for a period of 13 years from the date of the order.

## Key lessons

There must always be a clinical reason for undertaking an intimate examination of a patient, and this must be clearly explained to the patient, and documented. Before the examination is undertaken, the patient must provide their consent to the examination and their consent must also be documented.

The reasons for, nature and findings following an examination of a patient must be documented in the patient's records, together with any resulting treatment plan.

A patient's failure to actively object is not consent.

The presence of an observer as a witness to a medical examination may benefit both you and the patient. An observer should be qualified (a nurse – RN or EN, or other registered health practitioner) or someone appropriately trained (other clinical support staff). They should also be a person who is acceptable to the patient.

Always conduct examinations in an appropriate and respectful manner and in accordance with the Medical Board guidelines on conducting physical examinations (see [Medical Board of Australia, Guidelines on sexual boundaries in the doctor-patient relationship](#)).

Be alert to signs that a patient is uncomfortable or has withdrawn consent to an examination or procedure.

Avoid commenting on a patient's appearance or making personal remarks.

## References and further reading

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

Avant factsheet – [Boundary issues](#)

Avant factsheet – [Observers: chaperone, protect and reassure](#)

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