

From:
To: [medboardconsultation](#)
Subject: Sexual Boundaries Guidelines
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Submission – Draft Guidelines for Consultation – Sexual Boundaries – A Guideline for Doctors & Patients

19 May 2011

To Whom It May Concern

Firstly, acknowledgment is made of the above Guidelines, also, respect for their purpose and intent .

The Board perhaps implies, but with at present little detail or expansion, that genuine, mature and healthy relationships may ultimately develop between doctor and patient, based on trust, caring and integrity.

(That healthy relationships are nurturing and supportive of good physical and emotional health is not in contention.

Does not the medical profession, including its administrators, support this concept, not just for patients but for doctors as well ?)

I feel there needs to be recognition that such relationships may develop in a non-exploitative way.

I want to share with you my own personal experience.

As a registered Medical Practitioner, I have enjoyed a professional to professional relationship with another registered Health Professional for well over a decade. In the intervening years, this person has attended me on an infrequent basis for largely simple common medical matters, at times attending elsewhere when appointment times/availability dictated. Based on a history of trust, mutual regard and respect, and realising of common goals, likes & interests, we have become friends. (The professional/client relationship is no longer active) .

We are both previously married, and are now both single.

We both wish to continue & develop this relationship, in a mature, thoughtful & considered way.

I would add that I have sought advice from my Defence organisation. The response was essentially “to not go there” , at least without consideration of current guidelines. I was further advised and that the only published precedents were those where disciplinary actions were invoked.

If a forum for open and frank discussion existed (“without prejudice”) , I for one would be prepared to “put my case” .

Below is an excerpt from the current Australian Psychologists Association guidelines dealing with sexual boundaries. I believe it provides clearer definition and positive supportive advice within a reasonable and comprehensible framework.

Prohibitions on sexualising the relationship with current or former clients

Refer to the *Code*, standard C.4. Non-exploitation.

C.4.1. *Psychologists* do not exploit people with whom they have or had a *professional relationship*.

C.4.2. *Psychologists* do not exploit their relationships with their assistants, employees, colleagues or supervisees.

C.4.3. *Psychologists*:

(a) do not engage in sexual activity with a *client* or anybody who is closely related to one of their

clients.

(b) do not engage in sexual activity with a former *client*, or anybody who is closely related to one of their former *clients*, within two years after terminating the *professional relationship* with the former *client*.

(c) who wish to engage in sexual activity with former *clients* after a period of two years from the termination of the service, first explore with a senior psychologist the possibility that the former *client* may be vulnerable and at risk of exploitation, and encourage the former *client* to seek independent counselling on the matter.

...

4.1. *Psychologists* do not engage in solicitation, physical advances, or verbal or nonverbal *conduct* that sexualise the relationship with *clients*. In all professional contexts, *psychologists* do not engage in behaviour that is unwelcome or offensive, or that negatively impacts on the workplace or educational environment.

Perhaps, in conjunction with my story, these guidelines could be reasonably considered in the forthcoming draft proposals.

Your comments and feedback would be very much appreciated.

Signed

Anonymous