RACGP
Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.

6 April 2018

Executive Officer, Medical
AHPRA
GPO Box 9958
Melbourne 3001

E: medboardconsultation@ahpra.gov.au

Dear Executive Officer,

Re: Draft revised guidelines 'Sexual boundaries in the doctor-patient relationship'

The Royal Australian College of General Practitioners (RACGP) is pleased to provide feedback as part of the public consultation on the draft revised guidelines *Sexual boundaries in the doctor-patient relationship*.

The RACGP is Australia's largest general practice organisation, representing over 38,000 members. It has a strong track record of keeping general practice at the forefront of the quality care agenda, supporting its members in the pursuit of excellence in patient care and community service.

We acknowledge the importance of establishing clear parameters for the professional and ethical conduct expected of medical practitioners, and we believe the draft guidelines capture the primary domains of a respectful patient-doctor relationship.

However, the document needs to recognise that the interpretation and application of the guidelines must consider the broader context of a doctor-patient relationship to avoid unwarranted malpractice claims.

Guidance is needed to help protect patients from inappropriate behaviour and harm by doctors, but this should be approached in a manner that does not inflict unwarranted stress and concern to all individuals involved. The guidelines should reflect that informed consent is at the core of medical practice, with doctors fostering patient agency in decision-making (i.e. the doctor explaining the reasoning for a proposed action and the patient deciding whether to provide consent).

As currently written, the RACGP believes the guidelines might have the unwanted consequence of being misused to support unwarranted claims of sexual misconduct by doctors. Routine and important procedures, such as taking a sexual history, could be interpreted as harassment.

Additionally, rigid interpretations about relationship boundaries can have a negative impact on doctors living in small or rural communities, where they may have other roles in addition to their professional role. The inclusion of case scenarios would help doctors understand what constitutes inappropriate behaviour, and reduce the risk of guideline misinterpretation.

We also provide specific comments related to the following areas:

Item 7 – Physical examination

A statement that physical examination is often an essential part of safe clinical practice, and patients might have an expectation of a relevant physical examination, would provide balanced guidance in this section. A doctor's reluctance to conduct intimate examinations due to a fear of sexual assault claims may lead to a delayed diagnosis and place the patient at unnecessary risk. Doctors who choose not to examine a patient should communicate their reasons and make appropriate plans for follow up with another practitioner or with an observer present.

Item 7.1 Use of Observers indicates 'a doctor may choose to have an observer present during an intimate examination of a patient…', including a registered nurse employed by the practice. The RACGP's view is that a staff member/clinic nurse cannot act as an observer due to a conflict of interest. Patients should have access to observers who are independent, trained and accessible. This guidance should also include documentation of the offer and if the patient chooses to, record the subsequent decline of the presence of an observer.

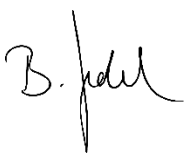
Item 8 – Social Media

Guidance under *item 8 – Social Media* recommends doctors terminate interactions started by patients via social media. As members of the broader community, doctors may be part of online discussion groups and other groups hosted on social media platforms. The way this recommendation is written suggests that doctors should avoid using social media at all costs for risk of breaching a code of conduct.

The RACGP suggests providing advice on how doctors can comply with accepted standards of ethical behaviour by defining the term 'inappropriate contact'. This would include not discussing personal health or medical matters, or other matters of a personal nature that are part of a medical/clinical consultation, on social media channels. Doctors should also be alerted to the risks of developing inappropriate relationships and expectations with members of the public while participating in social media platforms.

Thank you again for the opportunity to comment and we welcome future opportunities for engagement and progression of the issues discussed in this submission.

Yours sincerely



Dr Bastian Seidel
President