



Nova Scotia College of Chiropractors

Guidelines: Prevention of Sexual Abuse of Patients

*Approved by
the Board of
the NSCC*

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1. Introduction

Through legislation, the Nova Scotia Board of Chiropractors (NSBC) has been entrusted with the responsibility of protecting the public by regulating the practice of chiropractic in Nova Scotia. In protecting the public, the Board must be both reactive in responding to complaints and proactive in alerting the profession to changing standards or identified problems in the absence of specific complaints.

The Board recognizes that the doctor-patient relationship, like all relationships where there is an imbalance of power, carries with it the potential for abuse. In the past, there has been reluctance within the health professions to acknowledge and address such behaviours. Attitudes have changed.

The Board is now formalizing its position regarding sexual conduct within the doctor-patient relationship and is now working with the profession and the public to ensure there is a better understanding about what constitutes sexual abuse and to call to account those who abuse the trust placed in them.

These guidelines have been developed so that chiropractors can address their own behaviours and modify their practices as needed. The intent of this document is to educate chiropractors with respect to the issue of sexual abuse in the doctor-patient relationship.

2. Zero Tolerance as it Relates to Chiropractic Practice

The Nova Scotia Board of Chiropractors (NSBC) is committed to a philosophy of zero tolerance of sexual abuse of patients, as defined below. NSBC is developing supportive policies, procedures, practices and educational programs to accomplish this goal.

a.) Objectives

Chiropractors should be able to:

- i.) describe the philosophy and principles of zero tolerance;
- ii.) define sexual abuse, including abusive verbal and physical behaviours.

b.) Philosophy of Zero Tolerance

No act of sexual abuse, as defined below, can be tolerated. Members of regulated health professions, such as chiropractors, are legally and ethically bound to report a member of their own or of a different regulated profession if they believe that person has sexually abused a patient.

The concept of zero tolerance recognizes the seriousness and extent of injury sexual abuse causes the victim and others related to the victim.

Zero tolerance does not preclude professional behaviours that may include physical contact that is helpful and, therefore, acceptable to the patient. A chiropractor must provide a satisfactory explanation of a procedure to a patient prior to conducting an examination or treatment procedure that could reasonably be misinterpreted by the patient as being sexually abusive.

3. What Constitutes Sexual Abuse?

Sexual abuse is defined as any conduct of a sexual nature by a chiropractor, whether verbal, by gesture, by touch, which breaches the respect, trust, modesty or vulnerability of a patient, and which may include sexual impropriety, sexual misconduct and sexual violation.

a.) **Sexual impropriety** is defined as any behaviours, gestures or expressions that are seductive or sexually demeaning to a patient. This may include, but is not limited to :

- i.) inappropriate gowning practices that reflect a lack of respect for the patient's privacy and is less than reasonably required;
- ii.) inappropriate comments about or to the patient,
- iii.) including, but not limited to, making sexual comments about a patient's body or underclothing;
- iv.) making sexualized or sexual comments to a patient;
- v.) inappropriate comments regarding the patient's sexual orientation;
- vi.) making inappropriate comments about the patient's sexual performance;
- vii.) requesting details of sexual history or sexual preference in any situation where this is clearly irrelevant or self-gratifying;
- viii.) initiation by the chiropractor of conversation regarding sexual problems, preferences or fantasies of the chiropractor;
- ix.) not receiving explicit consent from the patient to perform an examination of breasts, genitals and/or anus.

b.) **Sexual misconduct** is defined as any behaviours, gestures or expressions that are sexually demeaning and inappropriate. This may include, but is not limited to:

- i.) performing anal or genital examinations without gloves;
- ii.) performing intra-anal coccygeal adjustments without gloves;
- iii.) unwarranted examination of breasts, genitals or anus;
- iv.) kissing and hugging of a sexual nature;
- v.) touching or massaging breasts, genitals or any body part in a sexualized or inappropriate manner;
- vi.) conducting an exam, or continuing to examine, the breasts, genitals or anus after the patient has refused or withdrawn consent.

- c.) **Sexual violation** is defined as any behaviour that violates the patient's sexual integrity. This may include, but is not limited to:
- i.) sexual intercourse between chiropractor and patient, whether initiated by the patient or the chiropractor;
 - ii.) engaging in any conduct with a patient that is sexual, or may be reasonably interpreted as sexual, such as : sexual intercourse, genital to genital contact and encouraging the patient to masturbate in the presence of the chiropractor or masturbation by the chiropractor while the patient is present.

4. Understanding the Doctor-Patient Relationship

a.) Trust

The doctor-patient relationship is based on trust, which means when patients are attended by a chiropractor they are often quite literally placing their health and their lives in the doctor's hands. They give the doctor their trust and confidence. The chiropractor assumes responsibility for the relationship and must act only in the patient's best interests. Allowing the relationship to become sexualized compromises the doctor's ability to fulfil his/her professional duty.

b.) Vulnerability

The relationship between a doctor and a patient is, by nature, unbalanced. To receive help, patients drop their defences, answer personal questions and often allow the doctor to conduct intimate physical examinations. The transfer of information is one-sided, from patient to doctor. Exposing one's emotional and physical self may leave the patient vulnerable. The doctor must not take advantage of that vulnerability.

c.) Power Imbalance

In seeking a chiropractor, a patient may be in pain, sick or fearful of being sick. The patient depends upon the chiropractor's knowledge and training to make a diagnosis and provide treatment. Doctors are respected for their knowledge, the type of care they provide and the impact their decisions have on their patient's personal and financial health. These factors create an imbalance of power in the doctor-patient relationship.

d.) Transference

The imbalance of the relationship may foster what is known as **transference**. Transference, which is particularly common in the psychotherapeutic relationship, occurs when a patient develops feeling toward a doctor unrelated to the professional care provided. The doctor can come to represent an authority figure. When this happens patients often idealize the doctor and can experience the feeling of "falling in love" with him or her. This idealization places the patient in a position of vulnerability and dependence which may be exploited by the chiropractor. Because of these factors, it is the doctor's responsibility to identify and maintain the boundaries of the therapeutic relationship.

e.) **Effective and Appropriate Doctor-Patient Relationships**

An effective and appropriate doctor-patient relationship is the foundation of chiropractic practice; it is a therapeutic alliance or partnership based on the doctor providing expert opinion, information, options and interventions so that the patient can make informed choices about health care. Participation by patients in decisions regarding their care is not only an ethical requirement but also good practice.

A strong, positive patient-doctor relationship contributes to an effective therapeutic alliance. Within this alliance, the mutual goals of the patient and doctor included positive health outcomes, good communication, honesty, flexibility, sensitivity, informed consent and, above all, respect.

5. Principles For Chiropractic

All registrants should:

- a.) seek opportunities to learn about attitudes and behaviours that are appropriate so that sexual abuse does not occur out of ignorance;
- b.) encourage health-care recipients to report allegations of sexual abuse to the appropriate health regulatory body;
- c.) support sexual abuse victims by encouraging them to seek appropriate professional help;
- d.) recognize that words can be as demeaning as actions to any patient;
- e.) understand that behaviours of a sexual nature which cause another's discomfort will not be tolerated;
- f.) understand that the above principles underlie all professional tasks undertaken by the chiropractor;
- g.) be prepared to be empathetic, supportive and understanding when treating patients who have been victimized in the past.

6. Guidelines For Talking With Patients

a.) **Words**

Remarks of a sexual nature constitute the most common form of sexual abuse of patients. Always speak in words that the patient can understand.

Pay attention to the ways you convey information and to the words you select when speaking to patients by:

- i.) employing the correct vocabulary for body parts and procedures;
- ii.) being particularly sensitive to words that could cause misunderstandings;
- iii.) knowing when to call an interpreter.

Many patients may have language or conceptual difficulties. Realize that the use of charts and diagrams enhances the communication process. Because how they say something is as important as the choice of vocabulary, chiropractors need to understand that they must:

- iv.) use tact and consideration in explaining procedures to patients to avoid causing anxiety;
- v.) not talk about themselves or their problems to patients, this being considered unprofessional;
- vi.) be honest and straight forward and demonstrate respect and concern for the patient;
- vii.) legitimize the patient's fear and embarrassment, which are natural emotions when submitting to chiropractic procedures;
- viii.) reassure patients to demonstrate respect and empathy;
- ix.) provide the patient with an opportunity to ask questions;
- x.) provide the patient with answers within the scope of chiropractic practice;
- xi.) talk directly to patients when working with interpreters or members of the patient's support network;
- xii.) verify understanding of the intended message by rephrasing the message; if necessary, ask the patient to repeat.

The benefits associated with these principles of communication include:

- xiii.) confidence in the chiropractor as a professional;
- xiv.) relaxed and co-operative patients who will make the chiropractor's role easier;
- xv.) patients who are unlikely to be angry or abusive;
- xvi.) a greater understanding of patient's reactions to procedures;
- xvii.) informed patients who are able to make informed decisions;
- xviii.) enabling the patient, especially a previous victim, to enter into a trusting relationship that is by nature unbalanced with the patient in a vulnerable position.

b.) Body Language

Body language, the non-verbal component of language, will convey as much or more to patients as words. Patients may distrust the message if body language contradicts what is being said. Always remember the importance of:

- i.) maintaining appropriate eye contact;
- ii.) adopting an appropriate facial expression to convey concern and proficiency;
- iii.) being careful in your use of physical gestures;
- iv.) respecting your patient's personal sense of space.

Careful use of body language can greatly enhance communication, leading to better understanding and trust between doctor and patient. Since the main goal of communication is mutual understanding, listening is just as important as speaking. You must learn to communicate with your entire being, to listen and carefully observe patients. By learning to listen effectively, you can learn to modify your speech to match the needs of the patient. The benefits of listening and observing are greatly enriched communication and patients who are dignified partners in their own care.

7. Principles of Communication Relating to Touching

a.) Principles

- i.) Obtain the patient's consent.
- ii.) Acknowledge that patients have the right to change their minds about consenting to procedures.
- iii.) Ensure that all touching is done for therapeutic purposes only.
- iv.) Show respect by maintaining the patient's dignity so as not to cause any undue distress or embarrassment.
- v.) Respect, as much as possible, the patient's personal sense of space.
- vi.) Use firm and gentle pressure when touching the patient to give reassurance and produce a relaxed response.
- vii.) Attempt to be as deliberate and as efficient as possible.
- viii.) Understand when to use gloves for reasons relating to quality assurance. In the case of touching sexual areas, understand that the use of gloves decreases intimacy that might be interpreted as sexual.

b.) Consent to Touch

The doctor must recognize that the patient controls consent and that:

- i.) the patient is entitled to know why, when and where he or she is to be touched;
- ii.) consent may be withdrawn at any time during a procedure;
- iii.) agreement, acquired verbally or non-verbally, is required before a patient may be touched;
- iv.) special situations must be identified and possible options anticipated;
- v.) patient concerns can never be ignored and should be dealt with first.

c.) Privacy

- i.) Make patients who must necessarily be partially unclothed as comfortable as possible.
- ii.) Give patients clear instructions about how to wear the gown.
- iii.) Allow patients independence, enough time and privacy while disrobing.
- iv.) Touch only those areas needed to facilitate removal of clothing when providing assistance to disrobe, and preferably, if the patient is female, have a female assistant attend to the matter; likewise, if the patient is male, have a male assistant in attendance.
- v.) Request the patient's permission for students or staff to observe.

d.) Communication Skills Specifically Related to Touching

To avoid perceptions of sexual abuse, make touching an acceptable encounter by:

- i.) providing reassurance and explanations throughout the procedure;
- ii.) involving patients in some aspects of procedure, such as moving themselves in response to clear instructions;
- iii.) encouraging patients to identify affected areas or landmarks when possible;
- iv.) constantly checking for the level of understanding and consent by the patient.

Procedures requiring touching of patients are open to misinterpretation. Ensuring that patients understand at all times what is being done and why will greatly reduce the risk of offence. Considerate touching will encourage the patients to relax and co-operate in ways that will save time and produce better results. Encourage patients to ask questions regarding their chiropractic care at all times.

8. Former Patient

The dynamics of the doctor-patient relationship do not necessarily end with the completing of treatment or as soon as the patient is transferred to another chiropractor. The various factors present in the doctor-patient relationship continue to have an impact and there is always a risk of abuse of power on the part of the doctor since, consciously or not, he/she may use or exploit the trust, the confidential information, the emotions or the power created by the former professional relationship.

In any sexualized conduct with a former patient, the chiropractor has a duty to ensure there is no exploitation by the doctor of the power imbalance between the parties resulting from the earlier doctor-patient relationship. Given the very special nature of the psychotherapeutic relationship, it is rare for a personal relationship to be established between the doctor and the former patient without their previous doctor-patient relationship being exploited in some way.

The following factors should be considered before sexualized conduct with a former patient is established:

- a.) type and duration of the therapeutic relationship (limited versus long-standing therapeutic relationship);
- b.) the chiropractor's and the patient's understanding of the dynamics of the doctor-patient relationship;
- c.) the chiropractor's and the patient's understanding of the boundaries involved in a doctor-patient relationship;
- d.) the circumstances surrounding the termination of the doctor-patient relationship;
- e.) the doctor's and the patient's knowledge of the concept of transference and whether it is still present;
- f.) the chiropractor's ability to report feelings honestly;
- g.) the degree of vulnerability of the patient.



The *Guidelines* may be used by NSCC in conjunction with the regulations to determine whether a member's conduct is "unprofessional". If the conduct is "unprofessional", the member will have committed professional misconduct as defined in the Nova Scotia Chiropractic Act and the regulations to the Act.

The authors of this document wish to acknowledge the policies on sexual abuse developed by various Canadian Colleges of Chiropractic and other regulatory bodies which have been incorporated into this document.