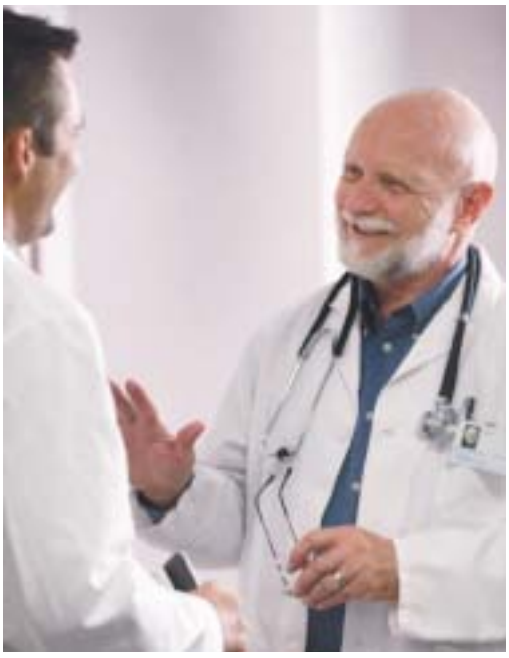
Untangling the Web of Relationship Boundaries



James Rourke, MD, CCFP(EM), FCFP, MCISc, and Leslie Rourke, MD, CCFP, FCFP, MCISc

Having friends and colleagues as patients adds a rich dimension to medical practice, but it also brings with it the potential for serious relationship boundary issues and conflicts. For many physicians, this represents an area of practice that is challenging and troubling. Unfortunately, it is not often talked about, nor taught. Those of you who have been in practice for many years will have experienced many potential relationship boundary conflicts, some similar to the examples presented in this article. New physicians may be worried about such situations arising.

For physicians in rural practice, patients, friends and relationship boundary issues are almost a daily fact of life, as one can't really choose to have either no friends or no patients. Physicians in larger communities may face particular boundary issue challenges when treating colleagues or members of an interconnected social group, such as their church, ethnic group or recreational group. Even physicians in specialties, such as radiology or pathology, are not immune from these challenges. As patients, when we find ourselves requiring an x-ray, ultrasound or biopsy, we will often sneak a peek at the results with the radiologist or pathologist before our surgeon or family doctor may even have been given the results. This may put our radiology and pathology colleagues into the uncomfortable role of being the bearer of bad news.

The physician is often perceived to be at the centre of many relationships, however, he or she may feel they are in the middle of a tangled web (Figure 1). Having colleagues and friends as patients comes with serious risks, including blurred boundaries, omission, assumption, loss of objectivity, conflicting loyalties and breach of confidentiality.[1-4] To help untangle the web, let's discuss some examples of relationship boundary challenges.

Blurred Boundaries

Example 1 — "Please call me." You are a 75-year-old widow on multiple medications for hypertension, diabetes, angina and congestive heart failure. Your family lives in another province. At the last visit to your doctor (and friend), she seemed concerned about you and

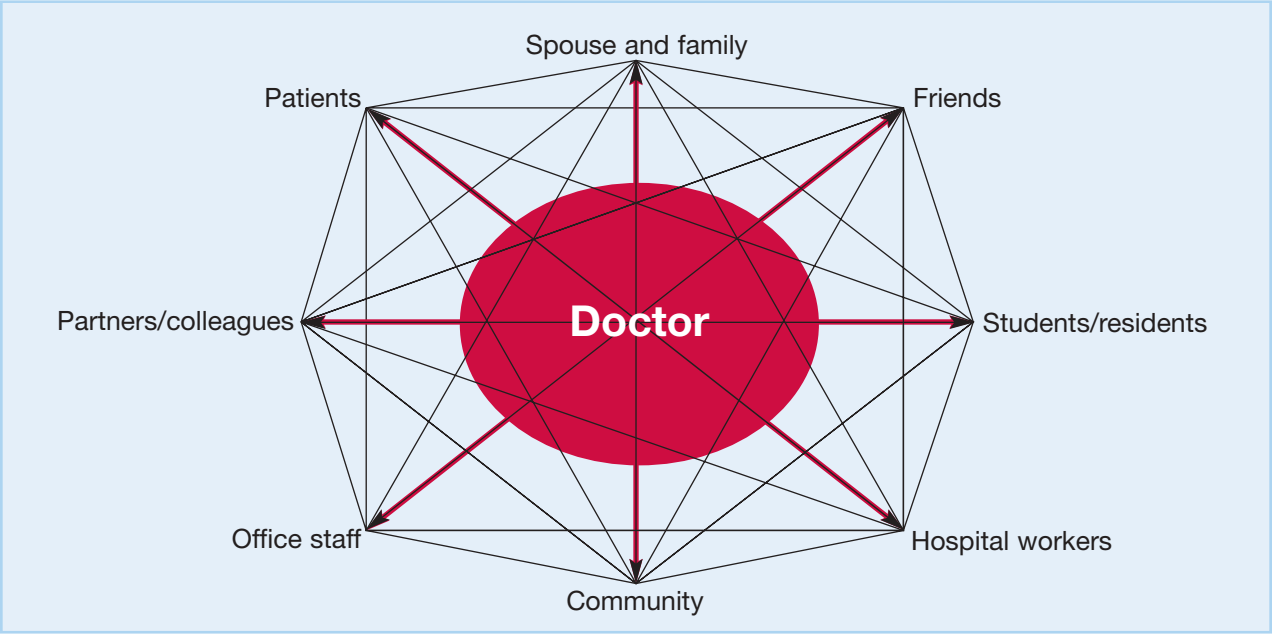


Figure 1. The physician is often perceived to be at the centre of many relationships. This may feel like a tangled web.

said, "If things get worse, please call me." It is now Sunday morning and you feel very short of breath and frightened.

Example 2 — "Ready to go." It is Sunday morning and you, your spouse and children are packed and about to leave for a day at the beach. Everyone has been looking forward to this all week. You are not on call. The telephone rings. It is your patient/friend calling.

These examples represent both sides of the same coin. On the one side, it shows how easy it is for us as physicians to say things like: "If things get worse, please call me. I'm here to help you." Such implicit and explicit signals can be misleading or confusing, particularly to patients who are friends, or colleagues who have access to not only our home phone number, but our home address.

Dr. James Rourke is a professor, department of family medicine and assistant dean, rural and regional medicine, University of Western Ontario, and a rural family doctor in Goderich, Ontario.

Dr. Leslie Rourke is an adjunct professor, department of family medicine, University of Western Ontario, and a rural family doctor in Goderich, Ontario.

Relationship Boundaries

We all need protected time for our families and ourselves, and need to arrange time off by sharing our on-call responsibilities with trusted colleagues. Making those arrangements explicit in nature can result in your patient receiving care from colleagues when needed, while still allowing you to have a life for yourself and for your family. The importance of such protected family time was highlighted by the play "One Day Off" by Dr. Don Gorsche at the 4th World Rural Health Conference.[5]

Example 3 — "To treat or not to treat." You are a physician/teacher in a small town. Your resident is ill and asks you for medical care.

Example 4 — "To treat or not to treat." Your student has had an increasingly severe productive cough and looks ill, yet is struggling to continue to work.

Example 5 — "The slippery slope." You are a physician/teacher and you see your current resident out at the movies, kissing a hospital nurse (who is also a patient in your practice and has seen the resident in the past).

Examples 3 and 4 outline two situations that are best avoided by having explicit arrangements for students and residents to have their own physician.

The situation in Example 5 should have at least a prompt discussion around the provincial rules for physician relationships with patients. These can be particularly challenging for rural physicians who, over the course of many years in practice, may have seen many eligible potential partners either through their own practice or while on-call for other physicians' practices.

There are many examples of doctors who have had longstanding marriages with former patients. Given the potential problems of having intimate relationships with patients, it would be prudent for any physician considering such a possibility to carefully review their respective College of Physicians and Surgeons rules and regulations, and reflect on the contextual circumstances and the relationship boundary issues involved before proceeding.[6-9]

Loss of Objectivity

Example 6 — "Can't you do something?" Your very dear friend is dying of cancer. Your physician/spouse is your friend's doctor. You cannot bear to see your friend in pain, and wonder why your physician/spouse cannot better control it.

Example 7 — "How can I help?" Your dear friend and patient is dying of cancer at home, and is under your care. Increasing doses of morphine are needed for pain control. Because of your feelings of grief, you have difficulty coping with your patient's needs for care and comfort.

As patients and doctors, we hope and strive for compassionate care combined with clinical objectivity, as so well stated by Yudkin: "Caring practice is the need to walk a tightrope by being neither heartless nor paralyzed by emotion."[10] In clinical situations of serious illnesses involving friends or colleagues as patients, maintaining the objectivity necessary for good clinical care can be very difficult.

Open communication helps, but, at times, it is advisable and even necessary to share with or transfer care to a colleague and give priority to the friendship role.

Conflicting Loyalties

Example 8 — "Oh, no." Your physician colleague, who is also your patient, confides in you that he has become depressed and is drinking heavily. You notice that his work is becoming sloppy.

Relationship Boundaries

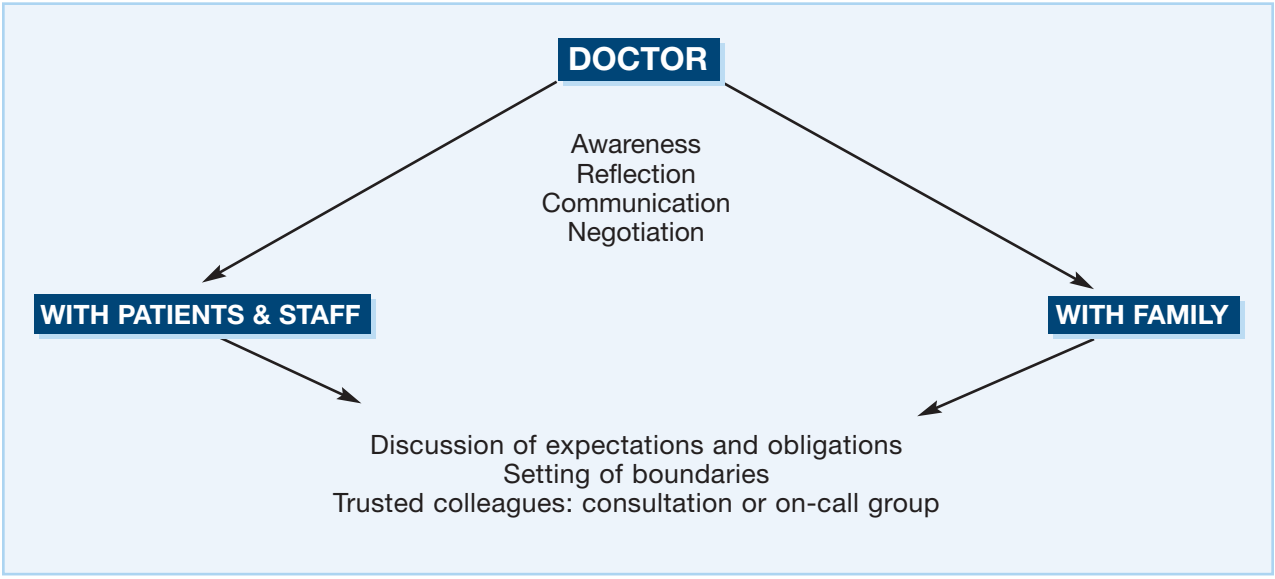


Figure 2. Strategies for dealing with complex relationships.

Example 8 brings up issues of conflicting loyalties and the difficult roles we undertake or that have been thrusted upon us as physicians. Sometimes, in our fiduciary responsibility to our patients and colleagues, we need to report physician misbehaviors to the appropriate authority.

In the long run, most of these situations are best served by having the courage to act honestly and early when assisting one's colleague to get the help required.

Breach of Confidentiality

Example 9 — "Conception or contraception." You are the 15-year-old daughter of a physician. You and your boyfriend have been having unprotected sex for several months. You are afraid to go to your doctor for contraceptives in case your parents are told. Your doctor and your parents are very close friends.

Example 9 raises some of the difficulties for families of physicians. These situations can involve fear of confidentiality breaches and blurred boundaries, particularly for families of physicians who practice in small communities where both physicians and their families are highly visible. Treating one's family as a physician is fraught with hazard and is to be avoided in all but the most minor or unavoidable emergency problems.[11]

Assumption and Omission

Example 10 — "Just a minute..." Your colleague stops you in the hospital corridor and asks you to write out a prescription.

Example 10 highlights important risks that can be common to many doctor-patient relationships. It demonstrates how easy it is for the patient or the physician to omit a key point of the history because either the patient or the physi-

cian assumes that they know the story. As well, it may be an awkward topic or issue to raise, particularly in a situation where there is little time or privacy. In these cases, confidentiality can easily be breached. Lack of objectivity is often a problem and can result in either over- or under-treating. Over-treating occurs by being extra cautious and ordering excessive tests just to be sure, while under-treating is characterized by avoiding tests, procedures or medications in an attempt to be confident and reassuring or to avoid discomfort.[1]

Conclusion

It is impossible for physicians to avoid boundary issues when caring for friends and colleagues as patients. The examples in this article represent just a few of the complex relationship boundary challenges encountered. Friends and colleagues as patients, as well as the physician, are best served when the relationship issues are well communicated and explicitly dealt with in order to avoid or minimize potential conflicts. Strategies for dealing with complex relationships are summarized in Figure 2. Some physicians approach this issue without any clear boundaries, while others take an overly rigid approach. The authors suggest that most situations are best dealt with by a structured, yet flexible approach, which provides compassionate care while maintaining boundaries that are appropriate for, and agreeable to, both the physician and the patient.

Each physician, each patient and each situation is uniquely complex. But with a little understanding, planning and diligence on the part of the physician, he or she can stop feeling entangled by the web of complicated relationships and become enriched by the strength of the bonds created. CME

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