

STANDARDS OF PRACTICE

SEXUAL CONDUCT

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Optometrists must maintain professional boundaries with their patients and not exploit them in any way. The following issues are pertinent to situations where the patient-optometrist relationship may be compromised by sexualized behaviour.

- Trust is the basis of the patient-optometrist relationship.
- The onus is always on the optometrist to maintain professional boundaries with a patient and not to exploit the patient in any way. The nature of a fiduciary relationship makes a consensual sexual relationship between an optometrist and patient impossible.
- The patient is considered to be the vulnerable individual in the professional relationship between an optometrist and a patient.
- Power imbalance exists in the patient-optometrist relationship, and the risk for abuse may develop as a result of the power imbalance.
- Sexualized behaviour in the patient-optometrist relationship is never acceptable. A breach of sexual boundaries has potential for significant harm to the patient as the optometrist cannot provide objective care when a sexualized relationship exists.

Furthermore, sexual relationships are not possible according to the Standards of Practice (A. General Principles of Optometric Practice). Applicable principals are listed below:

1. Optometrists practice ethically
2. Optometrists practice in consideration of the individual rights, interests and consent of their patients
3. Optometrists practice to achieve appropriate outcomes in the interest of individual patients
4. Optometrists maintain fiduciary relationships with their patients

The Optometric Professional Bylaws (5.1) (a) and (h) also restrict sexual misconduct, as optometrists vow to accept primary concern and to maintain at all times the dignity, honour and integrity of the profession.

Inappropriate Behaviour in the Patient-Optometrist Relationship

The following are examples of behaviour that are considered inappropriate:

- Altering or removing a patient's clothing
- Sexually demeaning or suggestive comments
- Requests for "dating"
- Sexualized touching, fondling, hugging, kissing, and petting
- Sexual intercourse

Behaviours that are considered inappropriate are not limited to behaviours listed above.

Termination of a professional relationship in order to pursue a sexual relationship has always been considered to be unethical.

Precautions in Practice

Consideration should be given to the following:

- An optometrist should be careful to ensure that any remarks or questions that are asked cannot be construed as demeaning, seductive or sexual in nature
- When sensitive subjects, such as sexual matters, have to be discussed, the optometrist should explain why the questions have to be asked, so that the intention cannot be misconstrued
- Hugging and/or kissing a patient is considered high risk behaviour that can be misinterpreted. Any touching that is not part of the physical examination must be of a type that cannot be misconstrued
- Although chaperones are not mandatory, an optometrist should consider carefully whether a chaperone would contribute to an individual patient's feeling of comfort and security. Also, a chaperone may protect the optometrist from unfounded allegations. If a patient asks to have an appropriate support person in the room, that request must be honoured
 - The scope of the examination and the reasons for examination should be explained to the patient
- An optometrist should be mindful of the particular cultural preferences in the diverse patient population
- Every optometrist should minimize personal vulnerability by appropriate recognition and attention to personal illness, stressors, and emotional needs
- When any questions or concerns arise, the optometrist should feel free to contact the College for advice or direction

Ethical Duty to Report

Optometrists have responsibilities regarding the reporting of sexual misconduct by another registrant to the College.

Subject to the patient's consent, the optometrist has an ethical responsibility to report to the College if a patient discloses information that leads the optometrist to believe that another optometrist may have acted improperly with an adult patient. To assist in such instances, the following guidelines are provided:

- The optometrist must provide the patient with information on how to file a complaint with the College
- If the patient does not wish to file a formal complaint immediately, then the optometrist must offer to file a third-party report with the patient's written consent
- If the patient does not give permission to proceed, then the optometrist has fulfilled the ethical duty in the case of sexual misconduct involving a patient. The optometrist should document the event, indicating that the patient does not wish a complaint or third-party report to be made to the College
- Patient consent is not required in the case of suspected sexual abuse of a minor. In Saskatchewan, you have a legal obligation to report suspected abuse of a minor, even if you believe a report has already been made

Adjudication of Sexual Misconduct Complaints

All allegations of sexual misconduct must be carefully investigated and reviewed by the College. Each situation is considered on its own merit, carefully taking into account factors such as:

- The nature of the patient-optometrist relationship
- The patient's vulnerability including:
 - the presence of a disorder likely to impair judgment or hinder independent decision-making
 - age under 19

Optometrist factors including:

- previous sexual misconduct
- degree of exploitation
- impairment
- actual or threatened bodily harm or violence

For more information on the complaint process and procedure on concerns of sensitive or intimate nature, please contact the Registrar of the Saskatchewan Association of Optometrists.