



Dating patients – is it ever okay?

Health professionals might sometimes question if it's ever ok to date a patient. Most would say the answer to that is a straight-out no. Then there are variations to that question — “What if I end the therapeutic relationship first?”, “What if they were my partner before my patient?”, “Can I date my patient’s parent or child?” and “Is it ok if the patient asks me out?”. Unfortunately, these additional questions show that this area can be complex, and not straightforward to navigate.

The information below will provide you with suggestions for how to handle these situations appropriately and professionally.

Treating family members

Treating family members doesn't usually feature in people's thinking when they

consider the complexities of dating a patient. However, whether that patient is the spouse, parent, or cousin, there's still a personal relationship with the patient. Treating family members isn't ideal and there are potential complications that need to be considered.

- > Practitioners can feel obliged to treat their family members when asked to. Yet practitioners shouldn't feel they have to say yes. If you would prefer to not treat your family members, think about why not and how you'll explain this to them if asked. Having a response ready will assist when dealing with a potentially awkward situation appropriately.
- > When practitioners treat family members, professional standards and expectations can drop away.

Informed consent processes may not be followed as they should be, and clinical records can be lacking in detail. All health practitioners should understand the importance of and reason for informed consent and detailed clinical records – and professional expectations and requirements regarding these must always be met.

- > Treating family members can blur personal and professional relationship boundaries that may impact the care provided. Will that family member be completely honest about their health history and symptoms with you, especially if somewhat personal? Will you be able to be as objective with them as you should be with all patients?

- > If you do treat your family members, you should only do so in your clinic. Keeping treatment to the treatment room helps to maintain the professionalism of what you're doing and lessens the likelihood of professional boundaries being blurred. Also, treating in a clinic room makes it easier to maintain usual standards with informed consent and record keeping.
- > Most private health insurers don't allow for rebates to be paid when treatment has been provided to a family member, and they have strict rules regarding who's family. Both the practitioner and the patient need to be aware of the financial implications before treatment commences and should check with the insurer to be sure.
- > When deciding whether to treat a family member, it's best to think about what could go wrong before it does. If treatment doesn't provide the patient with the outcome they were anticipating, this could complicate not only the treating relationship but also the personal family one.

Forming relationships with patients

Practitioners who form personal or intimate relationships with patients can face severe penalties from their regulator due to unprofessional conduct. These relationships breach professional boundaries which can affect the quality of care provided as well as a practitioner's professional reputation.

- > Some practitioners would state they'd never begin a relationship with a patient yet have done so with a family member of the patient, such as a parent or a child who's attended appointments with their relative. However, these relationships still contribute to blurring the professional relationship with the patient. The family member is attending appointments as part of the care team and a personal relationship beginning under these circumstances may impair objectivity and decision making.

- > Ending a treating relationship to begin a personal one can also be viewed as professionally inappropriate, especially when there's little time between the two relationships. Practitioners need to consider the vulnerability of the patient and the power imbalance of the treating relationship.
- > A patient asking out the practitioner, rather than the other way around, doesn't make a personal relationship appropriate or acceptable. Patients often don't understand the professional expectations placed on health practitioners, and it's always the responsibility of the practitioner to adhere to these. Practitioners should consider the possibility of being asked out by a patient and how they'll respond before it occurs, to be prepared to deal with a challenging situation.
- > Forming friendships with patients can be as problematic as intimate relationships. There's still a blurring of the professional

relationship and professional boundaries, plus the friendship can be impacted by the power imbalance of the treating relationship.

- > Practitioners who work in small remote locations often point out that many of their patients are friends or at least acquaintances in some form. While maintaining a separation between patients and people you're in personal relationships with is more challenging in some locations, it's important to remember that your location doesn't negate the need to adhere to professional obligations.

To better understand obligations regarding relationships and boundaries, it's recommended all health practitioners make themselves familiar with their relevant Code of Conduct. You can also contact your professional association for further advice and support.



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