



## Standard of Practice respecting the Prohibition of Sexual Relationships with Patients

### Purpose and Objective

1. To educate members of the New Brunswick Chiropractors Association (“the Association”) and the public that the Association has a definition of, and prohibition against, behaviour and activities that constitute sexual misconduct.
2. To ensure that both Association members and the public are aware that the Association is unreservedly committed to protecting the public from all forms of sexual misconduct.

### Definitions and Context within this Standard of Practice

The authority vested in a Doctor of Chiropractic may exert emotional influence over a patient. Behaviour or activities that take advantage of that influence or authority, or may be reasonably seen to do so, is profoundly unethical and unprofessional. A Doctor of Chiropractic must be particularly sensitive to this issue as they often treat patients employing very “hands on” procedures. It is never acceptable to use a clinic or treatment setting as a place to initiate personal relationships or dating opportunities.

“**Sexual misconduct**” encompasses any behaviour or activity that constitutes sexual abuse of patients as set out in s. 57 of the *Chiropractors’ Act*, 1997 (“the Act”), and also extends to any behaviour or activity, whether physical or verbal in nature, that exploits the chiropractor/patient relationship in a sexual way. Sexual misconduct expressly includes, without limitation, the following:

- sexual intercourse or other forms of physical sexual relations between a member and a patient;
- touching, of a sexual nature, of a patient by a member;
- verbal comments or expressions of thoughts and feelings by a member that are sexual in nature or that may reasonably be interpreted to be sexual in nature; and
- gestures or actions by a member that are sexual in nature or that may reasonably be interpreted to be sexual in nature.

For the purposes of this Standard of Practice, sexual misconduct is sub-divided into two levels. Behaviours or activities listed in either level shall lead to disciplinary action by the Association if the behaviour or activity was in the context of a chiropractor-patient relationship.

#### LEVEL I – Sexual Violation

**Sexual violation** encompasses any physical contact or conduct with a patient that is sexual in nature or may reasonably be interpreted to be sexual in nature, whether consensual or non-consensual.

The following non-exhaustive list of behaviours and activities, when occurring between a chiropractor and a patient, and whether initiated by the chiropractor or the patient, constitute a sexual violation:

- sexual intercourse;
- genital to genital contact;
- oral to genital contact;

- kissing in a romantic or sexual manner;
- encouraging the patient to masturbate in the presence of the chiropractor or masturbating by the chiropractor while the patient is present;
- touching the patient’s breasts, genitals, or any sexualized body part for non-therapeutic reasons;
- touching the patient’s breasts, genitals, or any sexualized body part for therapeutic reasons where the patient has refused or has withdrawn consent for such examination or treatment;
- offering to provide practice-related services in exchange for sexual favours;
- penetration of anal verge without therapeutic reasons;
- dating a patient involved in active treatment, except as otherwise permitted by this Standard; and
- any other physical contact or conduct that may reasonably be interpreted as sexual in nature.

## **LEVEL II – Sexual Impropriety**

**Sexual impropriety** encompasses all other actions, behaviours, comments, expressions, or gestures that are, or may reasonably be interpreted as, seductive in nature, sexually suggestive, or sexually demeaning to a patient. Sexual impropriety includes activities and commentary of a nature that would commonly be considered “sexual harassment”. The following non-exhaustive list of behaviours and activities, when occurring between a chiropractor and a patient, whether initiated by the chiropractor or the patient, regardless of the presence of consent, and whether or not specifically directed at the patient, constitute sexual impropriety:

- inappropriate or non-clinical comments about a patient’s physical appearance including body shape, size, weight, or style of dress, including any comments relating to a patient’s undergarments;
- inappropriate or non-clinical comments about a patient’s sex life, sexual habits, sexual orientation, or relationship with a sex partner;
- requesting clinically irrelevant information such as sexual likes or dislikes or details of a patient’s sexual history;
- participation, by the chiropractor, in clinically irrelevant conversation regarding the sexual problems, preferences, or fantasies of the chiropractor or of the patient;
- participating in idle chatter of a sexual nature with or about a patient, which may or may not include graphic sexual descriptions;
- inappropriate or non-clinical telephone calls with or about a patient containing sexual content or sexual overtones;
- gowning or disrobing practices that reflect a lack of respect for a patient’s personal privacy and dignity;
- jokes, jesting, kidding, teasing, innuendos or taunting about sex or gender-specific traits;
- gender-based insults or sexist remarks;
- making suggestive or insulting sounds such as whistling, wolf-calls or kissing sounds;
- providing pseudo-medical advice with sexual overtones;
- mocking of a sexual nature about things such as the way a person walks, talks or sits;
- rough and vulgar humour or language; and
- using the chiropractor-patient relationship to solicit a date.

Nothing in this Standard of Practice precludes a member of the Association from providing treatment to his or her spouse. For the purpose of this Standard, “*spouse*” is interpreted to include a partner in a legally-constituted marriage as well as a common-law partner with whom a member has continuously resided at the same address for a minimum of two (2) years.

Prior to the commencement of any romantic or sexual relationship between a chiropractor and a patient, the following conditions must be met:

1. Active treatment must be terminated by agreement between both parties;
2. The agreement to terminate treatment must be clearly documented in the patient chart and must be signed by both the chiropractor and the patient;
3. If the patient requires ongoing treatment, appropriate referrals must be made and clearly documented in the patient chart; and
4. Any outstanding financial issues regarding the patient account must be settled immediately.

### **Enforceability**

Any member identified to the Complaints Committee as non-compliant with this Standard of Practice will be subject to the investigations and discipline process under Section 33 of the *Act*.