Sexual Behaviour Code in the Healthcare Profession

The need for a good therapeutic relationship between the healthcare practitioner and those who are subject to his/her care is recognised as extremely important for effective care and treatment of patients. Boundaries create an acceptable environment for patients to disclose personal information to the healthcare professional and allow the patient to be confident when submitting to examination. This principle is given some acknowledgment in the guidance published by both the Nursing and Midwifery Council and the General Medical Council, both emphasise the need to respect patients’ dignity. The GMC has published more specific guidance than the NMC regarding the need to maintain professional boundaries and avoiding pursuing a sexual or emotional relationship with patients.¹

Unfortunately, there have been cases in which practitioners have been found to have acted in a sexually inappropriate way towards patients. Examples of this arose and came under investigation in the Ayling and Kerr-Haslam inquiries. Healthcare professionals had continued to abuse vulnerable patients in those cases, despite complaints having been made. One of the failings identified by the enquiries was that complaints, particularly those made by mental health patients, were dismissed and not taken seriously. It is, of course, extremely important that such allegations are investigated properly, balancing the needs and rights of the complainant with those of the staff member who has been accused of the inappropriate behaviour.

¹ Maintaining boundaries (November 2006)

Hospitals and care homes should consider introducing a policy, where one is not already in place, regarding the sexual boundaries between staff and patients. This should emphasise that the therapeutic relationship with a patient is based on trust and patients should be able to rely on the fact that any treatment they receive will be in accordance with their best interests. Policies should also make it clear that professionals have a duty to report concerns about other members of staff where they have suspicions that another member of staff has been acting inappropriately. The Council for Healthcare Regulatory Excellence (CHRE) is due to publish guidance setting out “clear sexual boundaries between healthcare professionals and patients”. This work is part of a project on sexual boundaries commissioned by the Department of Health.

The guidance, which is currently in draft form, lists what constitutes unacceptable behaviour and states that health professionals must establish and maintain clear sexual boundaries. It also states that obtaining a patient’s consent does not justify sexual relationships.

The sort of behaviour that is defined as being “unacceptable” includes asking the patient for a date, asking for sex, physical examinations that are not clinically justified, sexual humour during examinations, watching patients undress, inappropriate demeaning comments and requesting details of sexual history or preference that are not clinically relevant.
The guidance emphasises that relationships with vulnerable patients can be particularly ethically inappropriate given the harm that might result to the patient. The guidance suggests that professionals attracted to patients should seek advice from a colleague and may have to hand over treatment. It also states that relationships with ex patients are generally not acceptable unless clinical contact was minor or temporary.

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