



## Sexual Boundary Violations

**Standards of Practice** of the Yukon Medical Council (“the Council”) are the minimum standards of professional behavior and ethical conduct expected of all physicians registered in the Yukon. Standards of Practice will be referenced in the management of complaints and in discipline hearings.

- (1) A physician must maintain professional boundaries in any interaction with a patient and must not sexualize any interaction with a patient through conduct including, but not limited to, the following:
  - (a) providing inadequate draping;
  - (b) failing to provide privacy while the patient is undressing or dressing;
  - (c) being judgmental of a patient’s sexual orientation or activities;
  - (d) sexualizing comments, gesture or tone of voice;
  - (e) requesting details of a sexual history when not medically indicated;
  - (f) failing to obtain informed consent for intimate or sensitive examinations;
  - (g) using unorthodox examination techniques including inappropriate touching of the breasts, genitalia, or anus;
  - (h) sexualizing body contact including frotteurism, kissing, hugging or fondling;
  - (i) socializing with a patient in the context of developing an intimate relationship; or
  - (j) making physician-patient sexual contact.
- (2) Subsection (1) is not a prohibition against hugging in appropriate circumstances but is focused on the sexualization of physical contact with the patient or the patient’s family.
- (3) A physician must not:
  - (a) initiate any form of sexual advance toward a patient or a person with whom the patient has a significant interdependent relationship such as a parent, child or significant other;
  - (b) respond sexually to advances made by a patient; or
  - (c) initiate any form of sexual advance toward a previous patient where there is a risk of “power imbalance” from the previous physician-patient relationship.
- (4) In the absence of risk of a continuing power imbalance, a physician must not have any sexual or intimate involvement with a former patient for a period of time after the last physician-patient encounter depending on the nature and extent of the physician-patient relationship.
- (5) A physician who has had a psychotherapeutic relationship with a patient must not engage in a sexual or intimate relationship with that patient at any time during or after the conclusion of the psychotherapeutic relationship.

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### Terms used in the Standards of Practice:

- *Physician* means any person who is registered or who is required to be registered under the Medical Profession Act
- *Must* refers to a mandatory requirement.
- *May* means that the physician may exercise reasonable discretion.
- *Patient* includes, where applicable, the patient’s legal guardian or substitute decision maker.

- (6) A physician who is uncertain about these obligations should consult the Council before entering into a sexual or intimate relationship with a patient or a former patient.
- (7) A physician must not enter into a sexual relationship with a learner such as a medical student, health professional learner, graduate student, resident or fellow while they are responsible for teaching and/or evaluating that learner.
- (8) Physicians at all levels of training and position can be involved in teaching and supervision of more junior physicians or learners; therefore, in recognition that relationships may have developed prior to the establishment of a teacher/learner relationship, physicians who find themselves in this position must:
  - a) notify the Academic leader of the relationship;
  - b) remove themselves from any teaching or evaluation of the learner; and
  - c) remove themselves from any discussion of the learner's professional conduct or evaluation.

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