

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

POLICY 94 - 001

GENERAL GUIDELINES RELATED TO THE MAINTENANCE OF BOUNDARIES
IN THE PRACTICE OF PSYCHOTHERAPY BY PHYSICIANS (ADULT
PATIENTS)*

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INTRODUCTION

The maintenance of appropriate professional boundaries between doctor and patient is clinically and ethically central to the practice of psychotherapy. Attention to boundary issues helps both to enhance the effectiveness of the therapeutic process and to avoid exploitation of patients. Although each case in which questions about appropriate boundaries arise must be considered in its context, some general guidelines can be articulated in this area.

GUIDELINES

The Board of Registration in Medicine is charged by statute with regulating the practice of medicine "in order to promote the public health, safety, and welfare ." Within the scope of the Board's authority is the responsibility to define the safe practice of medicine as well as conduct which falls outside such practice. In seeking to provide a better understanding of the expectations it holds for physicians practicing in this state, the Board believes it is useful to issue guidelines which discuss appropriate and inappropriate conduct in areas in which issues of safe practice frequently arise. Guidelines should be distinguished from rules and regulations: these guidelines are intended to identify a framework for the practice of psychotherapy. Generally speaking, when following the guidelines, physicians need provide no further

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justification for their behavior. Although practice outside the guidelines may be appropriate under some circumstances, such deviations must support therapeutic objectives.

For the purposes of these guidelines, the practice of psychotherapy (in contrast to "counseling" as done routinely in most forms of medical practice) is defined as the intentional use of verbal techniques to explore or alter the patient's emotional life in order to effect symptom reduction or behavior change. Although psychiatry is the medical specialty most often associated with psychotherapy, other physicians may also engage patients in regular sessions described above as psychotherapy. Psychiatrists may offer medical treatments instead of psychotherapy or as an adjunct to psychotherapy. These guidelines apply to all physicians who hold themselves out as practicing psychotherapy or who engage patients in regular sessions as described above.

Since the boundary conditions of psychotherapeutic practice fall into a number of categories, guidelines relating to boundaries must address each of these separately:

Establishing and maintaining boundaries in a psychotherapeutic relationship: Establishment of boundaries for a psychotherapeutic relationship should begin early in therapy. Although appropriate boundaries may vary with the psychotherapeutic approach employed, the physician, and not the patient, bears the responsibility for defining and maintaining proper personal distance in the relationship. Maintenance of boundaries requires ongoing attention. Boundary crossings should occasion thoughtful review by the physician of whether corrective actions are required.

Appointment place and time: In general, physicians practicing psychotherapy should see their patients in the setting, at the hours, and in the allotted periods of time that are appropriate to this mode of treatment. This generally means that treatment should take place during the physician's usual working hours and in an office setting. Home offices are appropriate, provided the usage is separate from the physician's general living quarters.

Some of the exceptions to the usual practice of restricting treatment contacts to office settings include behavioral therapy (e.g., in vivo desensitization); supportive therapy (e.g., meetings in the hospital cafeteria with a severely regressed inpatient); home visits to the homebound or through an organized outreach effort; visits to hospitalized patients; or emergency situations.

Billing practices: Fees charged to patients for psychotherapy, along with arrangements concerning billing for missed or canceled sessions, telephone contacts, vacations, and so forth, should be negotiated early in the doctor-patient relationship. It should be clear to both parties how insurance coverage will be applied to the fees. Physicians' bills should accurately reflect the services that were rendered. It is not appropriate to collude with patients to render inaccurate bills, even when the goal is to increase third-party coverage available for patients' treatment. There is a long and accepted tradition to charge reduced fees or to reduce or forgive outstanding balances when patients are otherwise unable to afford care. Barter arrangements as payment for treatment are problematic and generally should be avoided.

Other economic relationships: A physician should never exploit the physician-patient relationship for personal gain. While some economic relationships may be impossible to avoid (patient owns the only auto repair shop within a reasonable distance) or may be sufficiently remote (patient owns stock in a large department store where physician shops), it is essential that the patient not be exploited and that the therapy not be compromised as a result of any economic relationship. Economic relationships that should be avoided include selling objects or services (other than medical services) to the patient; employing or being employed by the patient; and entering into joint ventures with the patient. When considering the purchase of an object or service from a patient, a physician must ensure that such a purchase is never exploitive, confusing or harmful to the psychotherapy.

Physical contact: Physical contact with patients is appropriate for the purposes of physical examination and medical treatment, consistent with the psychotherapeutic treatment being provided. Beyond these legitimate medical purposes, physicians practicing psychotherapy generally should limit physical contact with their patients to a

handshake at the start or end of a session when this seems called for. When patients are distressed, a comforting pat of reassurance on the hand or shoulder may also be appropriate. Physical contact that goes beyond this may be perceived as flirtatious or sexual and should be avoided. More explicit sexual contact and outright flirtatious behavior is not permitted. Behavioral therapies may legitimately involve other forms of non-intimate physical contact in a public setting.

Self disclosure: Self-disclosure, in general, should be kept to a minimum in psychotherapy. There are, however, a few circumstances in which self-disclosure may be appropriate. First, patients have a right to know the physician's training and qualifications when deciding whether to establish a physician/patient relationship. Second, in the treatment of addictions, disclosure of the psychotherapist's own history of substance abuse treatment has become common. Finally, there are infrequent occasions when self-disclosure can have an important therapeutic impact. These situations need to be well thought out, and it must be clear that these disclosures serve the patient, not the therapist. It is never appropriate for physicians practicing psychotherapy to discuss their own current emotional problems or to disclose details of their sexual lives.

Gifts: Many physicians practicing psychotherapy will discourage patients from presenting gifts, preferring to discuss with them the feelings underlying their desire to offer a gift. However, it is not inappropriate for physicians to accept gifts of minimal value from psychotherapy patients. Physicians should not accept gifts of substantial value or of a sexual or intimate nature from psychotherapy patients.

It may be appropriate for patients to express their gratitude for the care they have received by making a voluntary gift or donation to the organizations or facilities for which their physicians work. In such cases, if gifts are of substantial value, it is preferable for patients to discuss their interests in making donations with an independent physician, to make sure that patients are not being exploited.

There may be occasions on which it is appropriate for physicians to present gifts to psychotherapy patients. Gifts of small value may be

useful in establishing therapeutic relationships with adolescents and severely regressed adult patients. Physicians may also present gifts to mark important occasions in psychotherapy patients' lives, e.g., the birth of a child. Physicians should never present gifts of substantial value to their psychotherapy patients. Gifts should never be of a sexual or intimate nature.

Non-sexual social relations: Certain social relationships with patients may be impossible to avoid, especially in small towns and in certain subcultures (e.g., when the patient runs the only hardware store in town, when the patient has a child in the same school as the physician's child, or when the patient has chosen the physician for psychotherapy because the doctor is known to belong to the same religious or cultural group as the patient). In such situations, the doctors practicing psychotherapy still have some obligations as physicians, even when not acting in the physician role, and should take special care to respect the dignity and privacy of the patient. In such social settings, the fostering of a personal relationship with a psychotherapy patient is inappropriate, whether this be through physical contact, gifts, self-disclosure, or other means.

For example, while the acknowledgment of significant personal milestones or events with a gift of small value is described as appropriate above, even these benign extensions of personal interest may be inappropriate in a social setting, where a vulnerable or confused patient may misinterpret that interest. Similarly, physicians practicing psychotherapy should avoid such potentially intimate encounters as sharing meals, transportation, or attending social gatherings when the therapeutic relationship may suffer or be compromised as a result of the social contact, or where a patient may perceive the physician's conduct to reflect a romantic or sexual interest.

Patients' families: The psychotherapeutic treatment of a patient also places limits on the behavior that is appropriate with respect to that patient's family members and others intimately involved in the patient's life. Personal relationships with these other individuals in the patient's life should be avoided during the course of treatment. Also, the patient's right to confidentiality is relevant to these family members, with whom physicians practicing psychotherapy may not discuss the patient's condition and treatment without the explicit permission of the

patient. Indeed, state law prohibits any disclosure of psychotherapist-patient communications except under specific circumstances.

Among the exceptions to this rule are situations in which disclosure is necessary to protect the safety of the patient or of third parties. Even then, disclosure should be limited to the minimum amount of information needed to achieve the desired end. It is not a breach of a patient's right to confidentiality for a physician-psychotherapist to undertake general psychoeducation with the patient's family on issues of diagnosis and treatment, without disclosing specific information regarding the patient's care. Nor does it violate a patient's rights to obtain data for diagnostic or treatment purposes from informants, as long as information about the patient's treatment is not revealed in the process.

Changes in behavior regarding boundaries: Physicians practicing psychotherapy should pay particular attention to changes in the pattern of behavior in any of these areas as treatment continues over time. Although exceptions to any of the principles outlined above occasionally may be indicated, changes in behavior, especially simultaneous changes in more than one area, should be cause for self-examination by the psychotherapist. In such circumstances, consultation from colleagues is highly recommended, as is thorough documentation.

Circumstances in which termination should be considered because boundaries cannot be maintained: Most boundary crossings are not threatening to the continued existence of the therapeutic relationship, although they require self-examination by the physician and may require discussion with the patient. Certain boundary problems, however, may only be resolved by termination of the psychotherapeutic relationship. These include circumstances in which the physician's subjective reactions to the patient - positive or negative in character - make it difficult to guarantee that boundaries will be maintained. Termination is usually required when the physician has engaged in overtly seductive or sexualized behavior. Patients may be permitted somewhat greater latitude in acting out their feelings, but extreme behaviors, such as significant intrusions into the personal life of the physician, may also necessitate termination. Physicians considering termination of a psychotherapeutic relationship because of problems in

maintaining boundaries may find the consultation of a colleague particularly useful.

Patients facing termination fall into three categories. Some patients will not require follow-up care, in which case a reasonable date for termination can be established, without need for referral. A second group of patients would benefit from further treatment, and require referral to other appropriate therapists. If diligent efforts fail to identify therapists willing to assume responsibility for their care, a decision must be made as to whether patients' interests are best served by continuing in treatment with their current therapists or by terminating treatment in the absence of definitive follow-up plans. Consultation with experienced psychotherapists is very helpful in such cases. The final group of patients are those in emergent circumstances. They should not be terminated from treatment until another qualified therapist is available and willing to assume responsibility for their care.