



Business, Gifts and Boundaries In the Physician Patient Relationship

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*Neither a borrower nor a lender be;
For loan oft loses both itself and friend,*

– Lord Polonius to his son Laertes.
Hamlet Act 1 Scene 2

A senior community-based physician practicing in Rhode Island established a physician-patient relationship with a wealthy patient. Over the course of several years, the patient, who happened to be both his neighbor and insurance agent, lent \$177,000 to this physician. These loans were documented as part of the medical record. As the patient's health declined, the physician provided home care, at which point the patient's son became more involved in his father's financial affairs. The son subsequently became aware of the outstanding loan to the physician. The son made several attempts to collect payment from the physician; however, the physician was unable or unwilling to repay the debt. Despite the lack of repayment, both patient and family were pleased with the medical care provided and happy for the physician's willingness to provide home visits which allowed the patient to remain in the community until his passing. The unpaid loans, however, were a lingering source of concern.

Sometime after the patient's death, a complaint was filed with The Board of Medical Licensure and Discipline.

The Board investigated and substantiated the complaint through interviews with the physician, son, and review of the medical record. In its review, the Board recognized the son's dilemma in wanting to pursue collection of the overdue debt, but fearing that in doing so he would jeopardize his father's care and ability to remain in his home. The Board found that the physician's behavior constituted unprofessional conduct in the practice of medicine.

In view of the physician's considerable volunteer teaching and community work, the Board limited the sanction to a year of probation and required the completion of a personalized ethics program.

Ideally, the physician-patient relationship is a binding social agreement in which a physician agrees to place the patient's welfare ahead of his own self-interest.¹ Physicians are granted special access into their patients' lives: patients undress physically and emotionally to reveal highly personal and private information with the expectation that it is to be used to benefit their own health. This vulnerability makes them particularly susceptible to manipulation and potential abuse. Ethically, while the physician is expected to honor patient autonomy, it is the physician who is viewed to be in the "power" position. Patients are entitled to a relationship with their physician safe from financial manipulation.

This case also raises several concerns akin to those that arise around gifts to physicians. Some gifts, typically of token value, represent appropriate expressions of appreciation from patients and can act to enhance the physician-patient relationship.² Others have the potential by either intent or unintended consequence to influence care or to secure preferential treatment and there-

fore may compromise the physician's judgment; a physician should not accept such gifts.

Similarly, physicians are discouraged from entering into business arrangements with patients that may either negatively impact upon or take advantage of the physician-patient relationship.

In this case the patient's declining health led to the introduction of a 'key third party' – the patient's son – into the relationship. As a key third party, the son has legitimate standing in the physician-patient relationship. Physicians should consider a key third party as an extension of the patient with whom all ethical boundaries apply. Here the son's dilemma was also the patient's and physician's. The son had a fiduciary responsibility to the father to assure the payment of the physician's debt. Simultaneously, he had an obligation to assure appropriate medical care and to honor his father's wishes to remain in the home. The physician's willingness to make medical home visits was a critical factor that enabled the father to remain home near the end of life. Thus, the son had the understandable concern that taking action to force the physician to pay the overdue debt might adversely affect his father's care. Specifically, although the physician was never accused of suggesting a linkage, the son feared that the physician would stop making home visits.

Stressing the importance of integrity in the physician-patient relationship can help physicians better recognize and maintain appropriate professional boundaries. One reasonable criterion to apply where professional boundaries are concerned would be whether the physician would be comfortable if the business relationship were known to colleagues or the public.²

REFERENCES

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