Review of Boundary Violations in Rhode Island, 2012–2018

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"Into whatever homes I go, I will enter them for the benefit of the sick, avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves." – Hippocrates

ABSTRACT

Boundary violations are serious occurrences that result in a breach of the physician-patient relationship. Boundary violations are regulated by the Rhode Island Board of Medical Licensure and Discipline (Board). A review of all disciplinary actions from 2012 through 2018 involving physicians found boundary violations relating to sexual misconduct the most common boundary violations. All disciplinary actions that pertained to boundary violations were isolated, and trends regarding gender, medical specialty, and outcome of action were assessed. Sexual boundary violations (n=15) represented 94% of all boundary violations during this time period. Psychiatrists (31.3%), internists (25%) and family medicine physicians (18.8%) were the most common specialties of those who had boundary issues. Loss of license occurred for all physicians who had sexual intercourse with a patient. Reinstatement of license was possible for some physicians after a comprehensive forensic psychiatry evaluation. Physicians are reminded of the ethical obligations we have to our patients and the profession and to maintain a professional relationship with their patients at all times. This type of professional misconduct is preventable and avoids injury to patients and to the medical profession.

INTRODUCTION

The mission of the Board is to protect the public and ensure professional practice standards. Periodically, the Board receives complaints alleging an improper relationship, or boundary violation, between a physician and a patient.

Physicians hold a unique position in this culture and are afforded certain privileges; the most paramount of privileges is to evaluate and manage patients. The physician-patient relationship is built and maintained on trust.[1] As part of this trust, there is a requirement to adhere to professional standards and boundaries to maintain a therapeutic relationship that promotes healing.[2] Boundary violations, specifically when a physician engages in a sexual relationship with a patient, are specifically prohibited by Rhode Island law.[3]

METHODS

A review of all disciplinary actions involving Rhode Island licensed physicians from 2012 through 2018 was completed. This information is available on a publicly accessible website that displays all of the Board's disciplinary actions.[4] All disciplinary actions involving boundary violations were analyzed for trends, including medical specialty, gender, loss of medical license, and reinstatement of license.

Individuals who did not lose their license were defined as individuals who had some other disciplinary action (e.g., reprimand) and/or had monitoring requirements like being required to have chaperones while with patients. The review also included an evaluation of what specific criteria were used by the Board to reinstate a physician's license.

RESULTS

Sixteen disciplinary actions from 2012 through 2018 involved physicians and boundary violations occurred. Boundary violations varied from receiving gifts from a patient to sexual intercourse with a current patient. Boundary violations represented 8% of all disciplinary actions during this time period. **Table 1** identifies the number of individuals within each medical specialty who were cited for boundary violations. The most commonly identified specialty among

Table 1. Boundary Violations by Specialty

Specialty	Number of physicians	Percentage
Anesthesiology	1	6
Cardiology	1	6
Family Medicine	3	19
Internal Medicine	4	25
Pulmonology	1	6
Unknown	1	6
Psychiatry	5	31
All	16	100

Table 2. Most Common Specialties With Boundary Violations

Specialty	Number of boundary violations	Prevalence of boundary violations
Psychiatry	5	1.70%
Internal Medicine	4	0.30%
Family Medicine	3	0.80%

those was psychiatry (31.3%). Internal medicine and family medicine followed at 25.5% and 18.8%, respectively. **Table 2** shows the prevalence of boundary violations within each medical specialty in Rhode Island. (Prevalence was determined by dividing the number of boundary violations, by the number of physicians in that specialty in Rhode Island). Among all psychiatrists practicing in Rhode Island, 1.7% have been cited for a boundary violation. In comparison, 0.3% of internal medicine physicians and 0.8% of family medicine physicians in Rhode Island have been cited in a boundary violations case.

Of the 16 boundary violations, 15 violations were classified as sexual misconduct, and 87% of sexual misconduct cases involved male physicians. Two sexual misconduct cases also involved physicians who were subsequently incarcerated for their actions by applicable jurisdictions outside the purview of the Board. Thirteen of the 16 physicians (81%) who had a boundary violation resulted in loss of license. Of the 5 physicians who achieved reinstatement of their medical license, the length of time between loss of license and reinstatement varied widely from 5-110 months, with an average of 49 months. Review of sexual misconduct cases showed that all physicians who had sexual intercourse with a patient lost their licenses, at least for a period of time.

DISCUSSION

The number of cases in this type of disciplinary actions is small, accounting for 16 cases; however, trends can be assessed for future guidance. It should be noted that although non-disciplinary actions, as determined by the Board, are not public, all cases determined to be a boundary violation resulted in a disciplinary action. Because all boundary violations resulted in a disciplinary action, each of the disciplined physicians was reported to the public via the department website and to the National Practitioner Data Bank.

From a legal perspective, there is general consensus on when a physician-patient relationship commences, [5] and several court cases offer guidance on the nuances of this. One important and underlying concept is the physician-patient relationship is established as soon as the physician affirmatively acts in the patient's case and agrees to examine, diagnose, and/or treat the patient. Boundary violations, particularly those involving sexual misconduct, represent some of the most serious threats to the physician-patient relationship. Patients divulge sensitive information to physicians and establish trust. Boundary violations jeopardize that trust and ultimately, negatively affects the quality of care a patient receives.

Although it is not clear why there is a higher prevalence of boundary violations among psychiatrists, it is evident the nature of treatment in the field of psychiatry results in a different physician-patient relationship. Although psychiatrists are trained to avoid sexual relationships with patients, this is not always maintained. Family medicine practitioners and internists also had a high prevalence of boundary violations. These three groups of physicians do have potential for ongoing therapeutic relationships with patients. These findings of increased prevalence on boundary violations being more common among these three specialties do mirror other reviews on this matter.[6, 7] A separate study which reviewed state medical board actions and the prevalence of boundary violations from other states, including California, New York, Oregon and a national database, demonstrated a prevalence of .02 to 1.6% of physicians.[7] Although the numbers are small, this is similar to the prevalence we saw in our review.

Physician attitudes about Boundary violation have been reviewed as well; a review from 1973,[8] revealed in an anonymous survey of 460 physicians of various specialties that 5-13% had engaged in erotic behavior with a patient. Additionally, 7.2% had engaged in sexual intercourse with a patient. A survey completed in 1992 among similar specialty physicians as our review revealed 9% had sexual contact with at least one patient.[9] This suggests a disconnect between boundary violations that occur and those that are reported. It also suggests a disturbing ethical gap in knowledge regarding boundary violations.

Boundary violations are serious breaches; 81% of all boundary violations resulted in loss of license, at least for some period of time, reflecting how serious the Board takes these matters. Of those physicians who did not lose their license, the violation did not involve sexual intercourse and was reflective of an inappropriate exam or other violation.

Reinstatement of a medical license for a physician who commits a boundary violation is possible; however, the physician must generally undergo a thorough investigation and comprehensive forensic psychiatry evaluation. Circumstances that affected reinstatement were relevant to severity of boundary violation and Respondent's efforts to achieve reinstatement. All physicians who were reinstated had to agree to some form of formal monitoring for varied periods of time to assure the Board of compliance. Several physicians who lost their license chose not to seek reinstatement for a variety of reasons; such as health issues, not willing to undergo assessment, chose to retire or other reason. This illustrates how unique each boundary violation case is and the path to reinstatement is not always achievable.

Those physicians who underwent comprehensive evaluations generally occurred at specialized facilities, such as

the Santé Center for Healing[10] or Acumen Assessments.[11] These evaluations generally involve coordination with the Rhode Island Physicians Health Program. It is common with this type of assessment that all investigative documents are reviewed by a forensic evaluator, victims are interviewed when appropriate, polygraph assessments are administered, and other individuals who can speak to the character of the accused physician are interviewed. This comprehensive evaluation is vital to the Board so they can assess if the physician is worthy of the trust bestowed by the Board and ultimately their patients.

There are a variety of reasons why sexual misconduct occurs. Some of the most common rationale include physician impairment, undiagnosed psychopathology, and character flaws. These types of occurrences are serious ethical and moral lapses in the judgment of the offending physician.[12,13] Therefore, the causes of a sexual boundary violation must be investigated in order to avoid future occurrences.

There is no generally accepted length of time after which it is considered acceptable to engage in a romantic or sexual relationship, with a former patient. However, the American Psychiatric Association's position on the matter clearly states that it is *never* acceptable for a psychiatrist to engage in a romantic relationship with a former patient.[14] The Board has adopted a similar position and promulgated a regulation to this effect in October 2018.[15]

Physicians who find themselves in a romantic relationship (sexual or non-sexual) with a patient should terminate the physician-patient relationship immediately and arrange for a responsible transition of care for the patient. Physicians are also advised to self-report to the Rhode Island Medical Society Physicians Health program for an evaluation. Physicians may also want to report their misconduct to the licensing board proactively, which would reflect a measure of professional insight into the misconduct.

It is important to remember the wisdom of Hippocrates, "*avoiding any voluntary act of impropriety or corruption, including the seduction of women or men, whether they are free men or slaves.*" Physicians are advised to avoid any appearance of impropriety and maintain a professional relationship with patients at all times. This type of professional misconduct is preventable and avoids injury to patients and to the medical profession.

References

1. Dorr Goold S, Lipkin M. The doctor-patient relationship: challenges, opportunities, and strategies Journal of general internal medicine, vol. 14 Suppl 1 (1999): S26-33.
2. Aravind VK, et al. Boundary Crossings and Violations in Clinical Settings, Indian Journal of Psychological Medicine, 2012, Jan-Mar; 34 (1): 21-24.
3. TITLE 5 Businesses and Professions. 11-12-1, webserver.rilin.state.ri.us/Statutes/TITLE5/5-37/5-37-5.1.HTM
4. Disciplinary Actions: Department of Health. State of Rhode Island: Department of Health, www.health.ri.gov/lists/disciplinaryactions/results.php.
5. Blake V. When Is a Patient-Physician Relationship Established? Journal of Ethics | American Medical Association, 1 May 2012, journalofethics.ama-assn.org/article/when-patient-physician-relationship-established/2012-05.
6. Brooks E, et al. Physician Boundary Violations in a Physician's Health Program: A 19-Year Review, Journal of the American Academy of Psychiatry and the Law, January 2012, 40 (1) 59-66.
7. Sansone RA, et al. Crossing the Line: Sexual Boundary Violations by Physicians, Psychiatry, 2009 Jun; 6(6):45-48.
8. Kardener SH, et.al. A Survey of Physicians Attitudes and Practices Regarding Erotic and Non-erotic contact with Patients, American Journal of Psychiatry, 1973;130:1077-1081.
9. Gartrell NK, et al. Physician-Patient Sexual Contact. Prevalence and Problems. West J Med, 1992;157:139-143.
10. Sante Center for Healing, Argyle, Texas https://www.santecenter.com/
11. Acumen Assessments, Lawrence, Kansas http://www.acumenassessments.com/
12. d'Oronzio JC. Professional Codes, Public Regulations, and the Rebuilding of Judgment Following Physicians' Boundary Violations. Journal of Ethics | American Medical Association, 1 May 2015, journalofethics.ama-assn.org/article/professional-codes-public-regulations-and-rebuilding-judgment-following-physicians-boundary/2015-05.
13. Federation State Medical Boards. Addressing Sexual Boundary Violations. FSMB, 2006, www.fsmb.org/siteassets/advocacy/policies/grpol_sexual-boundaries.pdf.
14. American Psychiatric Association, APA Commentary on Ethics in Practice, 2015, Therapeutic Boundary Keeping 3.2.6.
15. Rhode Island Department of Health. Licensure and Discipline of Physicians (216-RICR-40-05-1). Licensure and Discipline of Physicians (216-RICR-40-05-1) - Rhode Island Department of State, 31 Oct. 2018, rules.sos.ri.gov/regulations/part/216-40-05-1.

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