

October 8, 2018

Ms Kanny Ooi
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By email: kooi@mcnz.org.nz

Dear Kanny

Medical Council's draft statements on sexual and professional boundaries in the doctor-patient relationship

Thank you for the opportunity to provide feedback on the above consultation. As you will know, the Australian and New Zealand College of Anaesthetists (ANZCA), which includes the Faculty of Pain Medicine (FPM), is responsible for the training and examination of anaesthetists and pain medicine specialists and for the standards of clinical practice in New Zealand and Australia. ANZCA's mission is to serve the community by fostering safety and high quality patient care in anaesthesia, perioperative medicine and pain medicine.

The ANZCA New Zealand National Committee has reviewed the draft statements and generally supports the key messages and guidance. We agree with the Medical Council's decision to maintain a standalone statement on sexual boundaries and to have a separate resource covering aspects of professional boundaries.

The NZNC provides further feedback below on selected questions from the consultation.

In your view, should Council retain the phrase 'zero-tolerance position' in relation to doctors who breach boundaries with a current patient?

The NZNC agrees with retaining the phrase 'zero-tolerance' for sexual relationships with a current patient. We agree that a breach of sexual boundaries would not occur at times when the doctor-patient relationship was transient and well in the past.

Do you agree with the Council's rationale for widening the draft sexual boundaries statement such that it is unethical for doctors to develop an *intimate* relationship with a family member of a patient (irrespective of whether there is any sexual contact)?

The NZNC supports changing the statement from a 'sexual' to 'intimate' with regard to a relationship with family members of a patient. We note that the test remains 'did it

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harm the patient or did the doctor use information from the doctor-patient relationship'. An example would be in relation to influencing decisions on elderly patients going into care.

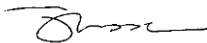
We note that the draft statement provides a very clear description of what is considered a breach of sexual boundaries, and includes three levels of inappropriate sexual behaviour in the doctor-patient relationship – sexual impropriety, sexual transgression and sexual violation. We wonder whether the description in the draft statement of an intimate relationship with a family member of a patient may assume a shared understanding of what that constitutes. The Medical Council may wish to include a more detailed description of what is considered a breach of boundaries in this case.

The draft advises that in most instances, doctors should politely decline gestures of gifts, inducements and hospitality but make an exception for koha and small consumable gifts for sharing such as chocolates. Do you agree with the position that Council is proposing to adopt?

The NZNC considers that the exclusion of small consumables, such as chocolates, from the ban of gifts that doctors should decline is sensible. We agree that accepting koha as a token of appreciation for the care a patient has received should not be prohibited, unless the koha is money or is significant.

Thank you once again for the opportunity to provide feedback. If you have any questions or would like to discuss this submission, please contact Mary Harvey (Senior Policy Adviser) in the first instance on 04 495 9780 or at mharvey@anzca.org.nz.

Yours sincerely



Dr Jennifer Woods
Chair, New Zealand National Committee