



STANDARD ON THE MAINTENANCE OF PROFESSIONAL BOUNDARIES FOR OPTOMETRISTS AND DISPENSING OPTICIANS

Key points

Optometrists and dispensing opticians (practitioners) are responsible for maintaining appropriate professional boundaries in the practitioner-patient relationship.

It is usually considered unethical to accept gifts, monetary or otherwise, from your patients.

At all times, you must put the interests of your patients ahead of personal, financial, or other gain.

Financial dealings between practitioners and patients other than the commercial relationship for care provided are generally unacceptable and may compromise the therapeutic relationship.

In most instances, it is unwise to hold an Enduring Power of Attorney for your patient.

All your communication with patients, including via social media and other electronic communications, must be appropriate and professional.

Open and clear communication is the most effective way to avoid misunderstandings in the practitioner-patient relationship.

It is never appropriate for a practitioner to use his or her professional position to establish or pursue a sexual, exploitative, or other inappropriate relationship with a patient.

In most situations, you should not provide clinical care to yourself, your family members or those close to you. Such care arrangements lack clinical objectivity and can compromise continuity of care.

With few exceptions, there are situations where you **must not** provide care to yourself, your family members, or those close to you. This is generally related to the prescribing of prescription medications, conducting assessments for third parties, or performing invasive procedures. However, the providing of optical appliances (such as spectacles and contact lenses) is generally considered appropriate.

Overview

This practice standard provides guidance to optometrists, dispensing opticians, and the public, on the boundaries and maintenance of appropriate professional relationships between practitioners and their patients. Optometrists and dispensing opticians must be aware of their professional responsibility to maintain appropriate personal, sexual, and financial boundaries in relationships with current and former patients and their families.

Boundary issues might not be obvious and can result in boundary violations. These violations can begin unintentionally or innocently and might be considered harmless, until something goes wrong. The impact on the patient is the same whatever the intent was. It is solely the practitioner's responsibility to maintain or restore boundaries regardless of whether it is the patient or the practitioner causing the violation.

The role of the Optometrists and Dispensing Opticians Board (ODOB, the Board) is to protect the health and safety of the public by setting standards of clinical competence, ethical conduct, and cultural competence and safety for optometrists and dispensing opticians.

This document provides practice standards of acceptable behaviour to support the following standards:

- *Standards of Clinical competence for optometrists* (standard 1.3)
- *Standards of Clinical competence for dispensing opticians* (standard 5.2)
- *Standards of Ethical conduct for optometrists and dispensing opticians*.

Different cultures may have different expectations and understanding of relationships and boundaries. Culturally responsive and safe care, as well as balancing the power relationships in the optometry and optical dispensing practise is important to ensure every patient receives effective treatment and care to meet their needs.

Aotearoa New Zealand (NZ) is a small country, and this standard has been developed recognising that optometrists and dispensing opticians are members of their communities and may have existing relationships with some of their patients. The ODOB is also aware that for Māori and others, establishing connections and relationships of trust are an important element of providing culturally safe care. The principles of the Tiriti o Waitangi (Treaty of Waitangi), tino rangatiratanga, equity, active protection, options, and partnerships are integral to providing appropriate healthcare services for Māori¹.

This standard applies to all optometrists and dispensing opticians. In some instances, it makes a distinction between the:

- therapeutic relationship that includes functions associated with the examination, diagnosis, treatment and prescribing
- commercial relationship that includes functions and transactions such as retailing spectacles and lenses as this is part of the core work of both optometrists and dispensing opticians.

Practice standard

Purpose

1. Clear professional boundaries protect both patients and practitioners, as well as the public, and contribute to safe and effective care.
2. This standard outlines professional boundaries, including emotional and sexual boundaries, between the optometrist or dispensing optician (practitioner) and their patient. In some instances it only relates to the therapeutic relationship. In those instances, the commercial relationship can be excluded.

Defining professional boundaries

3. A professional boundary may be considered as the limits of appropriate professional behaviour, beyond which the practitioner is no longer putting the patients' interests above their own personal, sexual, or financial interests, so there is potential for the patient to be exploited or abused.
4. A boundary violation occurs when the practitioner puts their needs above those of the patient, thereby gaining at the patient's expense, and can be intentional or unintentional.

¹ ODOB's *Standards of cultural competence and cultural safety for optometrists and dispensing opticians*

Power imbalance

5. Professional relationships are focused on meeting the health or care needs of the patient. You must be aware that there is an inherent power imbalance in your practitioner-patient relationship. Your patient is vulnerable, whether seeking assistance, guidance, or treatment. This can cause problems in different ways: in breaches of trust, non-therapeutic motives or incentives intended to benefit the practitioner, and the development of inappropriate personal relationships.

Trust

6. Trust is the essence of the practitioner-patient relationship and lets a patient share and discuss private, confidential, and personal information with you. By creating an environment of mutual respect and trust in which your patients feel confident and safe, a patient will allow you to perform examinations critical to providing optimal care.

Professional boundaries must be maintained

7. At all times, you must maintain appropriate professional boundaries with your patients. Some areas can pose difficulty, and, if not identified early and appropriately managed, could result in you compromising the practitioner-patient relationship and/or the care that you provide. The topics discussed below are not exhaustive as it is not possible to prescribe for every eventuality.

Gifts

8. Professionals should avoid creating an impression that patient care is contingent upon gifts or donations. You should not seek or accept any inducements, gifts, or hospitality that could influence or appear to influence your clinical decisions, including prescribing, treating, or referring patients. While it's common for patients or their families to offer small, non-monetary gifts or koha as a token of appreciation, such gestures should be modest and not involve cash contributions. Acceptable gifts are those that are of nominal value, like a box of chocolates or flowers, provided they are occasional. Regular or high-value gifts, including cash, may undermine professional boundaries and should not be accepted.
9. Do not put pressure on patients or their families to make donations to other people or organisations.
10. Patients who wish to give cash should be referred to any policies of your employer or practice that relate to gifts and donations.
11. Most organisations have clear policies concerning the receipt of gifts. Any gift must be openly declared to ensure transparency. Document any actions you take in response to any offers of inducement, gifts, or hospitality.
12. You should never give gifts to a patient. The patient may feel obligated to give something in return or interpret the gift as an indicator of a personal relationship.
13. There may be situations when refusing a gift or koha may be difficult, impolite, or appear to be culturally insensitive. The giving of gifts may be an expectation under certain circumstances or within some cultures.

Bequests and loans

14. Do not encourage patients to give, lend or bequeath money or gifts that will benefit you. As with a gift, the best option is to refuse a bequest with a polite explanation or request that it be reassigned. Document any actions you take in response to the bequest.

Financial transactions

15. Financial transactions between a practitioner and patient, other than the fees for care provided when providing clinical healthcare services, may compromise the therapeutic relationship. Your access to personal and confidential information about patients under your care could place you in situations that result in personal, monetary, or other benefits to you or others. This does not include commercial transactions such as retailing spectacles and lenses.
16. You must be honest and open with patients, employers, insurers, and other organisations or individuals about any financial dealings that could compromise the care you provide.
17. At all times, you must put the interests of your patients ahead of personal, financial, or other gain and your financial or personal interests should not drive or influence the management options presented to patients.

Acting as a representative or enduring power of attorney

18. Patients may develop a relationship of trust with you and seek to involve you or ask you to represent them under an enduring power of attorney. In most instances, acting for your patients through representation agreements or by accepting responsibilities under an enduring power of attorney is unwise as you could be perceived as having exerted undue influence on those patients.

Social media and electronic forms of communication

19. Maintain professional boundaries in the use of social media. Keep your personal and professional lives separate as far as possible. Avoid online relationships with current and former patients.
20. Text messaging or emails on any appropriate platform such 'Manage my health' can be an appropriate form of professional communication, e.g., reminding patients about their appointments. You must maintain professional boundaries and ensure communication via text messaging is not misinterpreted by the patient or used to communicate in a way that is not clinically focused. Where possible, do not use your personal device to contact patients. It is good practice to document any electronic communication with your patient in their clinical record.

Emotional and sexual boundaries

21. Maintain professional boundaries when you communicate with your patients. A boundary violation can involve any unprofessional behaviour, including using words, gestures or expressions that are demeaning to the patient, demonstrate lack of respect for the patient.
22. Open and clear communication is the most effective way to avoid misunderstandings in the practitioner-patient relationship. Your actions and how you communicate them to a patient influence the patient's perceptions about what you do and the treatment the patient receives.

23. It is never appropriate for a practitioner to engage in a sexual relationship with a current patient. The ODOB has a zero-tolerance position on practitioners who breach sexual boundaries with a current patient. This is because:
- a. A breach of sexual boundaries in the health practitioner-patient relationship has proven to be harmful to patients and may cause psychological, emotional, or physical harm to both the patient and the practitioner.
 - b. The practitioner-patient relationship is not equal. Practitioners can influence and potentially manipulate patients, so even if a patient has consented to a sexual relationship it is still considered a breach of sexual boundaries.
 - c. Sexual involvement with a patient can impair your judgement about diagnosis or treatment because your emotions are involved. That may influence your decisions about seeking and providing good care to the patient.
24. There is a wide range of behaviour that breaches sexual and emotional boundaries, from making unnecessary comments about the person's body or clothing, to criminal behaviour such as sexual assault. Breaches of sexual and emotional boundaries also extend to interactions that occur outside the context of a consultation, for example, when contacting patients on social media.
25. Some examples of a breach of such professional boundaries (this is not exhaustive):
- a. Inappropriate questions or comments that are not relevant to the examination.
 - b. Touching the patient without consent or for a reason that is not relevant to the examination.
 - c. Expressing a personal, moral, or religious belief to a patient in a way that could distress them or exploit them if they are vulnerable.
 - d. Using your professional relationship with a patient to pursue a relationship with someone close to them.
 - e. Seeing a patient at unusual hours without clinical justification, especially if other staff are not present.
 - f. Preferring a certain patient to have the last appointment of the day, without clinical justification.
 - g. Accessing clinical records without clinical need.
 - h. Providing your personal contact details with no clinical need to do so.
 - i. Giving or accepting social invitations from a patient.
 - j. Revealing intimate details about your life to a patient.
26. If the behaviour of a patient or carer of a patient is threatening the professional boundaries, it is up to the practitioner to re-establish the boundaries. If a patient or the carer of a patient pursues a sexual or emotional relationship with you and it is reciprocated, it would be advisable to immediately seek appropriate advice. Transfer of care to another practitioner is the appropriate step in this instance.
27. Be aware that a sexual or a personal relationship with a former patient or their carer might also be inappropriate because:
- a. your former professional relationship might still influence the relationship.
 - b. the patient was vulnerable when under your care and still might be vulnerable.
 - c. you might still be caring for other family members.

Providing healthcare to yourself and those close to you²

28. Definitions³:
- a. **Family member:** An individual with whom you have both a familial connection and a personal or close relationship such that the relationship could reasonably be expected to affect your professional and objective judgement. Family members include, but is not limited to, your spouse or partner, parent, child, sibling, members of your extended family or whānau, or your spouse or partner's extended family or whānau.
 - b. **Those close to you:** Any other individuals who have a personal or close relationship with you, whether familial or not, where the relationship is of such a nature that it could reasonably be expected to affect your professional and objective judgement. ODOB recognises that those close to you will vary for each practitioner.
 - c. **Urgent situation:** Treatment of illnesses or injuries that require immediate attention, and for which there is no other practitioner available in a timely manner.
29. In most situations, you should not provide healthcare to yourself, your family members or those close to you. Such care arrangements can lack clinical objectivity of the patient's condition, financial objectivity, or compromise continuation of care. There is a risk of bias or compromise in terms of clinical records, confidentiality, or compromised care, such as to trivialise a condition or to overtreat.
30. There are some situations where you **must not** provide care to yourself, your family members and those close to you. These situations are⁴:
- a. Prescribing or administering medication that can cause harm.
 - b. Issuing repeat prescriptions where you are unable to review whether that prescription is suitable.
 - c. Conducting assessments for a third party (e.g., ACC, insurance, or driving certification).
 - d. Providing medical certificates.
 - e. Performing invasive procedures.
31. There are limited exceptions to this rule including urgent situations, or communities where access to other practitioners is difficult. In these instances, ensure that your care is consistent with acceptable clinical, ethical, and cultural standards.

Seeking clarification or further advice

32. If you are unsure about any aspect of this standard, please contact the ODOB. You might also seek advice from a trusted colleague, your professional indemnity insurer, professional organisation, or legal counsel.

Other related policies or legislation

33. ODOB's *Standards of Clinical competence for optometrists*
34. ODOB's *Standards of Clinical competence for dispensing opticians*
35. ODOB's *Standards of Ethical conduct for optometrists and dispensing opticians.*
36. ODOB's *Standards of Cultural competence and cultural safety for optometrists and dispensing opticians.*
37. *Code of Health and Disability Services Consumers' Rights Regulations 1996*

² This does not relate to commercial relationship such as retailing spectacles and lenses as this is part of the core work of both optometrists and dispensing opticians.

³ Definitions from the Medical Council of New Zealand's *Standard: Providing care to yourself and those close to you.*

⁴ This may not always be possible in education and training clinical environments. However, students must be aware of this standard.

38. *New Zealand Human Rights Act 1993.*

Acknowledgements

This document incorporates and acknowledges information on similar statements, guidelines and standards from the Medical Council of New Zealand, Nursing Council of New Zealand, Chinese Medicines of New Zealand, Podiatrist Board of New Zealand, Optometrists Board of Australia, ACC, Dental Council of New Zealand and the Occupational Therapy Board of New Zealand.

Revision history		
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