

Prevention of Boundary Violations and Sexual Abuse

Date:

Registrants are reminded that dentists are obligated at all times to maintain the standards of practice of the profession including those published by the College. A registrant who fails to comply with a standard published by the College or the generally accepted standards of practice of the profession may be acting in a manner that could result in allegations of professional misconduct.

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Executive Summary

This Standard of Practice articulates the requirements for dentists’ professional behaviour to prevent boundary violations and sexual abuse of patients. A companion resource, Case Scenarios on Boundary Violations and Sexual Abuse, has also been developed to provide examples of behaviour that may be considered boundary violations and sexual abuse.

Definitions

Key terms are defined below for the purposes of interpreting and applying this Standard of Practice. In some cases, these definitions may be specific to this Standard or area of practice, and not applicable to other College documents or areas of dentistry. Where a definition has specific or limited application to this Standard or area of practice, this will be identified in a footnote.

Boundary is a limit of a safe and effective professional dentist-patient relationship.

Boundary violations occur when the limits of a safe and effective professional dentist-patient relationship are crossed. The violation can occur intentionally or unintentionally. Boundary violations exploit the power imbalance that is inherent in the dentist-patient relationship and place the dentist's personal interest ahead of the best interests of the patient.¹

Dual relationships occur when a dentist has a secondary personal or professional relationship with a patient in addition to the treating relationship. Dual relationships can complicate the treating relationship, risk undermining the provision of safe and effective care, and increase the risk of boundary violations.

Harassment is an unwelcomed comment and/or behaviour that offends, embarrasses, demeans or humiliates a person.²

Patient is an individual receiving care from a dentist if any of the following circumstances exist:

- a. the dentist has charged or received payment from the individual (or a third party on behalf of the individual, such as an insurance company) for a health care service provided by the dentist;
- b. the dentist has contributed to a health record or file for the individual;
- c. the individual has consented to the health care service recommended by the dentist;
- or
- d. the dentist prescribed the individual a drug for which a prescription is needed.³

Sexual abuse consists of any of the following:

¹ Principle #1 in RCDSO's [Code of Ethics](#) states "the paramount responsibility of dentists is to the health and well-being of patients."

² Legally defined as "engaging in a course of vexatious comment or conduct that is known or ought reasonably to be known to be unwelcome" in s. 10(1) of the *Human Rights Code*, R.S.O. 1990, c. H. 19.

³ This definition of "patient" is specific to the sexual abuse and spousal exemption provisions in the RHPA and has been adopted to apply in this Standard. The definition is from s. 1. 1. of O. Reg. 260/18, Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code (HPPC), Schedule 2 of the *Regulated Health Professions Act (RHPA)*, 1991, S.O. 1991, c.18. If none of the listed circumstances exist due to a dentist not meeting their professional obligations (for example, by not obtaining consent for treatment from the individual or not contributing to a health record or file for the individual), the individual is still considered to be a patient.

- 65 a. sexual intercourse or other forms of physical sexual relations between the dentist and
66 the patient,
67 b. touching, of a sexual nature, of the patient by the dentist, or
68 c. behaviour or remarks of a sexual nature by the dentist towards the patient.⁴
69

70 Touching, behaviour, or remarks of a clinical nature appropriate to the service provided are not
71 considered to be sexual abuse.⁵
72

73 Conduct, behaviour or remarks that would otherwise be sexual abuse are not sexual abuse if
74 the patient is the dentist's spouse and the dentist is not providing dental care to their spouse at
75 the time the conduct, behaviour or remarks occur.⁶
76

77 It is also not considered to be sexual abuse if a dentist provides dental care to an individual they
78 are in a sexual relationship with who is not their spouse if all of the following conditions exist:

- 79 a. care is provided in emergency circumstances, or the care provided is minor in
80 nature,⁷ and
81 b. the dentist has taken reasonable steps to transfer the care of the individual to
82 another regulated health professional or there is no reasonable opportunity to do
83 so.⁸
84

85 **Spouse** is an individual that is married to the dentist or has lived with the dentist in a common-
86 law relationship⁹ outside of marriage continuously for at least 3 years.¹⁰
87

88 **Trauma and violence-informed care** is an approach to health care that recognizes the signs,
89 symptoms and widespread impact of trauma and ongoing violence on patients. It treats
90 patients by fully integrating knowledge about victim experiences of trauma and ongoing
91 violence into practices. It facilitates a culture of safety, trust, empowerment and healing and
92 seeks to avoid re-victimization.
93

⁴ s. 1(3) of the HPPC, Schedule 2 of the RHPA, 1991.

⁵ s. 1(4) of the HPPC, Schedule 2 of the RHPA, 1991.

⁶ s. 1(5) of the HPPC, Schedule 2 of the RHPA, 1991 – applicable due to s. 1 of General Regulation, O. Reg. 205/94 under the *Dentistry Act, 1991*, S.O. 1991, c. 24.

⁷ For the purpose of this Standard, "minor care" is short-term, episodic care that does not involve significant intervention by a dentist and is for a relatively less serious condition (e.g. there is no infection and/or bleeding and/or significant pain). An example would be that the individual has a metal retainer that has partially broken and is sharp, and they live in a remote location where care cannot be accessed until the next business day. In this situation, a dentist may remove the individual's retainer until care can be accessed to replace it.

⁸ s. 1.2. of O.Reg. 260/18, Patient Criteria Under Subsection 1(6) of the HPPC under the RHPA, 1991.

⁹ Definition of "spouse" is adapted from s. 1(1) of the Family Law Act, R.S.O. 1990, c. F.3. According to relevant case law, a common law relationship is a relationship of some permanence outside of marriage. Some factors that a court may consider in determining if such a relationship exists are shared living arrangements, sexual relations, intimacy, shared performance of household chores, participation together in social activities, being perceived by others in society as a couple, financial interdependence and attitude and conduct towards children (if any). Not all of these factors have to exist in order for a relationship to be considered a common-law relationship.

¹⁰ s. 1(6) of the HPPC, Schedule 2 of the RHPA, 1991.

94 Principles

95

96 The following principles form the foundation for the requirements set out in this Standard:

97

98 1. The RCDSO has zero tolerance for sexual abuse.

99

100 2. The paramount responsibility of a dentist is to the health and well-being of patients.¹¹

101

102 3. The dentist-patient relationship is based on mutual respect and trust.

103

104 4. There is an inherent power imbalance that exists in the relationship between a dentist and
105 patient, which can make a patient vulnerable to boundary violations and sexual abuse.

106

107 5. Maintaining professional boundaries respects patients, helps ensure the provision of safe
108 and effective care and upholds the public's trust in dentistry.

109

110 Requirements for Preventing Boundary Violations and Sexual Abuse

111

112 *PREVENTING BOUNDARY VIOLATIONS*

113

114 The following sections set out requirements for preventing boundary violations.

115

116 A separate section sets out requirements for preventing sexual abuse.

117

118 **Respecting Patients' Boundaries**

119

120 1. Dentists **must** establish and maintain appropriate professional boundaries with their
121 patients at all times, including when engaging with patients in a non-clinical context.

122

123 2. Dentists **must** respect and be mindful of the ways in which a patient's sense of personal
124 boundaries might be informed by factors such as their age, sex, gender, gender identity,
125 ethnicity, culture, religion, sexual orientation, physical differences, socio-economic status
126 and personal history and experience.

127

128 3. Dentists **must** not abuse or harass a patient, including but not limited to, verbal, emotional,
129 psychological, physical abuse or harassment, including sexual harassment.¹²

130

¹¹ Principle #1 in RCDSO's [Code of Ethics](#).

¹² This includes abuse or harassment by electronic or technological means.

131 **Appropriately Communicating with Patients**

132 4. Dentists **must** communicate (whether in-person, electronically, through social media, or
133 otherwise) in a professional manner¹³ and not breach patient privacy and confidentiality.¹⁴
134 Breaching patient privacy and confidentiality of patients' personal health information can
135 be considered a boundary violation.

136
137 5. Dentists **must** not make inappropriate comments that could reasonably cause offense,
138 undermine trust in the dentist and profession or make a patient feel uncomfortable or
139 discriminated against. This includes, but is not limited to, inappropriate comments
140 regarding a patient's:

- 141 a. oral health and/or hygiene;¹⁵
- 142 b. body, clothing and/or accessories;
- 143 c. sexual orientation and/or gender identity;
- 144 d. religious, cultural and/or ethnic background;
- 145 e. age;
- 146 f. disabilities;
- 147 g. socio-economic status;
- 148 h. relationship status; or
- 149 i. insurance or benefits status, including private insurance or reliance on a publicly
150 funded government plan.

151
152 6. Dentists **must not** disclose inappropriate personal information to a patient, such as intimate
153 details of their personal life.

154

155 **Appropriately Managing Gift-Giving and Receiving with Patients**

156

157 When managed appropriately, gift-giving between dentists and patients can reflect mutual care
158 and respect. However, the exchanging of gifts can also introduce risks, such as unclear
159 boundaries, conflicts of interest, and impaired clinical judgment and objectivity. These risks
160 increase as the value of the gift increases, and as the gift becomes more personal.

161

162 7. Dentists who accept gifts from, or give gifts to, a patient, **must** do so with the patient's best
163 interests in mind, and in a manner that preserves appropriate professional boundaries and
164 objective clinical judgment.¹⁶

165

¹³ See the College's Practice Advisory on [Maintaining a Professional Patient-Dentist Relationship](#) and the College's Practice Advisory on [Professional Use of Social Media](#).

¹⁴ s. 29 of the *Personal Health Information Protection Act*, S.O. 2004, c.3, Sched A. requires that personal health information be kept confidential unless there is patient consent or disclosure is made in accordance with permitted or required instances under the *Act*.

¹⁵ An example of inappropriate comments about oral health and hygiene are comments about the mouth that are unrelated to dental care that may cause shame or embarrassment.

¹⁶ There are occasions where giving or accepting gifts may be appropriate, such as giving or accepting a gift of cultural significance or accepting a token gift such as a holiday gift of chocolates for the dental care team.

166 8. Dentists are **advised** to develop an office policy on gift-giving and receiving to help establish
167 clear expectations.

168
169 9. Dentists **must not** give gifts to individuals to become patients or remain patients, and/or
170 refer other patients to them, as this may give rise to a conflict of interest.¹⁷
171

172 **Appropriately Managing Dual Relationships with Patients**

173

174 10. Dentists **must** appropriately manage dual relationships, as these can complicate the treating
175 relationship, risk undermining the provision of safe and effective care, and increase the risk
176 of boundary violations.

177
178 11. Dentists who provide care within a dual relationship (e.g. provide care to a personal friend,
179 family member, staff member or someone they are in a financial/business relationship with)
180 **must** meet their professional obligations while providing care, including ensuring that:

- 181 a. their clinical judgment and objectivity is not compromised;¹⁸
- 182 b. patient autonomy in decision-making is maintained, including by obtaining informed
183 consent;
- 184 c. patient privacy and confidentiality of the patient’s personal health information is
185 safeguarded;¹⁹ and
- 186 d. conflicts of interest are recognized and managed appropriately.²⁰
187

188 12. If the dentist believes that the existence of a dual relationship is undermining care and/or if
189 there is a conflict of interest that cannot be resolved, the dentist **must** end the treating
190 relationship in accordance with requirements related to discontinuing dental services²¹ and
191 with RCDSO’s [Practice Advisory on Maintaining a Professional Patient-Dentist Relationship](#).
192

193 **Appropriately Managing Relations with Persons Closely Associated with Patients**²²

194

195 When a dentist enters into a personal relationship with an individual who is closely associated
196 with a patient (e.g., the patient’s parent), there is a risk that this relationship will undermine
197 the patient’s trust and/or the treating relationship.
198

¹⁷ See [Conflict of Interest Guidelines](#).

¹⁸ See note 11.

¹⁹ See note 14.

²⁰ See note 17.

²¹ s. 14 and 16 of the Professional Misconduct Regulation. O.Reg. 853/93 under the *Dentistry Act*, S.O. 1991, c. 24 sets out requirements for terminating dental services under agreement or otherwise.

²² Examples of such individuals include but are not limited to: the spouse or partner of a patient, a friend of a patient, the patient’s parents, guardians, substitute decision-makers, or persons who hold powers of attorney for personal care.

- 199 13. Dentists are **advised** to avoid entering into relationships with individuals who are closely
200 associated with a patient when that relationship is likely to undermine the patient’s trust or
201 the treating relationship. Factors that may influence the appropriateness of a relationship
202 include:
- 203 a. the nature of the clinical care that is being provided and the potential impact on the
204 patient if that care is compromised or disrupted;
 - 205 b. the length of the professional relationship between the dentist and the patient;
 - 206 c. the degree to which the patient is reliant on the person closely associated with
207 them; and
 - 208 d. whether the person has any decision-making power on the patient’s behalf.
- 209
- 210 14. If a dentist believes that the patient’s trust or care has been undermined, the dentist **must**
211 take steps to resolve the situation in the best interests of the patient (e.g., by ending the
212 relationship).
213

214 **Providing Trauma and Violence-Informed Care**

- 215
- 216 15. Dentists **must** provide care in a manner that assumes the possibility that a patient has
217 experienced trauma and/or violence and is consistent with principles of trauma and
218 violence-informed care,²³ including:
- 219 a. being mindful of any known or possible conditions, sensitivities, vulnerabilities,
220 experiences or trauma of the patient that may affect the manner in which care is
221 provided;
 - 222 b. assuming a patient is not comfortable with touch, generally avoiding touching a
223 patient unless necessary for providing clinical care and only touching a patient when
224 there is explicit or implied consent, unless there are emergency circumstances;
 - 225 c. exercising professional judgment when using touch to comfort a patient and seeking
226 the patient’s consent before doing so;
 - 227 d. being mindful that there are different cultural norms regarding touch;
 - 228 e. using gloves to neutralize physical touch that can be perceived as intimate, such as
229 while performing a head or neck examination;
 - 230 f. being mindful of a patient’s sense of space and being sensitive to verbal and non-
231 verbal cues from a patient in response to touch, behaviour, language or the practice
232 environment, and responding accordingly to facilitate the provision of care in a
233 manner that feels as safe and comfortable as possible to a patient;
 - 234 g. offering or permitting patient supports, as appropriate;²⁴
 - 235 h. not resting instruments or other materials on a patient’s chest or elsewhere on a
236 patient’s body; and

²³ For the principles and examples in practice, see the [Trauma and Violence Informed Care Tool](#) by Equip Health Care and [Handbook of Sensitive Practice for Health Professionals: Lessons from Women Survivors of Childhood Sexual Abuse](#), 2001, Government of Canada.

²⁴ Examples of support include a support person or emotional support animal.

- 237 i. ensuring that a bib or drape is placed or adjusted on a patient by first advising the
238 patient that it will be placed or adjusted and then placing or adjusting it in a manner
239 that respects areas that may be sensitive for a patient, such as the neck and chest.

240

241 **PREVENTING SEXUAL ABUSE**

242

243 Sexual abuse is a serious act of professional misconduct. Patient consent is never a defence for
244 sexual abuse.

245

246 This section sets out requirements for dentists to prevent sexual abuse.

247

248 16. Dentists **must not** sexually abuse a patient.²⁵ In particular, dentists **must not** engage in
249 sexual intercourse or other forms of physical sexual relations with a patient, touch a patient
250 in a sexual manner, or engage in behaviour or make remarks of a sexual nature towards a
251 patient.²⁶ This applies even if the physical sexual relations, behaviour or remarks are
252 initiated by the patient.

253

254 17. Dentists **must not** engage in any conduct, behaviour or remarks that would constitute
255 sexual abuse of a patient, in the act of providing dental care to their spouse.²⁷

256

257 18. Dentists **must not** communicate with a patient or engage in any behaviour for the purpose
258 of eventually pursuing a sexual relationship with them.

259

260 19. Dentists **must not** ask questions or make comments about a patient's sexual history,
261 behaviour or performance, except where the information is relevant to the provision of
262 dental care. When such questions are asked, dentists **must** explain the clinical reason for
263 asking them.

264

265 20. Dentists **must not** make any comments or use gestures, tone of voice, expression or engage
266 in any behaviour that may be reasonably interpreted by a patient as romantic, seductive or
267 sexually demeaning.

268

269 21. Dentists **must not** make any jokes or display any material that has a sexual connotation that
270 is not relevant to clinical care, either in office or online, when acting in a professional
271 capacity.²⁸

272

²⁵ Abusing a patient is an act of professional misconduct under #8 of s. 2 of the Professional Misconduct Regulation (O.Reg. 853/93) under the *Dentistry Act, 1991*.

²⁶ s. 1(3) of the HPPC, Schedule 2 of the RHPA, 1991.

²⁷ Doing otherwise results in the spousal exemption no longer applying and the dentist who engaged in the conduct, behaviour or remarks in the act of providing dental care to their spouse can be prosecuted for sexual abuse. See section s. 1(5) of the HPPC, Schedule 2 of the RHPA, 1991 which contains the spousal exemption requirements.

²⁸ See the College's [Practice Advisory on the Professional Use of Social Media](#).

273 22. Dentists **must not** become involved in a sexual relationship with a patient for at least one
274 year after the termination of the dentist-patient relationship.²⁹

275

276 **Mandatory Duty to Report Sexual Abuse**³⁰

277

278 23. Dentists **must** follow mandatory reporting requirements in accordance with the *Regulated*
279 *Health Professions Act, 1991* (RHPA) specifically by:

280 a. reporting to the Registrar of the appropriate regulatory college, if they have
281 reasonable grounds,³¹ obtained while practising dentistry, to believe that a
282 regulated health professional has sexually abused a patient;³²

283 b. including the following information in the report:

284 • their name;

285 • the name of the health professional who is the subject of the report;

286 • an explanation of the alleged sexual abuse; and

287 • the name of the patient of the health professional that is the subject of the
288 report, if the patient consents to their name being included;³³ and

289 c. making the report within 30 days after the obligation to report arises unless there
290 are reasonable grounds to believe that,

291 • the health professional will continue to sexually abuse the patient or will
292 sexually abuse other patients

293 in which case, the report must be filed immediately.³⁴

294

295 **RECORDKEEPING REQUIREMENTS**

296

297 24. Dentists **must** keep appropriate records in accordance with RCDSO's [Dental Recordkeeping](#)
298 [Guidelines](#) and [Electronic Records Management Guidelines](#). Dentists **must** specifically note:

299 a. any questions asked to the patient of a sexual nature that are relevant to providing
300 dental care;

301 b. any incidents of alleged boundary violations and/or sexual abuse, including any
302 relevant observations or statements from a patient, dental staff or others present;

303 c. the date of termination of the dentist-patient relationship; and

304 d. any reports they make to a regulatory college about alleged sexual abuse by a health
305 professional.

306

²⁹ s. 1(6) of the HPPC, Schedule 2 of the RHPA, 1991.

³⁰ While this section pertains to reporting actual or suspected sexual abuse of a patient by a regulated health professional, dentists also have a duty to report actual or suspected child abuse to a children's aid society, which includes sexual abuse of a child, under the *Child, Youth and Family Services Act, 2017* S.O. 2017, c.14, Sched.1. Please see this [resource webpage](#) for more information.

³¹ According to relevant case law, this means "reasonable probability" or "reasonable belief" that is more than mere suspicion.

³² s. 85.3(1) of the HPPC, Schedule 2 of the RHPA, 1991.

³³ s. 85.3(3) of the HPPC, Schedule 2 of the RHPA, 1991.

³⁴ s. 85.3(2) of the HPPC, Schedule 2 of the RHPA, 1991.

307 25. Dentists are **advised** to record any instances of physical touch used outside of providing
308 clinical care, such as comforting a patient in distress.
309

310 **Appendix**

311

- 312 • Case Scenarios on Boundary Violations and Sexual Abuse

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