Professional boundaries in a clinician–patient relationship
18HDC00178, 30 September 2019

District health board ~ Psychiatrist ~ Nurse ~ Professional boundaries ~ Right 4(2)

A man who was receiving care from community mental health and addiction services was admitted to a public hospital for a medical detoxification programme. The clinical notes documented that his current challenges included his relationship breakdown with his wife and the possible sale of his home/property.

A community mental health nurse based at the hospital was the on-call crisis nurse during the man's admission. The man self-discharged from the programme, and the nurse assessed him prior to his self-discharge. They discussed and agreed on a safety plan, namely that the nurse would make contact with him later in the day.

After the man self-discharged, the nurse contacted the psychiatrist at the hospital to discuss the man's self-discharge and the safety plan that had been put in place.

Later that day, the nurse telephoned the man five to six times with no response. The nurse contacted the psychiatrist to inform her of this. The psychiatrist said that upon perusing the man's clinical notes in more detail, she identified factors that contribute very significantly to vulnerability of suicide risk, and therefore she and the nurse decided to visit the man at home in order to assess his immediate risk of self-harm and his mental state.

During the risk assessment at the man's house, a conversation about the man needing to sell his house occurred. The psychiatrist recalled that the man stated that he needed to sell his house quickly owing to his relationship break-up.

The psychiatrist did not have any further clinical contact with the man, but the nurse was involved in the man's care for the following two days.

There is dispute as to who initiated the possible purchase of the house by the psychiatrist; however, there is evidence that the nurse entered into numerous communications about this with the man. The psychiatrist and the nurse also attended a viewing of the man's house.

The psychiatrist received a text message from the nurse telling her that the house was being offered to her. The psychiatrist said that she accepted the price, and at that time involved her lawyers to deal with the purchase, as did the man and his ex-wife.

At some point, the psychiatrist informed a senior colleague about the possibility of looking at the man's house as a buyer, and the need not to be involved in his care going forward. However, the psychiatrist did not disclose this information to her manager. The nurse informed her peers of her involvement in the sale of the house, but did not disclose this to her team leader.

The man said that he felt manipulated and pressured into selling his house. He believed that staff acted unprofessionally when he was in a vulnerable situation and under the care of their service. He advised that his house was never listed for sale publicly prior to the sale to the psychiatrist, and he had not mentioned that his house was for sale to anyone other than the psychiatrist and the nurse during the risk assessment.

Findings

It was held that the psychiatrist and the nurse did not provide the man with services that complied with legal, professional, ethical, and other relevant standards and, accordingly, that they breached Right 4(2).

Adverse comment was made about the DHB, in particular that it did not provide sufficient guidance to staff around maintaining professional boundaries and conflicts of interest.

This case has reinforced the importance of professional boundaries in a clinician–patient relationship and demonstrated how engaging in financial transactions with a patient can compromise the therapeutic relationship.

Recommendations

It was recommended that both the psychiatrist and the nurse provide an apology to the man and complete relevant training.

It was recommended that the DHB provide an apology to the man, consider how its codes of conduct and relevant guidelines may be improved, provide refresher training to mental health and addiction services staff on professional boundaries and conflicts of interest, and inform other DHBs of any changes it makes and the reasons for doing so, in a way that maintains the anonymity of the parties involved.

It was recommended that the Medical Council of New Zealand consider whether a review of the psychiatrist's competence was appropriate, and that the Nursing Council of New Zealand consider whether a review of the nurse's competence was appropriate.

In addition, the Medical Council of New Zealand, Nursing Council of New Zealand, and the New Zealand Medical Association were invited to consider reviewing current wording in standards and guidelines in relation to maintaining professional boundaries, in light of this case, to give clearer guidance on the ethics of financial transactions between consumers and providers.