

Draft of Guidelines for Doctors on Sexual Boundaries

Version 3.1

**The Bangalore Declaration Group and
Indian Psychiatric Society (IPS) Task Force on Boundary Guidelines**

Displayed in IPS website for invaluable feedback from IPS members

worked on by

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Preface to Draft Guidelines for Doctors on Sexual Boundaries Version 3.1 28 Aug 2016

Dear Friends,

We are placing the Draft Guidelines for Doctors in Sexual Boundaries on the Indian Psychiatric Society (IPS) website, for the perusal of our colleagues in IPS, other colleagues in the medical fraternity, health professionals and the public. We hope that you will give us feedback- whether you approve or disapprove and whether you suggest any edits/ revisions. If you could give us this feedback by 2 October, 2016, we will work on the finalized version. We plan to submit the Final Version to the Executive Committee (EC) of the IPS by 15 October 2016, to begin the process for IPS to formally adopt these guidelines.

As a background, the need for IPS to take a leadership stance on the issue of sexual boundary violations (SBVs) in the doctor patient relationship in India was raised at the Annual General Body Meeting during ANCIPS 2015 at Hyderabad. Dr Vidyadhar Watve (President 2015-16) and the EC took a pioneering stance by constituting an IPS Task Force on Boundary Guidelines. The work of the Task Force continued under the leadership of Dr. Prasad Rao (President 2016-17) and he has been a strong votary of these Guidelines.

The initial draft of the Guidelines was prepared by The Bangalore Declaration Group. Several IPS members, including the Chair and Co Chair of the IPS Task Force were part of this group. This draft was further worked on by the IPS Task Force and resulted in the current Draft version 3.1. There are many, many people who have given us invaluable feedback and support in the various fora across India. Due to the sheer numbers, we are unable to mention them by name. We would also need to thank the media for the responsible coverage during the Press Release. As we did not release the actual draft guidelines to them, there were some minor errors in some of the reportage, which can now be corrected.

We have used the words doctor and patient, rather than client/ person in order to convey the nuances of these particular roles of these individual people.

It is hoped that once IPS adopts the Final version of the Guidelines, other medical societies in India would consider following suit. And we would request the Medical Council of India to also incorporate these guidelines. We look forward to hearing from you.

Feedback can be sent to [**ipssecretaryoffice@gmail.com**](mailto:ipssecretaryoffice@gmail.com)

Best wishes,

Dr Ajit V Bhide
Chairperson

Dr Sunita Simon Kurpad
Co Chairperson

Brief bios of members of the IPS Task Force for Boundary Guidelines

- 1. Dr. Ajit Bhide, Chairperson.** Consultant psychiatrist at St Martha's Hospital, Bengaluru and Head of Department there since 1996. An alumnus of St John's Medical College and NIMHANS. Former President of IPS- both at Karnataka and South Zone levels. Formerly, Chair of the Ethics Subcommittee of IPS. Areas of special interest Adolescent Mental Health, Preventive Psychiatry and Psychotherapy. He is also in private practice and faculty at PG training at Spandana Hospitals.
- 2. Dr. Sunita Simon Kurpad, Co Chairperson.** Professor & former Head of Psychiatry, and Professor & Head of Department of Medical Ethics, St. John's Medical College, Bengaluru. MBBS from St John's and MRC Psychiatry from Cambridge University, UK. After DNB Psychiatry, been faculty at St John's for twenty years. Her work on sexual and non sexual boundaries in the doctor patient relationship with colleagues in The Bangalore Declaration Group was instrumental in getting the Medical Council of India (MCI) to include this topic in the proposed revised medical undergraduate MBBS curriculum for 2013.
- 3. Dr. Srilakshmi Pingali, Convenor.** She did her MD Psychiatry from Lady Hardinge Medical College, Delhi. She is currently working as Assistant Professor at the Institute of Mental Health, Hyderabad. She also works as a Consultant Psychiatrist at the Roshni Counseling Centre and is Assistant editor Telangana Journal of Psychiatry.

Members (in alphabetical order)

- 4. Dr. Kersi Chavda,** Psychiatry Consultant to the PD Hinduja National Hospital, The Hinduja Healthcare Hospital and The Sir HN Reliance Foundation Hospitals, Mumbai.
- 5. Dr. Rajni Chatterji,** Consultant Psychiatrist, Bhopal Memorial Hospital and Research Centre, Bhopal.
- 6. Dr. K.P. Jayaprakashan,** Associate Professor, Medical College, Thiruvananthapuram. He is the Immediate Past General Secretary of the Kerala branch of the IPS.
- 7. Dr. Prabir Paul,** Consultant Psychiatrist and President, Iswar Sankalpa (NGO working with Homeless Mentally ill), Kolkata. MBBS North Bengal University Medical College, DPM from University College of Medicine , Calcutta and MD from Calcutta University. He has been the Superintendent, Lumbini Park Mental Hospital, and worked as psychiatrist at Institute of Psychiatry, Kolkata and later at Calcutta Pavlov Hospital. Past President of IPS, Eastern Zonal Branch and President of IPS West Bengal State Branch. He is currently President Elect of Indian Association of Private Psychiatry.
- 8. Dr. Alok Sarin,** Consultant Psychiatrist, Sitaram Bhartia Institute of Science and Research, New Delhi. He has been active in various NGOs like the Richmond Fellowship Society and the Chittaprakasha Charitable Trust. Also a recipient of the Senior Fellowship by the Nehru Memorial Museum and Library and a Wellcome grant recipient, for research on the mental health aspects of history. He is the conceptualizer of the Canvas Askew, a public forum for addressal of mental health and illness issues. He has also been a member of the Task Force on Mental Health Policy set up by the Ministry of Health and Family Welfare, Government of India.

Brief bios of members of The Bangalore Declaration Group (in alphabetical order)

1. **Dr. Anant Bhan**, a trained medical doctor with a masters' degree in bioethics from the University of Toronto. A researcher in Global Health, Health Policy and Bioethics. Currently Adjunct Professor, Department of Community Medicine, Yenepoya Medical College and Centre for Ethics, Yenepoya University, Mangalore. Member of the Working Group set up to revise the 2002 CIOMS International Ethical Guidelines for Biomedical Research involving Humans, and the Steering Committee of the Global Forum on Bioethics in Research. He is also a member of the Board of the International Association of Bioethics.
2. **Dr. Ajit Bhide (brief bio already listed under IPS Task Force)**
3. **Dr. Sheila Daniel**, completed post graduation in Social Work from Stella Maris College, Madras University, Post Graduate Diploma in Psychiatric Social Work from NIMHANS and Ph.D. in Social Work from Bangalore University. Retired as Associate Professor in Psychiatric Social Work after working for 33 years at St. John's Medical College Hospital. Been involved in a wide range of clinical work, rehabilitation, teaching and research. After retirement in 2012, been working at the NGO SEESHA (Samithi for Education, Environment, Social & Health Action), and currently involved in Counselling of Students and Community patients.
4. **Dr. R. B. Galgali**, after obtaining DPM, MD and DNB, he is currently Professor and Former Head of Department of Psychiatry at St. John's Medical College, Bengaluru. He is actively involved in medical undergraduate and postgraduate training with a special interest in Adult and General Hospital Psychiatry.
5. **Dr. Padmini Isaac**, Former Head of Department of Obstetrics and Gynecology, St. Martha's Hospital, Bengaluru. Head of OBG at Cloudnine group of hospitals. Presently Senior visiting consultant at St Martha's Hospital and Consultant at Cloudnine Hospital, Jayanagar. Former Treasurer, Secretary and President of Bangalore Society of Obstetrics and Gynecology. She has been a post graduate teacher for 30 years. Area of interest High Risk Pregnancy.
6. **Dr. Sanjeev Lewin**, Professor of Departments of Pediatrics, Medical Ethics and Medical Education at St. John's Medical College, Bengaluru.
7. **Dr. Tanya Machado**, retired in January 2016, as Professor of Clinical Psychology, St. John's Medical College after working there for 39 years. She was involved in teaching, clinical work and research. She has been a Ph.D. MD, MPHIL examiner. She was Scientific Director for Asia, and local director Bangalore for the project on Drug abuse in Asian Setting, funded by International Federation of Catholic universities and European Union. Been a member of the editorial board of Revista Analisis, an international journal on drug abuse published from Columbia. Currently involved private practice as a consultant clinical psychologist.
8. **Dr. Pratima Murthy**, Professor of Psychiatry at the Centre for Addiction Medicine, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore. Fellow of the Royal College

of Psychiatrists Glasgow. She is a national and international consultant for several agencies in training, manual development, workplace prevention and policy formulation for substance use disorders. She is presently in-charge of the forensic services at NIMHANS. Also worked in the area of human rights in mental health care and been involved in several National Human Rights Commission initiatives in this area.

9. **Dr. Anna B Pulimood**, Professor, Department of G.I. Sciences, CMC Vellore. MBBS and postgraduate training in Pathology in CMC, Vellore. Trained in GI pathology and then spent three years in University of Newcastle upon Tyne, UK, as Research Associate. PhD in Inflammatory Bowel Disorders. She has served terms as Deputy Director in charge of gifts and grants, as Vice Principal for Undergraduate MBBS students, as Vice Principal for Human Resource and currently the Principal designate at CMC Vellore.
10. **Divya Rajaraman**, has a background in Development Studies and Social Policy. She has worked on maternal and child health, adolescent health promotion and hygiene promotion in India, and also has extensive experience in strengthening delivery of HIV treatment services in southern and Eastern Africa. She was a faculty member, Division of Public Health, St. John's Research Institute, Bengaluru. She is currently an independent consultant based in New York City.
11. **Dr. Sanjay Rao**, Senior Consultant and Head, Department of Pediatric Surgery, Senior Consultant, Division of Solid Organ Transplantation, Mazumdar Shaw Multispecialty Hospital, Narayana Health, Bengaluru.
12. **Dr. G. D. Ravindran**, trained at St. John's Medical College. PGDMLE from National Law School, Bengaluru. A recipient of the Fogarty international award, he underwent training in Bioethics at the University of Toronto. Been in charge of Department of Clinical Ethics at St. John's Medical College. Also the course coordinator for clinical ethics for ICMR Bioethics training program and on the panel of Reviewers for the 2006 ICMR guidelines. He has extensively toured Karnataka State as part of ethics programme of IMA.
13. * **Dr. Sunita Simon Kurpad**, (brief bio already listed under IPS Task Force).
14. **Dr. George Thomas**, currently Consultant Orthopedic Surgeon, St. Isabel's Hospital, Chennai. He was the previous editor of The Indian Journal of Medical Ethics.

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Message from President and Hon. General Secretary, Indian Psychiatric Society

Dear Colleagues,

Indian Psychiatry Society along with the Bangalore Declaration Group - a team of doctors across various medical specialties in India, has come up with a set of guidelines for doctors on sexual boundaries for the first time to train them on what is ethically right and wrong.

The Oath does specify that doctors must not enter into unhealthy relationships with patients, particularly in the sexual context. The need for specific guidelines for doctors to reflect the issues involved, as patients are a particularly vulnerable group was recognized by the Indian Psychiatric Society. IPS commissioned Task Force on Boundary Guidelines has been working since 2008 at this stage, on preparing guidelines for doctors on sexual boundaries.

It is important for the doctors to know about their boundaries of being intimate with a patient, both physically and mentally. Non-consensual sexual activity is a crime but doctors agree that even consensual sexual activity in a power imbalanced relationship like that of a doctor and patient is not truly consensual. It is hoped that these guidelines will encourage other medical groups in India to begin addressing these problems efficiently.

The IPS Task Force on Boundary Guideline, under the able leadership of Dr. Ajit Bhide, Chairperson, Dr. Sunita Simon Kurpad, Co-Chairperson and Dr. Srilakshmi Pingali, Convenor has done a remarkable work and Indian Psychiatric Society is really happy to promote these guidelines.

These guidelines are uploaded at IPS website www.indianpsychiatricsociety.org for opinions from the members of IPS after which by October 2, 2016 IPS would adopt them. All the members of IPS have to abide by the guidelines.

We encourage each of you to write your suggestions and email them to the Hon. General Secretary's office suggestion box – ipssecretaryoffice@gmail.com

Long live IPS.

Dr. G. Prasad Rao
President
Indian Psychiatric Society

Dr. Gautam Saha
Hon. General Secretary
Indian Psychiatric Society

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- 1) It is the ethical duty of all doctors to ensure effective care for their patients. This would mean that their own conduct should in no way harm their patient. Sexual relationships between doctors and patients invariably harm both the patient and the doctor. Trust, which is central to an effective doctor patient relationship, is inevitably damaged. In view of the power gradient that invariably exists in the doctor patient relationship, the onus is on the doctor to ensure he or she does not enter into an emotional or sexual relationship with a patient.
- 2) While the laws relating to sexual abuse in India generally pertain to women, these Guidelines aim to be gender neutral and serve as a guide to a code of conduct on doctors of any gender, and to protect patients of all genders too.
- 3) Doctors should ensure that they do not exploit the doctor patient relationship for personal, social, business or sexual gain.
- 4) In view of the power gradient in the doctor patient relationship and possible transference issues, doctors are reminded that even ‘consensual’ sexual activity between patients and doctors irretrievably changes the therapeutic nature of the doctor patient dynamic. This would be detrimental to the patient (even from the viewpoint of interfering with good medical care). This would mean that even if it is the patient who attempts to initiate the sexual relationship, it would be against good medical practice for a doctor to enter into such a relationship. Besides, it can be said that consent in a power imbalanced relationship is not true consent. While in some situations it may not be considered as ‘illegal’, these Guidelines would still consider it as a Sexual Boundary Violation (SBV).
- 5) Any non consensual sexual activity would amount to sexual abuse/ molestation/ rape and doctors would be answerable to the law of the land. (Indian Penal Code laws relate to rape,

child sexual abuse, sexual molestation, adultery and sexual harassment in the workplace). Sexual activity with a person less than 18 years of age in India amounts to statutory rape (consent immaterial). The Indian Penal Code states that consent for a sexual relationship with a woman of ‘unsound mind’, is deemed invalid and amounts to rape. The Indian Criminal Law Amendment Act (2013), lists out details of what behaviour is tantamount to sexual harassment and stalking. Section 376C (d) states the punishment for anyone in a position of authority in a hospital, if they misuse their authority by having sexual contact with someone under their care.

- 6) It is obviously important for doctors to take a relevant sexual history and perform appropriate physical examination. This should be done sensitively and documented properly in the notes. If intimate examination is done, gloves should be used, a chaperone present and indication and findings documented in the notes. All this should be communicated properly to patients, to prevent any subsequent misunderstandings. The doctor should not touch a patient inappropriately in the guise of physical examination or sexual therapy, for own sexual gratification. Doctors need to be aware that sexual boundary violations (SBVs) can occur in all gender dyads.
- 7) If treatment that requires the patient to be sedated is used (like electroconvulsive therapy, or any procedure that requires anaesthesia), a nurse should be present during the induction and recovery of anaesthesia. This is good medical practice, not just a deterrent to sexual abuse.
- 8) A minimum time frame of one year should elapse after the doctor patient relationship is terminated, after which it *may be* permissible for a doctor to have a sexual relationship with a patient (so long as existing laws of the Indian Penal Code are not broken). Doctors are reminded of the difficulties with defining a time frame, as ending of ‘treatment’ does not signify the end of the ‘doctor patient relationship’ in view of the multiple issues involved, including relapse rates of illnesses. If, for whatever reason a doctor feels it imperative to have an emotional/ sexual relationship with a patient (and again, if it does not involve the breaking of any laws), then they should ensure the patient’s care is ‘handed over’ properly to another doctor. It is advisable that doctors discuss the issue with a senior colleague to ensure that they themselves are not entering a relationship due to own vulnerabilities which need to be addressed.

- 9) It is impractical to have a detailed list of do's and don'ts regarding Non Sexual Boundary Violations (NSBVs) as often it is the context which differentiates an acceptable boundary crossing from an unacceptable boundary violation. However, it would be useful to note that sometimes NSBVs can 'slip into' SBVs. It would be important for all doctors to be alert to warning signals in their own (or in their colleague's) , as well as patients' behaviour in these situations.
- 10) Doctors are reminded to ensure that they use social media responsibly, as it can inadvertently lead to a blurring of professional boundaries.
- 11) As doctors are to ensure they do not exploit the doctor patient relationship for sexual gain, it would also imply that these Guidelines extend to protect the family members of patients too. (This would extend to family members who are also part of the therapeutic doctor patient/ family dynamic).
- 12) Any failure to follow these Guidelines, if reported to the Indian Psychiatric Society (IPS) will be referred to the Ethics Committee. It is suggested that all allegations of SBV be taken up for initial enquiry by the Ethics Committee of the IPS. If considered appropriate, they will refer the case to the local "Internal Complaints Committee" (as required by the Supreme Court mandated law on Prevention of Sexual Harassment of Women in the Workplace (Prevention, Prohibition and Redressal Act 2013.) Though this law pertains to women at the workplace, many hospitals/ nursing homes have gender neutral policies which extends to patients too.

If any criminal act is reported, then the appropriate process of enquiry by the police should be initiated. Doctors are reminded of their own ethical obligation to report unethical conduct by colleagues. (As listed in Section 1.7 of The Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002.). Where children are involved, reporting is mandatory or risks imprisonment (Protection of Children from Sexual Offences Act, POCSO 2012).

- 13) Though these Guidelines pertains primarily to patients, doctors are reminded that similar care should be extended to interactions with students, colleagues and other professionals in the

multidisciplinary team- indeed anyone who is in a ‘power imbalanced relationship’ with the doctor.

14) False allegations can occur. It is important for doctors to be alert to warning signals and risk situations.

If the doctor finds him/ herself in the midst of an allegation (whether true or false), it would be important to reach out to colleagues for support. Members of the IPS should be available to support a colleague during any enquiry into an allegation. In the event of an allegation, support should not mean ‘covering up’ the issue. If the allegation proves true on enquiry, the colleague should be supported to face the consequences of his or her behaviour. Steps should be taken to access help to try and ensure that the behaviour does not recur and patients are protected.

15) The Indian Psychiatric Society recognizes that SBVs are not restricted to any particular group of doctors, indeed not restricted to doctors alone, but occurs in all professional groups. In endorsing this Guideline for Doctors on Sexual Boundaries, the Indian Psychiatric Society takes one step towards effective action against sexual abuse in our society.

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Date 24 August 2016

The Bangalore Declaration Group and Indian Psychiatric Society

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