CPSO Initiative: Sexual Abuse Principles

The following principles ground the College’s own Initiative on Sexual Abuse, approved by Council in December 2014. They articulate the College’s approach to sexual abuse of patients by physicians. The Principles are meant to provide guiding statements on each topic.1

PRINCIPLE 1: Harm and Breach of Trust
Sexual abuse2 is harmful and physicians must never have any sexual involvement with patients. Any form of sexual relations between physicians and patients is sexual abuse; patients cannot consent to sexual relations with their physician.

There is an inherent power imbalance in the physician-patient relationship. The physician-patient relationship is fiduciary in nature, requiring physicians to act with the utmost good faith and to ensure patients’ best interests are paramount.

Sexual abuse of patients exploits this power imbalance, is contrary to physicians’ fiduciary duties and is a breach of trust. Sexual abuse harms not only the individual patients who are abused, but also the public at large by undermining the public’s trust in the medical profession.

PRINCIPLE 2: Prevention
Education of physicians and medical trainees is essential to prevent sexual abuse of patients. Physicians must have a clear understanding of their obligations to maintain appropriate boundaries with patients, and that any sexual involvement with patients is harmful, is considered sexual abuse, and is never acceptable.

Education of the public is also essential. The public needs clear information about the differences between appropriate and inappropriate physician-patient interactions and what patients can expect from physicians.

Patients also need to be aware of steps they can take to keep themselves safe, and to question anything they have experienced that doesn’t feel right. This includes information regarding how to share their concerns with the College and others, and the support the College provides when they do so.3

Physicians have responsibility both individually and collectively to prevent and respond to sexual abuse of patients.

Individually, physicians must maintain appropriate boundaries with patients and must not sexually abuse patients.4 Physicians must also make a mandatory report when they have reasonable grounds to believe that a patient has been sexually abused by a regulated health care professional.5

Collectively, physicians together with organizations, hospitals and others, have a shared ethical responsibility to prevent and respond to sexual abuse of patients.
**PRINCIPLE 4: Respect, Fairness and Transparency**

Complaints and disciplinary processes must ensure that all individuals—patients and physicians—are treated with respect. Processes must be fair, impartial and transparent.

In acknowledgment of the inherent power imbalance between physicians and patients, and the challenges patients experience in both reporting sexual abuse and proceeding with the complaints process, the College will continue to support and empower patients throughout the College’s complaints and discipline processes.

**PRINCIPLE 5: Public Protection**

In fulfilling its regulatory duties, the College has a duty to serve and protect the public interest. Public protection is the College's top priority in relation to sexual abuse of patients. When a physician has sexually abused a patient, the College will impose penalties that will ensure that individual patients and the broader public are protected.

**PRINCIPLE 6: Public Confidence**

It is essential that the public have confidence that the College is acting in manner that is consistent with its duty to serve and protect the public. The College's work must not only be done; it must be seen to be done.6

In relation to sexual abuse of patients, the public must have confidence that the outcomes of sexual abuse complaints are just and achieve the goal of public protection.

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**Sexual Abuse and Sexual Assault are Issues that Are Important to the College.** They are also issues of broad social concern. The College is committed to doing all it can to ensure patients are protected from sexual abuse by physicians, and those who have experienced abuse are supported in coming forward to report the abuse. The College cannot act alone. In order to address these issues properly and to prevent sexual abuse and sexual assault from occurring in society, a collaborative approach is required. Participation from government, regulatory colleges, the private sector, community support agencies, educational institutions and others is necessary.

1. For more information about the College’s Sexual Abuse Initiative, please see the College’s dedicated Sexual Abuse webpage.
2. Section 1(3) and (4) of the Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, S.O. 1991, c. 18 defines “sexual abuse” of a patient by a member as: a) sexual intercourse or other forms of physical sexual relations between the member and the patient; b) touching, of a sexual nature, of the patient by the member; or c) behaviour or remarks of a sexual nature by the member towards the patient. “Sexual nature” does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.
3. For more information regarding sexual abuse complaints and the support the College provides, please see the College’s Sexual Abuse Complaints webpage.
4. For more information, please see the College’s Maintaining Appropriate Boundaries and Preventing Sexual Abuse policy.
5. For more information, please see the College’s Mandatory and Permissive Reporting policy.
6. Public confidence is a principle shared with the College’s Transparency Initiative.