



Maintaining Professional Boundaries in the Practitioner—Patient/Client Relationship

Tony Peregrin

NUTRITION AND DIETETICS practitioners have a fiduciary responsibility to act in the best interest of their customers, whether providing service to a client, patient, resident, participant, student, consumer, individual or person, group, population, or organization. Developing this competency requires the identification and maintenance of appropriate professional boundaries. Self-awareness and education are essential tools for determining the differences between the professional—patient/client relationship and nonprofessional relationships, as is an active understanding of the Code of Ethics for the Nutrition and Dietetics Profession, which was updated in June 2018 by the Academy of Nutrition and Dietetics (Academy) and its credentialing agency, the Commission on Dietetic Registration (CDR).

This article describes specific behaviors that may jeopardize the integrity

of both the practitioner—patient/client and the instructor—student relationship and provides strategies for preserving professional relationship boundaries.

THE ACADEMY/CDR CODE OF ETHICS AND BENCHMARKING OTHER CODES OF CONDUCT

The newly revised Academy/CDR Code of Ethics is responsive to topic areas relevant to contemporary nutrition and dietetics practice, including maintaining professional boundaries and providing responsible and ethical care.¹ The final Code is composed of four anchor principles, with 32 accompanying ethical standards. The obligations of nutrition and dietetics practitioners related to ethical behavior are reflected in Principle 3: “Professionalism (Beneficence),” Standards e and f, which state: “Nutrition and dietetics practitioners shall uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees or students” and that they shall “refrain from verbal/physical/emotional/sexual harassment.”²

The foundational components of beneficence, autonomy, justice, and nonmaleficence upheld by the Academy/CDR Code of Ethics align with the codes of other professional organizations. In fact, 11 codes of conduct from a wide range of professional associations—all of which provide service to, and interaction with, the general public—were reviewed as part of the development process for the 2018 Academy/CDR Code of Ethics.³⁻⁵ Several of these codes include guidelines specifically related to maintaining practitioner—patient/client relationships, including the American Medical Association (AMA) and the American Counseling Association (ACA).

The AMA Code of Ethics is composed of two components: the Principles of

Medical Ethics and the Opinions of the AMA council on Ethical and Judicial Affairs. According to the AMA’s Code of Medical Ethics Opinion 1.1.1, “The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering.”⁶ The relationship between practitioner and client is based on trust, and it is the physician’s “ethical responsibility to place patients’ welfare above the physician’s own self-interest or obligations to others, to use sound medical judgment on patients’ behalf, and to advocate for their patients’ welfare.”

The AMA’s Code of Medical Ethics Opinion 9.1.1 also addresses practitioner—client relationships, stating that “romantic or sexual interactions between providers and patients that occur concurrently with the patient—physician relationship are unethical.”⁷ “Such interactions detract from the goals of the patient—physician relationship and may exploit the vulnerability of the patient, compromise the physician’s ability to make objective judgments about the patient’s health care, and ultimately be detrimental to the patient’s well-being.”⁷ The AMA calls for physicians to avoid contact with a patient if they have reason to believe “that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact [and] should avoid such contact.”⁷

The AMA’s Principles of Medical Ethics supports these Opinions in standard II, which calls for the physician to “uphold the standards of professionalism and be honest in all professional interactions” and in standard III, which mandates that physicians “respect the rights of patients, colleagues, and other health

2212-2672/Copyright © 2018 by the Academy of Nutrition and Dietetics.
<https://doi.org/10.1016/j.jand.2018.07.020>
Available online 19 September 2018

The [Continuing Professional Education \(CPE\) quiz](#) for this article is available for free to Academy members through the MyCDRGo app (available for iOS and Android devices) and through www.jandonline.org (click on “CPE” in the menu and then “Academy Journal CPE Articles”). Log in with your Academy of Nutrition and Dietetics or Commission on Dietetic Registration username and password, click “Journal Article Quiz” on the next page, then click the “Additional Journal CPE quizzes” button to view a list of available quizzes. Non-members may take CPE quizzes by sending a request to journal@eatright.org. There is a fee of \$45 per quiz (includes quiz and copy of article) for non-member Journal CPE. CPE quizzes are valid for 1 year after the issue date in which the articles are published.

professionals, and safeguard patient confidences and privacy within the constraints of the law.”⁴

The ACA shares a similar mission to the Academy and to the AMA in terms of safeguarding the integrity of the practitioner–client relationship. According to the ACA’s Code of Ethics, Section A.5.a–A.5.e, “Sexual and/or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.”⁵ The ACA also prohibits members from engaging in counseling relationships with friends and family with whom they have an inability to remain objective.

As for treating clients with whom the counselor has had a previous relationship, the ACA Code of Ethics recommends engaging in “appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and [that] no exploitation occurs.”⁵

A code of ethics—for any professional organization—empowers practitioners to think and act in a manner that upholds the fundamental ideals of the organization and is intended to protect and benefit the practitioner and the patient/client.¹

MANAGING BOUNDARIES WITH PATIENTS/CLIENTS AND STUDENTS

The practitioner–patient/client relationship is based on the individual needs of the patient/client and differs from nonprofessional, casual, and social relationships because of the power differential inherent in those professional relationships. Ethical conduct boundaries are composed of “expected and accepted psychological and social distance between practitioners and patients.”⁸ Despite these distinctions, the reality is that appropriate behavior perimeters can be challenging to define in professional relationships. Recognizing the elevated position of the food and nutrition expert and the dependency of the patient/client on the care and services provided by the professional is the first step in establishing boundaries in this setting.

The 2016–2018 Academy/CDR Code of Ethics Task Force was formed to lead

the review and revision of the 2009 Code; several members made themselves available for interview in this article to clarify the roles and responsibilities of nutrition and dietetics practitioners when engaging with patients/clients and students.

“People’s health and dietary concerns are something that is very personal. When a client comes in and talks to a dietitian, they are opening up and they are letting their emotions, their vulnerability show through,” said Ellen Rosa Shanley, MBA, RD, CDN, FAND. “As the professional who is working with these individuals, you need to make sure that you are not abusing that trust.”

Safeguarding the boundaries of the practitioner–patient/client relationship also involves self-assessment and the ability of the nutrition and dietetics practitioner to take an inventory of their own emotional exigencies.

“I think the boundary violations really come from our own human needs,” said Jody Vogelzang, PhD, MAT, MHS, RDN, LD, CHES, FADA, FAND. “There are times when clients may become our sounding boards and that is a step in the wrong direction. It could include coming out of a bad relationship and finding a client or student easy to talk to and relate to because you’ve seen them several times, you’ve heard their stories, and you find yourself sharing your own experiences. If you are at that point, you should hand that client over to another dietetics professional. I think knowing where your vulnerabilities are as a person is really important when we’re working long-term with clients.”

“I think it’s important to make sure that you have as many personal relationships as you need to feel secure, and that you are not looking for that kind of connection with clients because it’s just not appropriate,” added Catherine Christie, PhD, RDN, LD/N, FAND. “The nutrition and dietetics professionals who get in trouble with this are often emotionally needy themselves. I think these boundaries also apply to the student–teacher relationship—it is never in their best interest for you to be anything but professional with students and clients.”

A fundamental step in establishing appropriate behavior in the academic setting is to “outline the general

responsibilities and expectations of the teacher/practitioner and the student.”⁹ Expectations for instructors could include: respect confidentiality (except when they are contrary to law); avoid engaging in or tolerating harassment of students (including emotional, sexual, and physical); be open to criticism and adapt to reasonable learner needs; and avoid misuse of power for personal gain or punishment. Student expectations including behaving with integrity toward all participants in the education process; refusal to engage in educational activity that does not respect consent guidelines; and avoiding any behavior that constitutes misrepresentation, lying, or plagiarism.⁹

“A lot of students are very vulnerable. They have their own issues that they’re dealing with... just the amount of debt that these students are carrying by the time they finish a master’s degree alone is stressful and I think the professor needs to be aware of that,” said Vogelzang. “We know the students that are needy and that come by our office frequently. And we need to be aware of what it is that they really need. Do they need a piece of you personally or do they need some additional help with the class materials? And once we decide on that answer, we have to act appropriately. I think we always need to be glad that a student is willing to share [their personal issues] with someone. I think active listening is great, but that referral piece needs to happen. Trying to take someone on that has a recurrence of an eating disorder, even though I’m a registered dietitian, that’s not for me to take on. I’m an educator primarily—that goes to our counseling center.”

“I think in order to establish appropriate relationships with their students, instructors really have to look to their colleagues and their peers to help determine if there is an uncomfortable or an unhealthy relationship with a student,” added Susan Laramée, MS, RDN, FADA, FAND. “Students learn a great deal about professional behavior through the modeling of the professional, and I think one thing that is important for all professionals to understand is that they are modeling behavior that students will emulate in the clinical setting, particularly when they’re precepting a student for a clinical experience.”

Case Studies

CASE SCENARIO 1

A practitioner is providing nutrition counseling to a client with significant weight loss goals who is determined to run his first half marathon later that year. The practitioner, herself an avid runner, begins scheduling longer appointments that are not billed to the client. She finds herself thinking about the client away from the office, and in fact, when the client drops by unannounced, she makes time in her schedule to visit with and counsel the patient.

Maintaining Professional Boundaries

Providing special attention to a client—attention that differs from what is provided to other patients—could be a sign of a potential boundary violation.

CASE SCENARIO 2

At the end of a counseling session with a relatively new client, a patient notices a book on the corner of your desk, a newly released piece of fiction that is receiving a lot of attention in the media. He mentions an affinity for the same author and describes a closed Facebook group that is dedicated to this writer. He asks you whether you are on Facebook and whether he can friend you on the social media platform so that he can officially invite you to be a member of the author's fan Facebook page and so that you both can discuss the new book on this platform.

Maintaining Professional Boundaries

Engaging on social media platforms such as Facebook and Instagram can lead to a disclosure of personal information for both the nutrition and dietetics practitioner and the client—even if the client was simply expressing a desire to discuss works of contemporary fiction. Additionally, engaging in activity with a patient during the clinician's free time can blur the boundaries of the professional relationship.

CASE SCENARIO 3

A professor occasionally drives a couple of students to local or regional professional development meetings in an effort to support the students' learning experience outside the classroom. The professor develops a friendly rapport with a particular student, and when dropping her at home one afternoon after a meeting, she reveals some difficulties she is having with her fiancé related to the intensity and frequency of arguments she is having with her soon-to-be husband, and she expresses concern about next steps to alleviate the situation.

Maintaining Professional Boundaries

Empathy—the ability to understand another person's feelings—is an important trait for all instructors and health care practitioners to possess, as is the ability to recognize when a situation may extend beyond your professional expertise. The practitioner can listen and validate the student's feelings but should then encourage her to contact an appropriate colleague or office at the university that is more equipped to help her, following up with an email with appropriate names and contact information.

CASE SCENARIO 4

A practitioner and patient are attending the same holiday cocktail party. The practitioner's mother has died suddenly and unexpectedly, and the client's father also passed under similar circumstances. The holidays are a source of bittersweet memories for the practitioner, and she finds herself mentioning this to the client, and asking her how she copes with the loss of her father, particularly at this time of year.

Maintaining Professional Boundaries

The practitioner should refrain from divulging personal information to the client, and she also should avoid seeking comfort and emotional support from this individual. Instead, she should look to more appropriate sources to fill this emotional need, such as her own family, friends, or circle of peers.

The members of the Academy/CDR Code of Ethics Task Force interviewed for this article all suggested that nutrition and dietetics practitioners struggling with a potential blurring of professional boundaries with a patient/client or

student secure the insights of a mentor. Mentors can provide an unbiased perspective and offer suggestions for how to strike the balance between maintaining a professional distance without appearing uncaring or unsympathetic.

DRAWING THE LINE ON PROFESSIONAL BOUNDARIES

Violations of professional boundaries can impinge on the patient/client's trust in his or her health care provider, and once those lines are crossed, the

patient/client–provider relationship (or teacher–student relationship) is compromised, particularly if those crossed boundaries are romantic or sexual in nature. As such, the following guidelines should be applied when interacting with patients/clients or students^{10,11}:

- Prohibit any behavior that could be interpreted as having sexual overtones, including flirting, unnecessary physical contact, telling inappropriate jokes, and so on
- Avoid planning the care of a patient/client or attention to a student around the needs of other patients/clients and students
- Avoid revealing personal contact details, including social media information
- Refrain from self-disclosure regarding personal issues, including work-related concerns
- Avoid acting or feeling possessive of a patient/client or student
- Avoid spending free/personal time with patients/clients or students
- Maintain an awareness of patients/clients or students who have the potential to form unusual emotional attachments
- Recognize when you feel overwhelmed by a potential boundary violation and seek support
- Maintain a satisfying work–life balance to ensure personal fulfillment

- Document any intimate conversations, touch, or exposure, even when clinically appropriate

CONCLUSION

Negotiating the perimeters of the practitioner–patient/client relationship can be challenging, especially considering that the provision of ethical care is an evaluative process rather than an exact science.¹² The potential for developing a social or nonprofessional relationship is a reality given the often intimate and emotional nature of the work. Patients/clients, as well as students, are the more vulnerable members of these professional relationships as they seek services, guidance, and instruction from the nutrition and dietetics practitioner. Maintaining professional boundaries that limit and define appropriate behavior as mandated by the Academy/CDR Code of Ethics ensures the patient/client is receiving optimal care from the provider in a context that fosters trust and mutual respect.

References

1. Peregrin T. Revisions to the code of ethics for the nutrition and dietetics profession. *J Acad Nutr Diet.* 2018;118(9):1764-1767.
2. Academy of Nutrition and Dietetics. Code of Ethics for the Nutrition and Dietetics Profession. June 2018. <https://www.eatrightpro.org/-/media/eatrightpro-files/career/code-of-ethics/coeforthenutritionanddieteticsprofession.pdf?la=en&hash=0C9D1622C51782F12A0D6004A28CDAC0E99A032>. Accessed June 30, 2018.
3. The American Occupational Therapy Association. Occupational Therapy Code of Ethics (2015). <https://ajot.aota.org/article.aspx?articleid=2442685>. Accessed June 14, 2018.
4. American Medical Association. Principles of Medical Ethics. <https://www.ama-assn.org/delivering-care/ama-principles-medical-ethics>. Accessed July 1, 2018.
5. American Counseling Association. 2014 ACA Code of Ethics. Available at: https://www.counseling.org/docs/default-source/ethics/2014-aca-code-of-ethics.pdf?sfvrsn=fde89426_5. Accessed July 1, 2018.
6. American Medical Association. Patient-physician relationships. Code of Medical Ethics Opinion 1.1.1. <https://www.ama-assn.org/delivering-care/patient-physician-relationships>. Accessed July 1, 2018.
7. American Medical Association. Romantic or Sexual Relationships with Patients. Code of Medical Ethics. Opinion 9.1.1. <https://www.ama-assn.org/delivering-care/romantic-or-sexual-relationships-patients>. Accessed July 1, 2018.
8. Aravind VK, Krishnaram VD, Thasneem Z. Boundary crossings and violations in clinical settings. *Indian J Psychol Med.* 2012;34(1):21-24.
9. Fornari A. Promoting professionalism through ethical behaviors in the academic setting. *J Acad Nutr Diet.* 2014;104(3):347-349.
10. College of Dietitians of Alberta. Chapter 12: Professional Boundaries. In: *The Professional Practice Handbook for Dietitians in Alberta*. <http://collegeofdietitians.ab.ca/wp-content/uploads/2017/01/Professional-Practice-Handbook-for-Dietitians-in-Alberta-2014.pdf>. Accessed July 1, 2018.
11. Oxtoby K. Where to draw the line in relationships with patients. *BMJ Careers*. <http://careers.bmj.com/careers/advice/view-article.html?id=20012342>. Accessed June 15, 2018.
12. Nelkin MB. Professional boundary issues in practice. *J Acad Nutr Diet.* 2015;115(6):975-977.

AUTHOR INFORMATION

T. Peregrin is an editor and writer for a Chicago-based medical association and a freelance writer in Chicago, IL.

STATEMENT OF POTENTIAL CONFLICT OF INTEREST

No potential conflict of interest was reported by the author.

FUNDING/SUPPORT

There was no funding for this article.