

STANDARD OF PRACTICE

The Royal College of Dental Surgeons of Ontario’s Standards of Practice set out legal, professional, and ethical obligations that apply to dentists practising in Ontario. Standards of Practice support dentists and protect the public by communicating the College’s expectations for the profession.

Prevention of Boundary Violations and Sexual Abuse

RELATED RESOURCES

-  [Information on Prevention of Boundary Violations and Sexual Abuse](#)
-  [Boundary Case Scenarios](#)

CONTENTS

EXECUTIVE SUMMARY	1
DEFINITIONS	1
PRINCIPLES	3
REQUIREMENTS FOR PREVENTING BOUNDARY VIOLATIONS AND SEXUAL ABUSE	3
<i>Preventing Boundary Violations</i>	3
• Respecting Patients’ Boundaries	3
• Appropriately Communicating with Patients ...	4
• Appropriately Managing Gift-Giving and Receiving with Patients	4
• Appropriately Managing Dual Relationships with Patients	4
• Appropriately Managing Relations with Persons Closely Associated with Patients	5
• Incorporating a Trauma and Violence-Informed Approach to Care	5
<i>Preventing Sexual Abuse</i>	6
• Mandatory Duty to Report Sexual Abuse	7
<i>Recordkeeping Requirements</i>	7

EXECUTIVE SUMMARY

This Standard of Practice sets out the requirements for dentists’ professional behaviour to prevent boundary violations and sexual abuse of patients. This Standard of Practice is supported by companion resources, including FAQs and Case Scenarios, which provide supplementary information, guidance and 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 naturally exists in the dentist-patient relationship and place the dentist's personal interest(s) 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:

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

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

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

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

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

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.

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.

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

Trauma and violence-informed care is an approach to health care that recognizes the signs, symptoms and widespread impact of trauma and ongoing violence on patients. Using this approach, dentists treat patients by fully integrating knowledge about victim experiences of trauma and ongoing violence into their practices. The approach facilitates a culture of safety, trust, empowerment and healing and seeks to avoid re-traumatization.

PRINCIPLES

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

1. The RCDSO has zero tolerance for sexual abuse.
2. The paramount responsibility of a dentist is to the health and well-being of patients.¹¹
3. The dentist-patient relationship is based on mutual respect and trust.
4. There is an inherent power imbalance that exists in the relationship between a dentist and patient, which can make a patient vulnerable to boundary violations and sexual abuse.
5. Maintaining professional boundaries respects patients, helps ensure the provision of safe and effective care and upholds the public's trust in dentistry.

REQUIREMENTS FOR PREVENTING BOUNDARY VIOLATIONS AND SEXUAL ABUSE

PREVENTING BOUNDARY VIOLATIONS

The following sections set out requirements for preventing boundary violations.

A separate section sets out requirements for preventing sexual abuse.

Respecting Patients' Boundaries

1. Dentists must establish and maintain appropriate professional boundaries with their patients at all times, including when engaging with patients in a non-clinical context.
2. Dentists must respect and be mindful of the ways in which a patient's sense of personal boundaries might be informed by factors such as their age, sex, gender, gender identity, ethnicity, culture, religion, sexual orientation, physical differences, socio-economic status, current or past medical conditions and personal history and experience.
3. Dentists must not abuse or harass a patient, including but not limited to, verbal, emotional, psychological, physical abuse or harassment, including sexual harassment.¹²

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.

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

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

Appropriately Communicating with Patients

4. Dentists must communicate (whether in-person, electronically, through social media, or otherwise) in a professional manner¹³ and not breach patient privacy and confidentiality.¹⁴ Breaching patient privacy and confidentiality of patients' personal health information can be considered a boundary violation.
5. Dentists must not make inappropriate comments that could reasonably cause offense, undermine trust in the dentist and profession or make a patient feel uncomfortable or discriminated against. This includes, but is not limited to, inappropriate comments regarding a patient's:
 - a. body, clothing and/or accessories;
 - b. sexual orientation;
 - c. gender identity;
 - d. religious, cultural and/or ethnic background;
 - e. race;
 - f. age;
 - g. disabilities;
 - h. socio-economic status;
 - i. relationship status; or
 - j. insurance or benefits status, including private insurance or reliance on a publicly funded government plan.
6. Dentists must not disclose inappropriate personal information to a patient, such as intimate details of their personal life.¹⁵

Appropriately Managing Gift-Giving and Receiving with Patients

When managed appropriately, gift-giving between dentists and patients can reflect mutual care and respect. However, the exchanging of gifts can also

introduce risks, such as unclear boundaries, conflicts of interest, and impaired clinical judgment and objectivity. These risks increase as the value of the gift increases, and as the gift becomes more personal.

7. Dentists who accept gifts from, or give gifts to, a patient, must do so with the patient's best interests in mind, and in a manner that preserves appropriate professional boundaries and objective clinical judgment.¹⁶
8. Dentists are advised to develop an office policy on gift-giving and receiving to help establish clear expectations.
9. Dentists must not give gifts to individuals to become patients or remain patients, and/or refer other patients to them, as this may give rise to a conflict of interest.¹⁷

Appropriately Managing Dual Relationships with Patients

10. Dentists must appropriately manage dual relationships, as these can complicate the treating relationship, risk undermining the provision of safe and effective care, and increase the risk of boundary violations.
11. Dentists who provide care within a dual relationship (e.g. provide care to a dual friend, family member, staff member or someone they are in a financial/business relationship with) must meet their professional obligations while providing care, including ensuring that:
 - a. their clinical judgment and objectivity is not compromised;¹⁸

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 This would include information that can be reasonably regarded as being too personal or private to disclose to a patient, as it would compromise or violate the boundaries of the professional dentist-patient relationship.

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.

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

¹⁸ See note 11.

- b. patient autonomy in decision-making is maintained, including by obtaining informed consent;
- c. patient privacy and confidentiality of the patient's personal health information is safeguarded;¹⁹ and
- d. conflicts of interest are recognized and managed appropriately.²⁰

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

Appropriately Managing Relations with Persons Closely Associated with Patients²²

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

13. Dentists are advised to avoid entering into personal relationships with individuals who are closely associated with a patient when that relationship is likely to undermine the patient's trust or the treating relationship. Factors that may influence the appropriateness of a personal relationship include:
- a. the nature of the clinical care that is being provided and the potential impact on the patient if that care is compromised or disrupted;
 - b. the length of the professional relationship between the dentist and the patient;
 - c. the degree to which the patient is reliant on the person closely associated with them; and

- d. whether the person has any decision-making power on the patient's behalf.

14. If a dentist believes that the patient's trust or care has been undermined, the dentist must take steps to resolve the situation in the best interests of the patient (e.g., by ending the dentist-patient relationship).

Incorporating a Trauma and Violence-Informed Approach to Care

15. Dentists must provide care in a manner that assumes the possibility that a patient has experienced trauma and/or violence and is consistent with principles of trauma and violence-informed care,²³ including:
- a. being mindful of any known or possible conditions, sensitivities, vulnerabilities, experiences or trauma of the patient that may affect the manner in which care is provided;
 - b. assuming a patient is not comfortable with touch, generally avoiding touching a patient unless necessary for providing clinical care and only touching a patient when there is explicit or implied consent, unless there are emergency circumstances;
 - c. exercising professional judgment when using touch to comfort a patient and seeking the patient's consent before doing so;
 - d. being mindful that there are different cultural norms regarding touch;
 - e. using gloves to neutralize physical touch that can be perceived as intimate, such as while performing a head or neck examination;
 - f. being mindful of a patient's sense of space and being sensitive to verbal and non-verbal cues from a patient in response to touch, behaviour, language or the practice environment, and responding accordingly to facilitate the provision of care in a manner that feels as safe and comfortable as possible to a patient;

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.

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.

- g. clearly communicating with a patient throughout an examination or treatment about the steps being taken and encouraging a patient to be an active participant in their care;²⁴
- h. offering or permitting patient supports, as appropriate;²⁵
- i. not resting instruments or other materials on a patient's chest or elsewhere on a patient's body;²⁶ and
- j. ensuring that a bib or drape is placed or adjusted on a patient by first advising the patient that it will be placed or adjusted and then placing or adjusting it in a manner that respects areas that may be sensitive for a patient, such as the neck and chest.

PREVENTING SEXUAL ABUSE

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

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

- 16.** Dentists must not sexually abuse a patient.²⁷ In particular, dentists must not engage in sexual intercourse or other forms of physical sexual relations with a patient, touch a patient in a sexual manner, or engage in behaviour or make remarks of a sexual nature towards a patient.²⁸ This applies even if the physical sexual relations, behaviour or remarks are initiated by the patient.

- 17.** Dentists must not engage in any conduct, behaviour or remarks that would constitute sexual abuse of a patient, in the act of providing dental care to their spouse.²⁹
- 18.** Dentists must not communicate with a patient or engage in any behaviour for the purpose of eventually pursuing a sexual relationship with them.
- 19.** Dentists must not ask questions or make comments about a patient's sexual history, behaviour or performance, except where the information is relevant to the provision of dental care. When such questions are asked, dentists must explain the clinical reason for asking them.
- 20.** Dentists must not make any comments or use gestures, tone of voice, expression or engage in any behaviour that may be reasonably interpreted by a patient as romantic, seductive or sexually demeaning.
- 21.** Dentists must not make any jokes that have a sexual connotation or display any material that has a sexual connotation that is not relevant to clinical care, either in office or online, when acting in a professional capacity.³⁰
- 22.** Dentists must not become involved in a sexual relationship with a patient for at least one year after the termination of the dentist-patient relationship.³¹

²⁴ For example, a patient can be told that they can ask for a break during treatment.

²⁵ Examples of support include a support person or emotional support animal.

²⁶ This applies even if the patient is covered by a bib or drape.

²⁷ 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*.

²⁸ s. 1(3) of the HPPC, Schedule 2 of the RHPA, 1991.

²⁹ 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.

³⁰ See the College's [Practice Advisory on the Professional Use of Social Media](#).

³¹ s. 1(6) of the HPPC, Schedule 2 of the RHPA, 1991.

Mandatory Duty to Report Sexual Abuse³²

- 23.** Dentists must follow mandatory reporting requirements in accordance with the *Regulated Health Professions Act, 1991* (RHPA) specifically by:
- reporting to the Registrar of the appropriate regulatory college, if they have reasonable grounds,³³ obtained while practising dentistry, to believe that a regulated health professional has sexually abused a patient³⁴
 - reporting to the Health and Supportive Care Providers Oversight Authority (HSCPOA), if they have reasonable grounds, obtained while practising dentistry, to believe that a personal support worker registered with the HSCPOA has sexually abused a patient who receives health care or supportive care services from the personal support worker³⁵
 - including the following information in the report:
 - their name;
 - the name of the health professional who is the subject of the report;
 - an explanation of the alleged sexual abuse; and
 - the name of the patient of the health professional that is the subject of the report, if the patient consents to their name being included,³⁶ and
 - making the report within 30 days after the obligation to report arises unless there are reasonable grounds to believe that,
 - the health professional will continue to sexually abuse the patient or will sexually abuse other patientsin which case, the report must be filed immediately.³⁷

RECORDKEEPING REQUIREMENTS

- 24.** Dentists must keep appropriate records in accordance with RCDSO's [Dental Recordkeeping Guidelines](#) and [Electronic Records Management Guidelines](#). Dentists must specifically note:
- any questions asked to the patient of a sexual nature that are relevant to providing dental care;
 - any incidents of alleged boundary violations and/or sexual abuse, including any relevant observations or statements from a patient, dental staff or others present;
 - the date of termination of the dentist-patient relationship; and
 - any reports they make to a regulatory college about alleged sexual abuse by a health professional.
- 25.** Dentists are advised to record any instances of physical touch used outside of providing clinical care, such as comforting a patient in distress.

³² 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.

³³ According to relevant case law, this means "reasonable probability" or "reasonable belief" that is more than mere suspicion.

³⁴ s. 85.3(1)(a) of the HPPC, Schedule 2 of the RHPA, 1991.

³⁵ s. 85.3(1)(b) of the HPPC, Schedule 2 of the RHPA, 1991.

³⁶ s. 85.3(3) of the HPPC, Schedule 2 of the RHPA, 1991.

³⁷ s. 85.3(2) of the HPPC, Schedule 2 of the RHPA, 1991.