

Chapter 12 Professional Boundaries

CHAPTER OVERVIEW

- **The Professional – Client Relationship**
- **Defining Boundaries**
- **Establishing and Managing Boundaries**
- **Boundary Crossings**
- **Boundary Violations**
- **Touching a Client**
- **Boundaries that Protect the Professional**
- **Chapter Summary**
- **Case Scenario**
- **Chapter Quiz**
- **References**

The Professional – Client Relationship

Every relationship has a foundation shaped by specific purposes and needs. The professional – client relationship is a working relationship that is established between a professional and a client or substitute decision maker, based on the individual needs of each client for competent, safe, ethical, professional care / services. As such, the professional – client relationship is established solely to meet the needs of the client (1, 2).

The professional – client relationship differs from non-professional, casual, social, and personal relationships. Clients are generally more vulnerable and less able to protect themselves than the professionals who provide care / services for them. As discussed in Chapter 11 Conflicts of Interest, the professional – client relationship is a fiduciary or trust relationship which requires a high duty of care by the professional. All professionals, including Registered Dietitians and Registered Nutritionists have an obligation to act in accordance with the best interests of their clients and to avoid promoting their own interests.

Gaining an understanding of the differences between a professional – client relationship and a non-professional relationship is fundamental to establishing and managing appropriate

KEY PRACTICE POINT

The professional – client relationship is a working relationship that is established between a professional and a client or substitute decision maker, based on the individual needs of each client for safe, ethical, professional care / services.

professional boundaries. These differences, as related to the practice of Registered Dietitians and Registered Nutritionists, are summarized below.

Differences Between Professional and Non-Professional Relationships

Characteristic	Professional Relationships between Registered Dietitian or Registered Nutritionist (RD) and the Client	Non-Professional Relationships (Casual, social, personal, friendship, romantic, etc.)
Remuneration	RD paid for provision of professional services to client	No payment for being in the relationship; shared between friends
Length of Relationship	Limited to the duration of treatment	Unlimited
Location of Relationship	Place defined and limited to treatment location	No restriction
Purpose of Relationship	To provide professional services to client	Pleasure, interest-directed
Structure of Relationship	Structured around professional services to client	Spontaneous and unstructured
Power Balance	Unequal - RD has more power due to authority, knowledge, influence and access to privileged information about the client	Shared
Responsibility for the Relationship	RD responsible for establishing and maintaining the professional relationship, not the client	Shared
Preparation for the Relationship	RD requires formal knowledge, preparation, orientation and training; client places trust in this knowledge	Does not require formal knowledge, preparation, orientation or training; equal
Time Spent in the Relationship	RD employed under contractual agreement that outlines hours of work for contact between RD and client	Personal choice for how much time is spent in relationship

Adapted from: Physiotherapy Alberta (2), Milogrom (3)

The *Standards of Practice* of the College outline the requirements regarding professional boundaries:

“Standard 2. Boundaries

Standard

Registered Dietitians maintain clear and appropriate professional boundaries with clients and team members.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be sensitive to their position of relative power or influence in professional relationships and not use this status to take physical, emotional, sexual, financial, or other types of advantage of clients and team members.
- b) Establish and maintain appropriate professional boundaries in relationships with clients and team members.
- c) Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face-to-face, virtual dietetic practice, social media).
- d) Obtain consent prior to touching a client.
- e) Refrain from entering professional relationships when current or previous personal, financial, employment, and/or legal affiliations would compromise professional services or integrity.
- f) Minimize the risk of boundary violations when boundary crossings cannot be avoided (e.g., treatment of family/friend in specialized or rural practice), by reporting the boundary crossing to the appropriate authority (e.g., manager, team leader) and by documenting management strategies (e.g., in the client file, record).
- g) When professional boundaries cannot be maintained, take necessary action as required (e.g., end professional relationships with clients, transfer care), and document how the situation was managed.”

Further to this Standard referring to maintaining appropriate boundaries with clients in general, *the Standards of Practice: Sexual Abuse and Sexual Misconduct*, required under *Bill 21: An Act to Protect Patients*, addresses Sexual Abuse and Sexual Misconduct specifically. This Standard of Practice establishes who is considered to be a “patient” for the purposes of a complaint of unprofessional conduct in relation to Sexual Abuse or Sexual Misconduct under the *Health Professions Act* (HPA):

“Standard 1.

Registered Dietitians abstain from conduct, behaviour, or remarks towards patients that constitutes sexual abuse or sexual misconduct as defined in the *Health Professions Act*.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Not engage in a sexual relationship with a patient (or their immediate family member) (constitutes sexual abuse) where:

- i. An individual is a patient of the Registered Dietitian if there is a direct interaction between the Registered Dietitian and the individual and:
 - a. the Registered Dietitian has, in respect of health care/professional service to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
 - b. the Registered Dietitian has contributed to a health record or file for the individual, and/or
 - c. the individual has consented to the service or receiving the service recommended by the Registered Dietitian.
 - ii. An individual is not a patient if:
 - a. there is an ongoing, pre-existing sexual relationship between the individual and the Registered Dietitian, or the individual is the Registered Dietitian's spouse; and/or
 - b. the Registered Dietitian provides the health care/professional service to the individual in emergency circumstances; and/or
 - c. the Registered Dietitian has taken reasonable steps to transfer the care of the individual to another Registered Dietitian or alternate service provider, or there is no reasonable opportunity to transfer care to another Registered Dietitian/service provider.
- b) Not engage in any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature toward a patient (constitutes sexual misconduct).

Standard 2.

The Registered Dietitian or former Registered Dietitian does not engage in a sexual relationship with a former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.

Indicators

To demonstrate this standard, current or former Registered Dietitians will:

- a) Not engage in a sexual relationship with a former patient (or their immediate family member) for a minimum of one year from the date the professional relationship was terminated unless:
 - i. Professional service was provided as part of episodic care only, in which case, the professional relationship ended when the episode of care was concluded.
- b) Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.
- c) Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:
 - The number of times that the Registered Dietitian and the patient had a professional interaction;

- The duration of the professional relationship;
- The nature of the professional interactions;
- Whether sufficient time has passed since the last professional interaction occurred (one year or more);
- Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
- Whether the patient was emotionally dependent on the Registered Dietitian; and
- Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.”

Components of a professional – client relationship that must be considered by Registered Dietitians and Registered Nutritionists when establishing and managing boundaries within a relationship are power, trust, respect, sensitivity, and closeness; each of these components are discussed below.

Power

In a professional – client relationship, the professional is inherently in a position of having more power than their client; this is due to the following:

- The Registered Dietitian or Registered Nutritionist has formal authority through their position within the health care system
- The Registered Dietitian or Registered Nutritionist has unique and specialized knowledge that the client does not
- The client is dependent on the care / professional services that the Registered Dietitian or Registered Nutritionist is providing
- The Registered Dietitian or Registered Nutritionist has access to privileged information regarding the client
- The Registered Dietitian or Registered Nutritionist has the ability to influence others in relation to the care of the client

Clients may be hesitant to compromise the professional – client relationship by challenging the knowledge and expertise of the Registered Dietitian or Registered Nutritionist. Furthermore, some clients may feel vulnerable in a relationship where they must trust that the Registered Dietitian or Registered Nutritionist will act in the best interests of the client.

It is the responsibility of all Registered Dietitians and Registered Nutritionists to use their inherent power in an appropriate manner, ensuring that the needs of their clients are met in a safe and positive environment (1, 2).

Trust

In the professional – client relationship, clients trust that Registered Dietitians and Registered Nutritionists have the required knowledge, abilities, skills, and expertise to provide competent, safe, professional services. Registered Dietitians and Registered Nutritionists have a responsibility to act in the best interests of their clients and to avoid any actions that would undermine the confidence and trust of their clients.

Respect

Respect for the client and their decisions are fundamental to a positive professional – client relationship. The obligations of Registered Dietitians and Registered Nutritionists related to respecting the individuality and autonomy of others are reflected in the College of Dietitians of Alberta (the College) *Standards of Practice*, Standard 2: Boundaries which states the following:

- c). Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face-to-face, virtual dietetic practice, social media).

The *Standards of Practice*, Standard 3. Client-Centred Services, also addresses respect:

- a). Acknowledge and respect the rights, dignity, and uniqueness of each client (e.g., ethnic/cultural background, religion, age, gender, social status, marital status, sexual orientation, political beliefs, physical/mental ability, corporate mission, and values).
- c). Acknowledge and respect clients' rights to autonomy and decision making over their own health.

Sensitivity

Sensitivity is needed to protect the trust and respect of the professional - client relationship. A patient's sense of vulnerability may be increased by the physical proximity, varying degrees of undress and personal disclosure inherent in physiotherapy practice (2).

Closeness

In a professional – client relationship, individuals are typically placed in an atmosphere or setting that requires physical, emotional, and psychological closeness that is not typically found in other everyday relationships. However, the nature and degree of closeness in such relationships differs from the closeness of social, romantic, or sexual relationships. Closeness during the provision of professional services to a client by a

Registered Dietitian or Registered Nutritionist may include but is not limited to the following:

- Physical closeness i.e. during measurement of anthropometric data, or Subjective Global Assessment
- Varying degrees of undress i.e. during measurement of anthropometric data
- Disclosure of personal information
- Expression of emotions

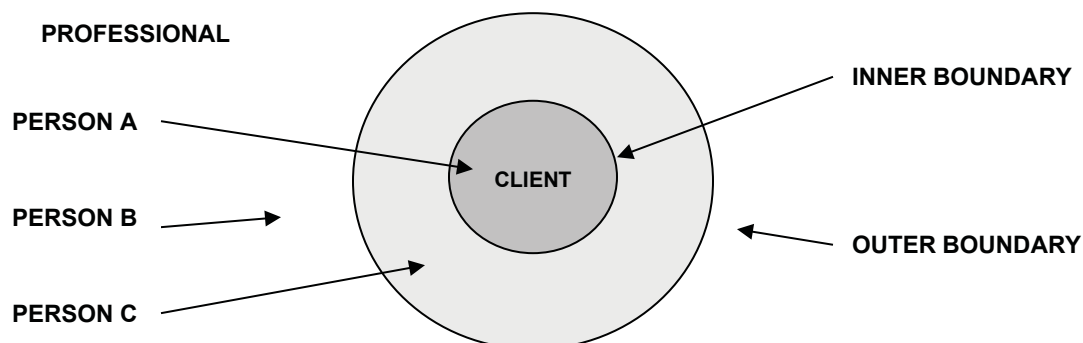
Each of these aspects of closeness within a professional – client relationship is acceptable when carried out appropriately. As indicated in the *Standards of Practice*, Standard 3. Client-Centred Services, Registered Dietitians and Registered Nutritionists have a responsibility to respect the individuality and autonomy of others. Registered Dietitians and Registered Nutritionists should ensure that their clients are informed of and provided consent to perform the care / services that are being provided and that clients are able to share control in decisions that are made in relation to the professional services that they receive.

When closeness becomes unacceptable, in the case of a sexual relationship with a patient, it is important to know that a patient/client *can never* consent to a sexual relationship. Regardless, if a patient initiates or agrees to the relationship, it is always considered sexual abuse of a patient (9).

Defining Boundaries

Professional boundaries set limits to define the parameters of a safe, therapeutic connection between Registered Dietitians or Registered Nutritionists and their patients (2).

A “boundary” defines the comfort zone or personal space of an individual. A “personal boundary” is the point where a client sets limits for a professional in the professional – client relationship. The “inner” and “outer” boundaries are two important contact points in the professional – client relationship which are depicted in the diagram below (5, 6).



The “inner boundary” is the line that separates the client from the professional. When a professional such as Person A in the diagram “crosses” the inner boundary of the client, they have intruded on the client either physically, emotionally, or psychologically, resulting in an invasion of the comfort zone or personal space of the client. A client will generally feel a certain amount of discomfort or bad feelings when their inner boundary is crossed. Registered Dietitians and Registered Nutritionists must be sensitive to the expression, posture, gestures and voice quality of the client, or any other signs that may indicate that the client is experiencing discomfort or bad feelings (4,5).

Another way of looking at boundaries is to consider that rather than a clear, consistent dividing line, Registered Dietitians and Registered Nutritionists must be aware of the grey zone which lies in between clearly acceptable and clearly unacceptable behavior. In this zone, behavior may or may not be appropriate depending on aspects of the professional - client relationship and the treatment provided. In this way, professional boundaries are dynamic in nature (2).

Inherent to establishing a professional - client relationship is knowing where to draw the line between a professional relationship and a personal one, and how to avoid crossing that line. To do so, you must acknowledge the inherent power imbalances in the relationship, the profession’s expectations for appropriate behavior, and your duty of care. Given that there is a grey zone of behaviours that may or may not be appropriate, it can sometimes be difficult to know if you have crossed the line (2):

<i>May be Appropriate</i>	<i>Probably not Appropriate</i>	<i>Never Appropriate</i>
Giving or accepting gifts Romantic relationships with former patients Hugging/touching for reasons unrelated to professional services	Social Relationships with current clients Treating family or friends	Physical, verbal, emotional, sexual abuse, or sexual misconduct Sexual relationship with a current client/patient

In order to gain a better understanding of the concept of the inner boundary of the client in a professional – client relationship, consider the following case example.

Case Example 1: A Registered Dietitian (RD) works in a large urban health centre. For some time, she has been very unhappy as her workload has been steadily increasing due to staffing shortages. She makes a point to mention this to several of her clients. During her last client visit of the day, she tells the client of her workload frustrations, indicating that she has had enough and is thinking of quitting her job. Then, in a somewhat critical manner, the RD provides a rather “aggressive” and directive diet instruction, focusing on everything that the client has been doing wrong and the changes that have to be made. The client becomes very quiet and withdrawn, just wishing that the RD would leave if she thinks that the clients are such a nuisance to her.

In this case example, the Registered Dietitian has crossed the inner boundary of the client. She has shared information that was not essential to the professional – client relationship and did not treat the client with respect, thereby leaving the client in a very uncomfortable position.

The “outer boundary” is the point at which the professional becomes distant and loses touch with the client. Professionals may distance themselves from clients for a variety of reasons which may include discomfort with certain cultural differences, strong body odour, fear of clients with certain disease conditions, personality conflicts, etc. When a professional such as Person B in the diagram distances themselves excessively from the client, the professional – client relationship becomes compromised. Registered Dietitians and Registered Nutritionists must be sensitive to any client behaviours that suggest that the client feels a sense of distance, fear or abandonment i.e. clinginess, hopelessness, anger, etc. and take appropriate actions to resolve the situation (4-6).

In order to gain a better understanding of the concept of the outer boundary of the client in a professional – client relationship, consider the following case example.

Case Example 2: A Registered Dietitian (RD) sees a long-term client who has cardiovascular disease. The client is struggling with the agreed upon nutrition care plan and is making little progress, if any, in managing their disease condition. The RD has given up on the client, shows little interest in helping them set new goals and distances herself from the client. The client feels helpless and hopeless.

In this example, the Registered Dietitian has moved beyond the outer boundary of the client and has distanced herself from the client in such a way that the goals that were established with the client as part of the professional – client relationship will likely not be met.

In the optimal professional – client relationship, the professional must remain objective with the client and maintain a professional distance, which is not too close and not too distant, as depicted by Person C in the diagram. Maintaining a professional distance involves recognizing and respecting the inner boundary of a client and remaining engaged in the provision of care / services to the client. It is within the sphere that is between the inner and outer boundary that the professional and the client can work together most effectively to promote the best interests of the client. (5,7).

The boundaries of an individual will vary from one person to the next and from one context or setting to the next. Most individuals are not even aware of their boundaries until they are crossed, and uncomfortable feelings arise (4,5). It is the responsibility of all Registered Dietitians and Registered Nutritionists to acknowledge and respect the inner and outer boundaries of each of their clients. As professionals, they must be cautious of their attitudes and behaviours and be sensitive to the feedback of their clients, ensuring that they have not crossed the inner boundary of a client or that they have moved outside of the outer boundary by inappropriately distancing themselves.

In the event that any type of discomfort or bad feelings arise in a professional – client relationship, the professional must evaluate the situation and objectively ask the following questions (5):

1. Who is crossing a boundary?
2. Which boundary is being crossed?
3. What can I as the professional do to manage this boundary crossing in an effective manner?

Establishing and Managing Boundaries

Professional boundaries set limits and clearly define the therapeutic behaviour of Registered Dietitians and Registered Nutritionists from any other behaviours, well intended or not, that could lessen the benefits of client care. They also ensure the safe interaction of professionals and clients within the professional – client care relationship. Boundaries give each person in a relationship a sense of legitimate control and function to empower clients (1, 2, 7).

The ability to effectively establish and manage boundaries is essential to providing ethical care / services. Registered Dietitians and Registered Nutritionists must exercise professional judgment as they establish and manage the boundaries necessary for the professional – client relationship to flourish. Professional – client relationships that lead to abuse, romantic encounters or sexual relations are never appropriate; such breaches of trust in a professional – client relationship are prohibited as per the *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention* (9).

KEY PRACTICE POINT

Professional boundaries set limits and clearly define the therapeutic behavior of Registered Dietitians and Registered Nutritionists from any other behaviors, well intended or not, that could lessen the benefits of client care.

The obligations of Registered Dietitians and Registered Nutritionists related to professional boundaries are also reflected in Section 2.5 of the College of Dietitians of Alberta (the College) *Code of Ethics* which states the following:

“2.5 Professional Boundaries

- (1) The dietitian must respect boundaries that separate their personal and professional relationships and roles.
- (2) The dietitian is sensitive to their position of relative power or influence in professional relationships and does not use their position to take physical, emotional, sexual or financial advantage of clients.
- (3) The dietitian does not undertake a professional relationship when a current or previous personal, financial, employment or legal relationship with the

client would compromise the provision of professional services or the integrity of the dietitian.

- (4) The dietitian does not engage in a sexual relationship with a client when a professional relationship exists.”⁸⁰

Contravention of these obligations may constitute unprofessional conduct as defined in the *Health Professions Act (HPA)* which states the following:

“In this Act,

- (pp) “unprofessional conduct” means one or more of the following, whether or not it is disgraceful or dishonorable:
- (ii) contravention of the Act, a code of ethics or standards of practice.”⁸¹

Unprofessional conduct in the form of sexual abuse will lead to the cancellation of a practice permit; unprofessional conduct in the form of sexual misconduct will lead to the suspension of a practice permit (9).

Registered Dietitians and Registered Nutritionists can most effectively establish and manage professional boundaries in the professional – client relationship through the following actions (2):

- Practicing in compliance with legislation, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, and the *Code of Ethics*
- Understanding the differences between a professional – client relationship and a non-professional relationship
- Understanding and establishing professional and personal boundaries
- Understanding communication styles and using appropriate communication strategies to ensure that boundaries are maintained
- Attempting to understand the unique characteristics of each client, including cultural awareness, and their personal boundaries
- Using a client centered approach that promotes client participation and choice in their care through informed decision making
- Establishing the anticipated duration for the professional – client relationship at the onset of the relationship
- Obtaining client consent to treatment for all care / services provided

⁸⁰ College of Dietitians of Alberta. *Code of Ethics*; 2007.

⁸¹ Province of Alberta. *Health Professions Act*, R.S.A. 2000, c. H-7.

- Understanding and applying laws governing privacy and confidentiality of client information
- Using a reflective approach that involves continuous self-assessment of one's behaviours and interactions to ensure that professionalism, integrity and respect are consistently demonstrated toward clients

Boundary Crossings

A boundary crossing occurs when the behaviour of a Registered Dietitian or Registered Nutritionist deviates from the established boundaries of a professional – client relationship. Boundary crossings are much like a conflict of interest. However, in the case of a boundary crossing, the competing interest involves personal feelings rather than financial considerations or gifts. The risks of a boundary crossing are as follows (7):

- 1) They have the potential to interfere with the professional judgment of a professional because of an emotional or other benefit that is gained, or because of fears that an inappropriate behaviour will be exposed.
- 2) They have the potential to compromise the ability of a client to accept or question a treatment decision or to provide informed consent.

Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that eventually becomes cumulatively significant. Registered Dietitians and Registered Nutritionists must be aware of any actions or behaviours that fall outside of what is considered normal within the professional – client relationship. They must ensure that all of their actions and behaviours are directed towards meeting the established goals of the relationship, acting in accordance with the best interests of the client and not promoting their own interests (2).

KEY PRACTICE POINT

A boundary crossing occurs when the behavior of a Registered Dietitian or Registered Nutritionist deviates from the established boundaries of a professional – client relationship.

Boundaries may be crossed in a number of ways; some of the more common types of boundary crossings are as follows (6,7):

Self-Disclosure

Limited and careful disclosure of the personal details of a professional may be helpful in developing rapport with a client. However, a Registered Dietitian or Registered Nutritionist who shares personal details about their private life can confuse a client and may lead the client to think that the professional desires to have more than a professional relationship. Registered Dietitians and Registered Nutritionists should be cautious in self-disclosure; when disclosing any personal information about themselves, they should ensure that the information provided is appropriate and serves to promote the best interests of the client. Self-disclosure is

never appropriate if it is for the purpose of meeting the needs of the professional (6,7).

Case Example 3: A young mother is somewhat overwhelmed with feeding her twin toddlers and makes an appointment to see a Registered Nutritionist (RD). During the appointment, the young mother also mentions that she is having problems toilet training her twins. The RD informs the young mother that her sister had recently experienced similar frustrations and attended a very helpful session on toilet training at a local health unit.

In this case example, the Registered Nutritionist exercised caution while sharing her personal information and did not cross the boundaries of the client. The self-disclosure was appropriate within the professional – client relationship and served to promote the best interests of the client.

Registered Dietitians and Registered Nutritionists must also be aware of disclosure of personal information when using social media (see Chapter 14 Social Media, Virtual and Cross Border Practice), even if the intent is not to share with clients or family members. Being aware of one's privacy settings is recommended; however Registered Dietitians and Registered Nutritionists need to remember that information posted may be permanent and should be considered public information.

Accepting or Giving Gifts

There are potential risks to the professional – client relationship related to accepting or giving gifts. While a client may give a small gift to a Registered Dietitian or Registered Nutritionist as a simple expression of appreciation for the care / services received, larger or more frequent gifts may indicate that a client is developing a personal relationship with the Registered Dietitian or Registered Nutritionist or expects something in return. Similarly, while a Registered Dietitian or Registered Nutritionist may choose to give a small gift to a client to celebrate achieving a particular milestone, larger or more frequent gifts may indicate that the dynamics of the professional – client relationship have changed. Registered Dietitians and Registered Nutritionists should exercise professional judgment when deciding whether to accept or give a gift, giving careful consideration to their workplace policies, the possible consequences of their actions and any possible harm that may result; neither party should feel coerced or manipulated by the offer of a gift (2, 6,7).

Case Example 4: A Registered Dietitian (RD) has been providing nutrition care for a client in a diabetes clinic for a number of years. The client is grateful to the RD for her care and dedication and has offered her the use of her condominium in Florida.

In this case example, it would be appropriate for the Registered Dietitian to express her sincere gratitude, but graciously decline the offer. The value of the gift is too great and accepting such a gift could potentially have an effect on the professional – client relationship.

Dual Relationships

There are two types of dual relationships that professionals must be aware of. The first type of dual relationship occurs when a professional provides two different services, i.e. a Registered Dietitian or Registered Nutritionist may provide nutrition counseling services in addition to selling a particular product, which may or may not be nutrition related. The second type of dual relationship occurs when a professional provides care / services to family, friends, or acquaintances (2, 6).

In the case of a professional who provides two different services, the professional – client relationship may be compromised if a client feels coerced into purchasing a product or service or is dissatisfied with the products or services provided through one of the relationships (6).

The potential problems in establishing and managing boundaries in dual relationships that involve providing care / services to family, friends or acquaintances are obvious when one considers the differences between a professional – client relationship and a non-professional relationship. Family, friends, or acquaintances should be referred to another practitioner. In circumstances where all attempts to find another practitioner have been exhausted and no other options are available, the Registered Dietitian or Registered Nutritionist is expected to provide quality care / services without allowing the dual relationship to compromise their professional judgment. Prior to providing care / services, careful consideration should be given to the following factors:

- The nature of the client’s condition, the care / services required and any boundary crossings that may occur as a result of providing the required care / services
- Reimbursement for care / services provided; in cases where a perceived conflict of interest may occur, the relationship between the Registered Dietitian and Registered Nutritionist should be disclosed to the employer, the client’s health insurance provider and relevant others
- Past experiences or interactions that may affect the professional – client relationship
- Maintaining confidentiality of client information to other family members and / or friends

Registered Dietitians and Registered Nutritionists should avoid providing care / services in any situation where a dual relationship exists. If a relationship is in existence prior to establishment of the professional – client relationship, Registered

Dietitians and Registered Nutritionists are advised to refer the client to another practitioner, if at all possible.

Case Example 5: A Registered Nutritionist (RD) provides nutrition counseling to clients through a private practice. To supplement her income, she also has been selling a line of food storage containers. She does home parties and often takes orders from friends and clients at work. During a nutrition counseling session with an elderly client, the RD tells the client about the food storage containers and gives the client an order form. The client really does not need any food storage containers but feels that if she does not place an order, the RD may no longer want to provide the nutrition counseling services.

In this case example, the Registered Nutritionist has crossed the boundary of the client. The dual relationship is not being appropriately managed by the Registered Dietitian as it interferes with the professional – client relationship and promotes the best interests of the professional rather than that of the client.

Social Networking further illustrates the concerns with a dual relationship. Accepting an invitation to be a client’s friend on Facebook, even with strict privacy settings, will expose the Registered Dietitian to the client’s private life and will expose some information about the Registered Dietitian’s own nonprofessional circumstances. A client who is a “friend” of the Registered Dietitian would be privy to messages, photos and other personal information that may compromise the dynamics of the professional – client relationship.

Registered Dietitians and Registered Nutritionists therefore should not accept friend requests from clients, nor should they solicit “friendships” with clients via social media. A professional social networking page, where clients and the public can access information about the Registered Dietitian’s services, professional / evidence-based nutrition information and other resources is considered acceptable so long as there is no link to the Registered Dietitian’s personal page (For more information please see Chapter 14 Social Media, Virtual and Cross Border Electronic Practice).

Developing a Social Relationship with Clients, their Family Members or Partners

In a professional – client relationship, professionals, clients, and care givers such as family members or the partner of a client will often spend significant amounts of time together. As a result, the potential for developing a social or non-professional relationship between the professional and a client, their family members or partner exists. Registered Dietitians and Registered Nutritionists should be cautious in developing social relationships with a client, their family members or partner, giving careful considerations to the impact that the social relationship may have on the professional – client relationship. Any relationship that does not promote the best interest, individuality, autonomy, and independence of the client is harmful.

Case Example 6: A Registered Dietitian (RD) works in a large acute care hospital. A female client who has sustained a cerebrovascular accident is unable to swallow and relies on enteral nutrition to provide her nutritional needs. The RD has been very involved in the care of this client and has worked closely with the husband of the client to ensure that he knows how to manage his wife’s feedings once she is able to go home. The husband of the client is grateful for the care provided by the RD. He decides to invite her out for dinner on Friday night.

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In this case example, the Registered Dietitian should not accept the dinner invitation. She is still actively involved in providing care to the client; if she entered into any type of social relationship with the husband of the client, she would risk being in a dual relationship.

A romantic / sexual relationship with a client’s family member must be avoided, as noted in the *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention*:

“Standard 2.

The Registered Dietitian or former Registered Dietitian does not engage in a sexual relationship with a former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.”

Furthermore, it is an established convention that professionals, including Registered Dietitians and Registered Nutritionists, provide their services in an appropriate setting. Ignoring established conventions (i.e. meeting in the park, over dinner or drinks, etc.) puts the professional – client relationship at risk by confusing the nature of the relationship with that of a friendship (6).

Developing a Social Relationship with a Former Client

Developing a social relationship with a former client may be appropriate in certain situations. Prior to developing such a relationship, Registered Dietitians and Registered Nutritionists should carefully consider the following:

- The nature of the professional services that were provided (where psychosocial interventions are provided, social relationships with former patients should be avoided)
- The duration professional services were provided, and the likelihood that professional services will be required in future
- The degree to which the client is emotionally dependent on the Registered Dietitian as a result of the previous professional – client relationship
- The potential impact on the well being of the client.

As noted in Standard 2 of the *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention*, the Registered Dietitian does not engage in a sexual relationship with a

former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.

The Registered Dietitian must also not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis (Standard 2 from *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention*).

Prior to considering such a relationship, Registered Dietitians and Registered Nutritionists should carefully consider the following factors from Standard 2:

“b). Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.

c). Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:

- The number of times that the Registered Dietitian and the patient had a professional interaction;
- The duration of the professional relationship;
- The nature of the professional interactions;
- Whether sufficient time has passed since the last professional interaction occurred (one year or more);
- Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
- Whether the patient was emotionally dependent on the Registered Dietitian; and
- Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.”

Case Example 7: A Registered Dietitian (RD) provides nutrition care services in an out-patient clinic. While at the mall, she runs into a former client that she had provided care / services to a few years back when he had initially been diagnosed with celiac disease. He asks the RD if she would like to go for coffee.

In this case example, there would likely be no harm in going for coffee with the former client as a period of time has passed and the former professional – client relationship no longer exists. While having coffee, the Registered Dietitian should quickly realize if the former client is trying to re-establish the former professional – client relationship with her by seeking professional advice, and then act appropriately. If the relationship remains social and

develops further, any nutrition care / services required by the former client should be provided by another Registered Dietitian or Registered Nutritionist.

Developing a social relationship with a client, family members, partners, or former clients via Social Media

As noted above, Registered Dietitians and Registered Nutritionists must separate their personal and professional life on social media sites. It is not appropriate for Registered Dietitians to accept clients as “friends” via their personal social networking profiles, as this would be considered a dual relationship⁸². Please see above and Chapter 14 Social Media, Virtual and Cross Border Practice for more information.

Overall, it is the responsibility of all Registered Dietitians and Registered Nutritionists to acknowledge and respect the boundaries of each of their clients. The following questions should be considered prior to engaging in any activities or behaviours that could potentially involve crossing a boundary (2, 6):

- Would this action be in the best interests of the client?
- Is my action required by the client in order to achieve our agreed upon care / service goals?
- Who would benefit most by my action?
- Could my action have an effect on my provision of care / service to the client?
- Will my action result in the client achieving a greater level of independence?
- Could my actions potentially confuse the client and be perceived as inappropriate in a professional – client relationship?
- Are my behaviours and actions consistent with that of other Registered Dietitians or Registered Nutritionists who are in the same circumstances?
- Could I tell a colleague, my supervisor or my family about my actions?
- Would my actions be supported and funded by my employer or a health insurance provider?

Registered Dietitians and Registered Nutritionists must always remember that the professional – client relationship is established solely to meet the needs of the client and

⁸² College of Dietitians of Ontario. *Boundary Issues*.
<http://www.collegeofdietitians.org/Resources/Ethics/Boundary-Crossings/Jurisprudence-Handbook-Chapter-10-Boundary-issues.aspx>

therefore should exercise caution in their actions, ensuring that they are not at risk of crossing boundaries. In the event that a boundary has been crossed, the Registered Dietitian or Registered Nutritionist has an obligation to ensure that the professional boundaries are upheld. It may be necessary for roles to be re-clarified and care / service plans to be re-established. In situations where this is not possible, and the decision is made to terminate the professional – client relationship, the Registered Dietitian or Registered Nutritionist must take the necessary actions to ensure that the client is not harmed by an interruption to the care / services that were being provided and that appropriate arrangements are made for the transfer of care.

Boundary Violations

A boundary violation on the part of a professional is a deliberate behaviour that is inappropriate and violates the professional – client relationship. Such behaviours are always unacceptable; they are abusive and are not in the best interests of the client. In this context, the term abusive means the misuse of power or a betrayal of trust, respect, or intimacy between a professional and the client that the professional could be reasonably expected to know has the potential to physically or emotionally harm the client (8). Examples of boundary violations include, but are not limited to physical abuse, verbal abuse, emotional abuse, sexual abuse and/or misconduct, financial abuse, and neglect; each of these is explained below.

KEY PRACTICE POINT

A boundary violation on the part of a professional is a deliberate behavior that is inappropriate and violates the professional – client relationship. Such behaviors are always unacceptable; they are abusive and are not in the best interests of the client.

Physical Abuse

Registered Dietitians and Registered Nutritionists must not touch or exhibit any behaviours towards a client that may be reasonably perceived by clients or others to be violent, threatening or to inflict physical harm. Inappropriate actions include but are not limited to hitting, slapping, pushing, using force, shaking, or handling a client in a rough manner.

In certain instances, a Registered Dietitian or Registered Nutritionist may be in a situation where they must defend themselves from a client who is exhibiting violent behaviour. Any protective actions taken should not be mistaken for physical abuse. However, should such a circumstance arise, the Registered Dietitian or Registered Nutritionist must be prepared to explain their actions (7).

Verbal Abuse

Verbal abuse involves any communication with a client that may reasonably be perceived by the client or others to be demeaning, exploitive, insulting, derogatory, humiliating, or seductive. When speaking to clients and others, Registered Dietitians and Registered Nutritionists are advised to use only those words and terms that would be acceptable in a formal public exchange. Practitioners should also be aware

that use of first names (particularly among the elderly) or terms such as “grandma”, “grandpa”, “dear”, “sweetheart”, etc. without the permission of the client have the potential to be offensive, demeaning, and disrespectful (7).

Emotional Abuse

Registered Dietitians and Registered Nutritionists must ensure that their verbal and non-verbal behaviours demonstrate respect for their clients. Examples of disrespectful behaviours that have the potential to be emotionally harmful include but are not limited to manipulation, intimidation, teasing or taunting, sarcasm, retaliation, inappropriate gestures, or posture, threatening, blaming and disregard for the client’s modesty. Registered Dietitians and Registered Nutritionists must also ensure that they do not demonstrate any behaviours towards a client which may be perceived by the client or others as thoughtless or disrespectful for the client’s culture and / or religious beliefs (6,7).

Sexual Abuse and Sexual Misconduct

According to the Government of Alberta, *Sexual Abuse* refers to the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct: sexual intercourse between a patient and regulated member; genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient; masturbation of a regulated member by or in the presence of a patient; masturbation of a regulated member’s patient; encouraging a regulated member’s patient to masturbate; touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by a regulated member.⁸³

Sexual Misconduct refers to any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient’s health and well-being but does not include sexual abuse.⁸⁴

Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the services provided;⁸⁵ if inappropriate to services provided, it is considered sexual abuse.

Penalties and Requirements for Findings of Sexual Abuse and Sexual Misconduct

As noted earlier in the chapter, a patient can never consent to a sexual relationship with a regulated member. A sexual relationship between a Registered Dietitian and their patient is considered sexual abuse and constitutes unprofessional conduct (9).

⁸³ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.1) HPA)

⁸⁴ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.2) HPA)

⁸⁵ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.3) HPA)

The consequences of sexual abuse or sexual misconduct can be long term and serious for both the client and the professional. *Bill 21: An Act to Protect Patients* outlines the penalties for findings of sexual abuse and sexual misconduct of a patient by a health professional.

- A finding of sexual abuse of a patient by a Registered Dietitian will result in the cancellation of their practice permit. Registered Dietitians are prevented from applying for reinstatement if their practice permit has been cancelled as a result of conduct deemed to be sexual abuse or cancelled as a result of one of the specified Criminal Code violations.
- A finding of sexual misconduct towards a patient by a Registered Dietitian will result in the suspension of their practice permit. Registered Dietitians are prevented from applying for reinstatement, for at least 5 years, if their practice permit has been cancelled as a result of conduct deemed to be sexual misconduct.

Under *Bill 21: An Act to Protect Patients*, regulatory colleges are required to:

- provide funding for treatment and counselling for patients who allege sexual abuse or sexual misconduct by a regulated health professional
- post health professionals' discipline history for sexual abuse or misconduct on a public-facing website
- establish a patient relations programs that includes training for health professionals and college staff to prevent and address sexual abuse and misconduct and information to help Albertans understand a college's complaints process
- create new standards of practice for sexual abuse and sexual misconduct approved by the Minister of Health
- when holding a hearing for allegations of sexual abuse or sexual misconduct, make every reasonable effort to ensure that hearing tribunal members have received training on trauma informed practice and sexual violence, and that at least one member of every hearing tribunal has the same gender identity as the patient

It is important that Registered Dietitians and Registered Nutritionists maintain firm and clear boundaries with clients in order to avoid any conduct that could be perceived as sexual in nature. Warning signs that the professional boundaries of the professional – client relationship of a Registered Dietitian or Registered Nutritionist may be in jeopardy are listed below:

Warning signs that the professional boundaries of a professional – client relationship may be in jeopardy include:		
<ul style="list-style-type: none"> • Frequently thinking about the client when away from work • Frequently planning the care of other clients around the client's needs • Spending free time with the client • Sharing personal information or work concerns with the client • Providing the client with personal contact information that is not related to the provision of dietetic services • Feeling responsible if the client's progress is limited • Changing dress style for work when working with the client 	<ul style="list-style-type: none"> • Noticing more physical touching than is appropriate or sexual content in interactions with clients • Favoring one client's care at the expense of another • Keeping secrets with the client • Selective reporting of the client's behaviour • Trading client assignments • Communicating in a guarded or defensive manner when questioned regarding interactions / relationships with the client 	<ul style="list-style-type: none"> • Receiving gifts or continued contact / communication with the client after discharge • Denying the fact that a client is a client • Acting or feeling possessive about the client • Giving special attention / treatment to the client, which differs from that given to other clients • Denying that you have crossed the boundary from a professional – client relationship to a non-professional relationship

Adapted from: Physiotherapy Alberta (2), Coltrane & Pugh (8) and College of Physiotherapists of Ontario (10)

The following protective measures should be applied by all professionals, including Registered Dietitians and Registered Nutritionists as they interact with their clients (6):

- Avoid any type of behaviour that is sexual in nature
- Firmly, but politely stop clients if they initiate any behaviour that is sexual in nature, including flirting, telling inappropriate jokes, etc.
- Do not make any suggestive or seductive comments or gestures that could be subject to misinterpretation
- Do not take a sexual history unless it is clearly required for a nutrition assessment or monitoring
- Do not make comments related to a client's body or sex life
- Never date a client or invite them to be a "friend" via social media

- Avoid self-disclosure
- Be sensitive to and avert clients who attach themselves emotionally
- Document any intimate conversations, touch or exposure, even when entirely clinical and appropriate

Registered Dietitians and Registered Nutritionists need to remember that even if it is the patient/client who initiates a sexual relationship, by definition, it constitutes sexual abuse. It is the responsibility of the professional to manage the boundaries of the professional – client relationship, including terminating the professional - client relationship and referring the patient to another Registered Dietitian, as appropriate. Professionals who “fall in love” with a client and believe that their clients are returning this feeling and consenting to the personal relationship are engaging in sexual abuse (6, 10).

Financial Abuse

Financial abuse involves any actions that result in a monetary, personal, or other material benefit gain or profit to the professional or a monetary, personal, or other material benefit loss to the client. Such actions may occur with or without the informed consent of the client. Examples of unacceptable behaviours include but are not limited to: borrowing money or property from a client; misappropriation or misuse of a client’s money or property; assisting with the financial affairs of the client; soliciting gifts from a client; requiring a client to purchase products or seek other services which would result in personal gain for the professional; unethical or dishonest billing practices; withholding finances through trickery or theft, etc. Any financial transactions that occur between a Registered Dietitian or Registered Nutritionist and the client or appropriate others must be limited to those that are legitimate conditions of the professional – client relationship (7).

Neglect

Neglect occurs when a professional fails to meet the basic needs of a client; such behaviours include but are not limited to isolating or ignoring the client and withholding the basic needs of the client such as food, fluid, or inappropriate withholding of communication or information. (It should be noted that withholding food is not considered neglect where the client’s wishes for end-of-life treatment are being respected following comprehensive medical evaluation (11).) Registered Dietitians and Registered Nutritionists must not neglect a client; they have an obligation to ensure that all of their actions serve to promote the best interests of the client (7).

Touching a Client

In the provision of client care, there are occasions when a Registered Dietitian or Registered Nutritionist must touch a client. Examples of such circumstances would be during measurement of skinfold thickness, waist circumferences, performing Subjective Global Assessment, etc. Touching can easily be misinterpreted. If it is necessary to touch a client while providing care, it is important that the Registered Dietitian or Registered Nutritionist always demonstrates professionalism, and that the client understands that the action is a professional encounter (7). The following principles should be followed in all physical encounters with clients:

- “(a) Obtain the client’s consent before touching;
- (b) Acknowledge that the client can withdraw their consent at any time;
- (c) Avoid causing unnecessary hurt to the client by inappropriate touching;
- (d) Show respect by maintaining the client’s dignity;
- (e) Respect the client’s personal sense of space;
- (f) Use firm yet gentle pressure when touching the client to give reassurance and produce a relaxed response;
- (g) Avoid hesitant movements by being deliberate and efficient;
- (h) Understand when to use gloves for reasons relating to infection control and to decrease intimacy;
- (i) Use proper draping techniques;
- (j) Provide reassurance and explanations throughout the procedure;
- (k) Constantly check for level of understanding and consent; and
- (l) Touch only when necessary.” (6)

KEY PRACTICE POINT

If it is necessary to touch a client while providing care, it is important that the Registered Dietitian or Registered Nutritionist demonstrates professionalism, and that the client understands that the action is a professional encounter.

Boundaries that Protect the Professional

While respecting the boundaries of a client is extremely important in ensuring a positive professional – client relationship, respecting the boundaries of the professional is also important. This is particularly relevant in situations where a client becomes verbally, emotionally, or physically abusive towards a Registered Dietitian or Registered Nutritionist. In such instances, the client typically has other psychological, personality or emotional issues.

Registered Dietitians and Registered Nutritionists should realize that abusive behaviour is not generally related to the behaviour of the professional but is usually triggered by something that has occurred in the professional – client relationship. By reviewing the background information of a client, a Registered Dietitian or Registered Nutritionist is usually able to develop a good understanding of the underlying cause for the abusive behaviour (6).

Milder forms of abusive behaviour such as swearing, making sarcastic remarks, etc. are generally best managed by the Registered Dietitian or Registered Nutritionist through establishing firm boundaries. This can be accomplished by advising the client that their conduct is not appropriate and asking them to be more careful. Another strategy would be

KEY PRACTICE POINT

In all cases, it is the responsibility of the Registered Dietitian or Registered Nutritionist as the professional within the professional – client relationship to establish and manage both the boundaries of their clients and themselves.

to alter the context or circumstances of interactions by meeting in an open area where others are able to see and hear the behaviour of the client. Having an assistant or colleague take part in sessions with a potentially abusive client can also be helpful (6).

Examples of more abusive behaviours would include threats or actual violence, blatant, ongoing sexual propositioning, etc. In situations where the abusive behaviour of a client is significant or repetitive, Registered Dietitians and Registered Nutritionists are advised to consider terminating the relationship. As previously discussed, in the event that a Registered Dietitian or Registered Nutritionist decides to terminate a professional – client relationship, they must take the necessary actions to

ensure that the client is not harmed by an interruption to the care / services being provided and that appropriate arrangements are made for the transfer of care.

Overall, there must be a balance between a client's needs for care / services and a professional's needs for protection and safety. The importance of respecting boundaries in the professional – client relationship cannot be over emphasized. In all cases, it is the responsibility of the Registered Dietitian or Registered Nutritionist as the professional within the professional – client relationship to establish and manage both sets of boundaries (6,7).

Chapter Summary

The professional – client relationship is a working relationship that is established between a professional and a client or substitute decision maker, based on the individual needs of each client for competent, safe, ethical, professional care / services. The components of a professional – client relationship are: power, trust, respect and closeness. A “boundary” defines the comfort zone or personal space of an individual. The “inner boundary” is the line that separates the client from the professional. The “outer boundary” is the point at which the professional becomes distant and loses touch with the client. In the optimal professional – client relationship, it is the responsibility of the Registered Dietitian or Registered Nutritionist to recognize and respect the inner boundary of a client and remain engaged in the provision of care / services to the client. The ability to establish and manage boundaries is an essential component of providing ethical care / services. A boundary crossing occurs when the behaviour of a Registered Dietitian or Registered Nutritionist deviates from the established boundaries of a professional – client relationship. A boundary violation on the part of a professional is a deliberate behaviour that is inappropriate and violates the professional – client relationship. Such behaviours are always unacceptable; they are abusive and are not in the best interests of the client. Sexual Abuse and Sexual Misconduct of a patient/client by a Registered Dietitian is professional misconduct leading to cancellation or suspension, respectively, of their practice permit. While respecting the boundaries of a client is extremely important in ensuring a positive professional – client relationship, respecting the boundaries of the professional is also important. In all cases, it is the responsibility of the Registered Dietitian or Registered Nutritionist as the professional within the professional – client relationship to establish and manage both sets of boundaries.

Case Scenario 12.1

RR is a Registered Dietitian who works in private practice. She has been contracted by a major corporation to provide weekly nutrition / wellness classes and individual nutrition counseling for the staff from September to June. The participants demonstrate a keen interest in the classes, evident through their attendance and the questions / discussions that occur after each class. Many also take advantage of the individual nutrition counseling sessions that are available to them.

Over time, RR gets to know a number of the participants quite well. On occasion, a few of the participants go out for a “healthy drink” after class. Lately RR has joined them and has frequently found herself sitting next to OO. RR has gotten to know OO quite well during his individual nutrition counseling sessions where they are working on strategies to address his high cholesterol and triglyceride levels. OO starts to take a personal interest in RR and begins bringing her small gifts to class each week. RR finds herself attracted to OO and looks forward to his gifts. RR and OO start to date and by April, OO asks RR to move in with him.

Case Scenario 12.1 Questions

1. What are the concerns in the way in which RR is conducting herself as a regulated health professional?
2. Is RR placing herself at risk of crossing a boundary? Why or why not?
3. What factors should RR have considered in making a decision to date OO?
4. If RR were a colleague of yours, what advice would you give her? What obligations would you, as a regulated health professional, have?

Chapter Quiz

1. A professional – client relationship is:
 - a) established solely to meet the needs of the client
 - b) a fiduciary or trust relationship
 - c) one in which there is an equal balance of power
 - d) All of the above
 - e) Answers a and b only

2. All of the following statements are true *except* for the following:
 - a) A “boundary” defines the comfort zone or personal space of an individual.
 - b) When the actions or behaviours of a professional cause a client to feel an invasion of their comfort zone or personal space, a crossing of the “inner boundary” of client has occurred.
 - c) A boundary crossing may be physical, emotional or psychological in nature.
 - d) The “outer boundary” of a client is the point where the professional is fully engaged in the provision of care / services to the client.

3. All of the following statements are examples of a boundary crossing *except* for the following:
 - a) A Registered Dietitian or Registered Nutritionist who works in a long-term care setting frequently drops “hints” to certain residents that she would love to be included in their will.
 - b) A Registered Dietitian or Registered Nutritionist develops a good rapport with a client and eventually confides in her about her family problems.
 - c) A family member of a Registered Dietitian or Registered Nutritionist (RD) receives a referral from their physician for nutrition care services. The family member asks the RD if she can provide the nutrition care services; the RD declines and assists the family member in finding another RD who can provide the required care services.
 - d) A Registered Dietitian or Registered Nutritionist (RD) provides follow up nutrition counseling for a client on a monthly basis. During a session, the client mentions that she has an extra ticket for a concert that she would like to give to the RD. The RD accepts and is also treated by the client to dinner and drinks prior to the concert.

4. All of the following statements are true *except* for the following:
 - a) A boundary crossing is similar to a conflict of interest except that the competing interest involves personal feelings rather than financial considerations or gifts.
 - b) It is the responsibility of the client to establish and maintain their boundaries in the professional – client relationship.
 - c) A boundary crossing occurs when the behaviour of a professional deviates from the established boundaries of a professional – client relationship.
 - d) A boundary violation is a deliberate behaviour that is abusive and unacceptable.

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