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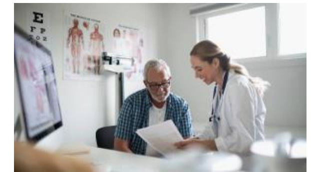
First Do No Harm

Healthcare professionals are called on to relieve patient suffering through the ethical principle of nonmaleficence"…
AMA Code of Medicine

And yet, abuse against patients occurs.



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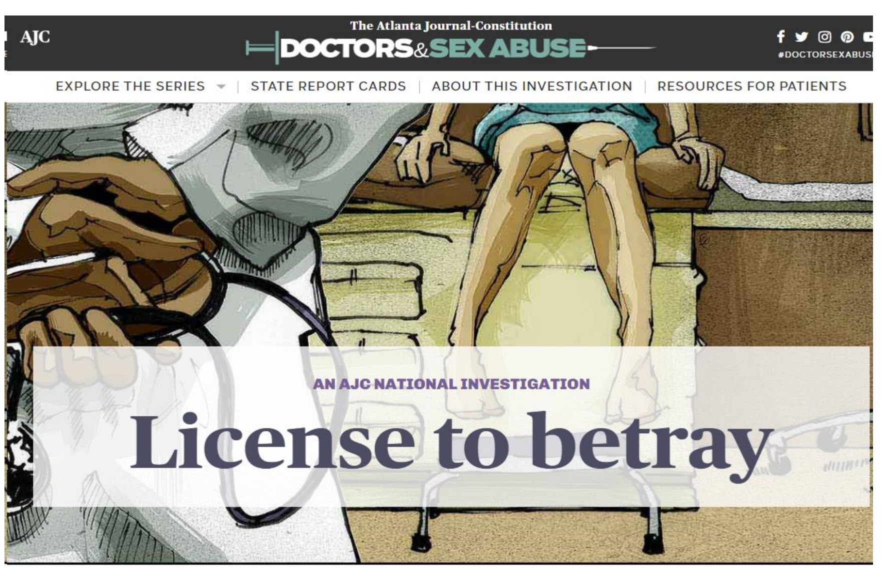

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Current National Landscape

From 2000-2017 there were 7,200 separate reports of disciplinary measures against healthcare professionals involving sexual misconduct NPDB

In one study related to prevalence of professional sexual misconduct, 4.5% of female and 1.4% of male participants reported some form of sexual misconduct by healthcare professionals. NIH National Library of Medicine National Center for Biotechnology Information

In 2023 Q1-2, The Joint Commission reported sexual assault as a top 3 sentinel event in hospitals The Joint Commission

"It is not possible to provide an accurate estimation of the frequency of sexual violations in medicine."

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SPECIAL REPORT | Do No Harm — Doctors and Sexual Abuse

125 Ontario doctors disciplined in the past five years
32 for sexual comments or abuse of their patients
17 of those doctors had multiple complaints logged against them
10 licences were revoked but;
3 GTA doctors are still licensed after being disciplined for sexually abusing their patients. We ask - why?

https://www.cbc.ca/toronto/features/donoharm/

More than 35,000 incidents of sexual misconduct or sexual violence - ranging from derogatory remarks to rape - were recorded on NHS premises in **England** between 2017 and 2022. Rape, sexual assault or being touched without consent accounted for **more than one in five cases.** https://www.bbc.com/news/health-65671018

Data from a 2011 study of disciplinary actions by medical licensing authorities in **Canada** from 2000 to 2009[6] showed an approximate **rate of disciplinary actions for sexual misconduct of 25.1 per 10,000 physicians per 10 years**. Thus, the Canadian rate of discipline for sexual misconduct was 2.6 times higher than the U.S. rate.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6614523/

Australia's national regulator of health practitioners, known as Ahpra, received 841 notifications about 728 registered practitioners concerning boundary violations in 2022-2023. This is an **increase of more than 220% from 2019-2020**. https://theconversation.com/choosing-a-new-doctor-their-sexual-misconduct-may-soon-be-on-the-record-223082

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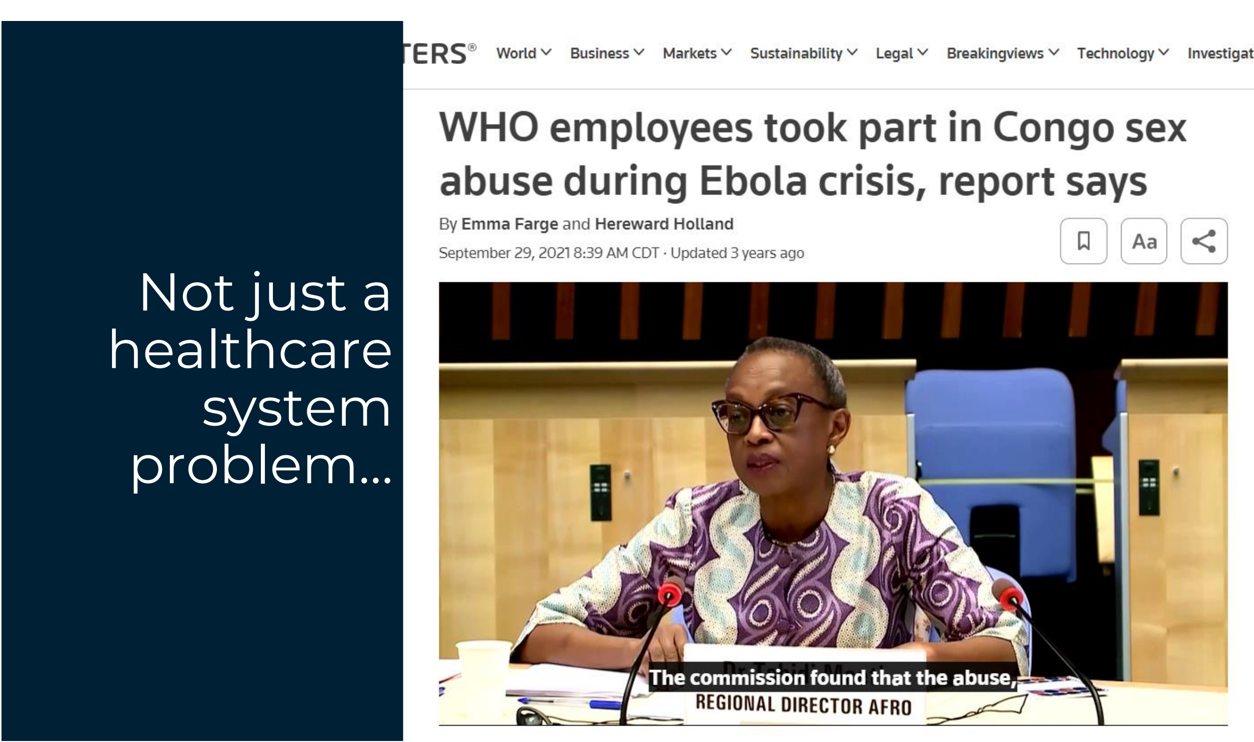

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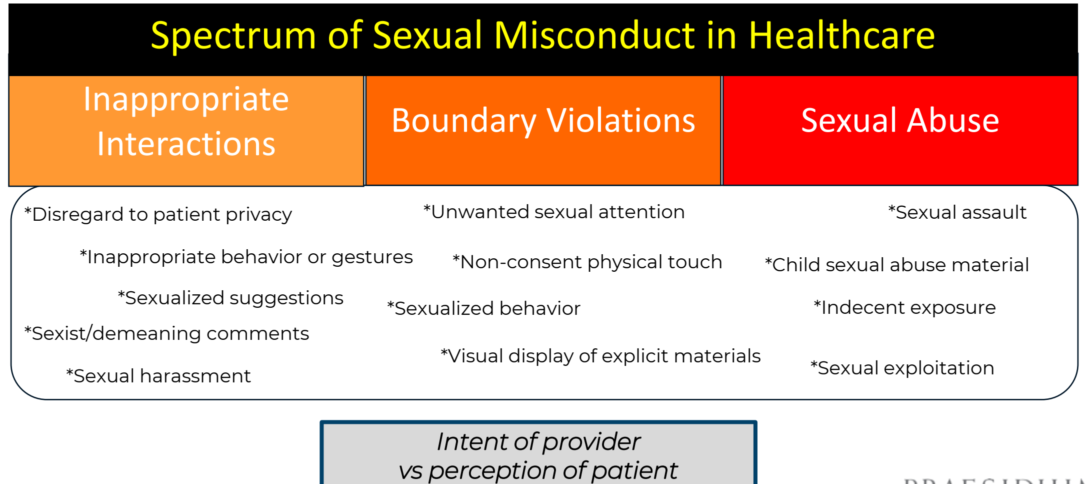
Understanding the Challenge: *Issues with Verbiage-"Sexual Misconduct"*



Intent of provider vs perception of patient

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Understanding the Challenge: *Issues with Vulnerability/Power Differential*

Clinician-Patient Relationship

Patient need drives them to clinician as authority (expert) so dependent on the clinician's care to meet need.

- **Dependency creates vulnerability**
- Invisible to the caregiver
- Tangible to the care recipient
- Derived from a helping a relationship
- An "implicit contract" - unconscious and unspoken
- An evolving process over time
- Non-negotiable

Other considerations may increase vulnerability such as: age, socio-economic, cognition/communicative, and medical.

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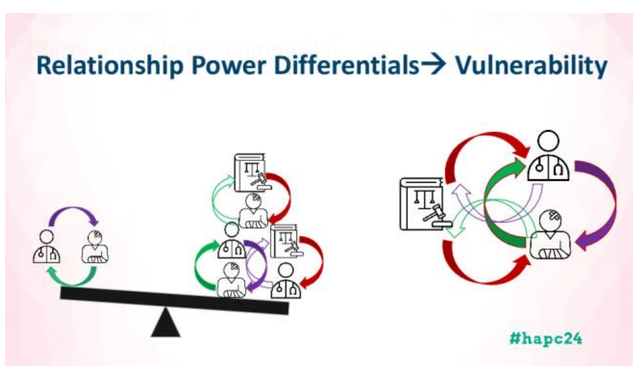
Understanding the Challenge: *Issues with Relationship(s)*

Factors influencing doctor-patient relationship via healthcare systems include:

1) High workloads
2) Staff shortages
3) Poor teamwork

Other Physician Relationships:

- Healthcare Organization
- Professional Organizations
- Licensing Organizations
- Insurance Companies
- Healthcare Policies



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Understanding the Challenge: *Issues with Societal Bias*

<u>Two major social constructs to consider</u>:

1) Hierarchical structure with patriarchal role creating a power differential

2) Gender Bias

Image from: Sexual Harassment of Women: Climate, Culture, and Consequences in Academic Sciences, Engineering, and Medicine (2018)

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Understanding the Challenge: *Unique Issues in International Work*

Four major factors to consider:

1) Culture
2) Gender-based violence
3) Destitution
4) Shortage of health workers

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IMPACT OF ABUSE

INDIVIDUAL

Physical, emotional, social and psychological trauma.

ORGANIZATIONAL

Workforce dissatisfaction. Financial loss (legal action). Reputational damage.

SOCIETY

Destroys trust. Poor health outcomes.

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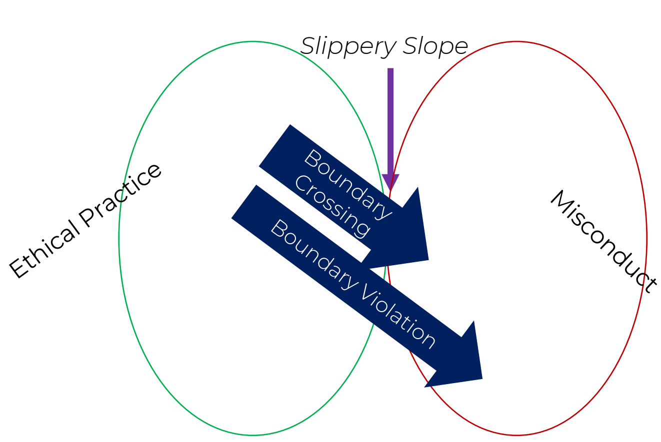
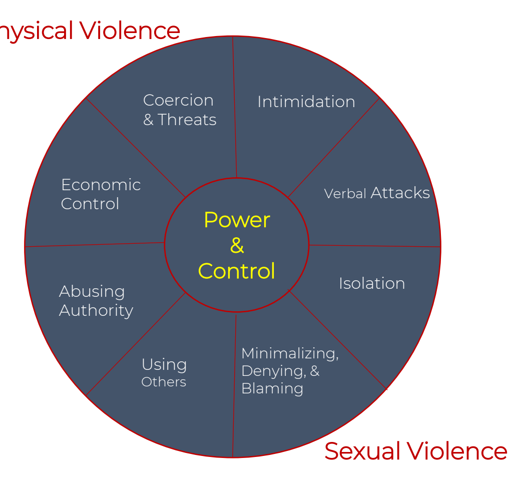
How Abuse Happens In Healthcare





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Exploitation or Abuse May Happen When:

- A **difference in power** exists between the individuals
- The consumer is particularly **vulnerable**
- The helping person is **unaware** of own and others' needs/boundaries
- **Environment is conducive to abuse**:
  - Access, privacy, control
  - Lack of policies that promote healthy boundaries
  - Lack of supervision and support
  - Lack of communication about expectations
  - Lack of channels to report concerns

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Best Practices in Boundaries

- Use the rule of "three or more" and "line of sight"
- Don't show favoritism
- Follow policies about appropriate and inappropriate interactions
- No secrets
- Avoid giving or receiving special gifts
- Avoid non-group social media and electronic communications
- Avoid meeting alone in isolated/secret places

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Best Practices in Boundaries

- Avoid physical contact that can be misinterpreted
- Avoid meeting outside regular office (approved) hours
- Remember you should always seek consent before physical contact
- Don't discuss or share personal information such as about your romantic life or sexual experiences
- Don't make comments about others' bodies that aren't related to care
- Integrate supervision, support, feedback, reflection, and self-care

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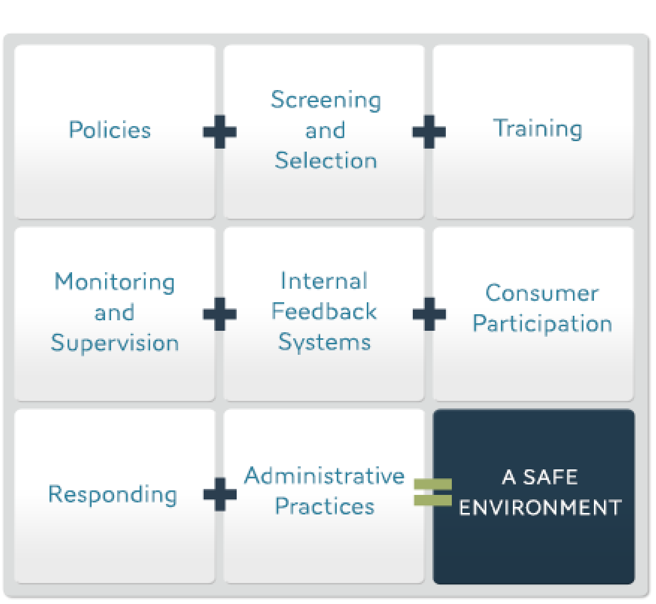

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Questions for Consideration

- Does your organization have **written policies that clearly define boundaries**?
- Does your **screening process** assess for abuse risk?
- Do you require all individuals working directly with consumers to complete **training that is preventative**, not just reactive?
- Do you have defined methods for **monitoring and supervising** staff, volunteers, and consumers?
- Do you have specific procedures for **managing high-risk activities** related to preventing abuse?
- Do you have written procedures for **responding** to policy violations, suspected abuse, and consumer-to-consumer sexualized behaviors?
- Are we complacent, compliant, or committed?

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Journey to a Commitment to Protect

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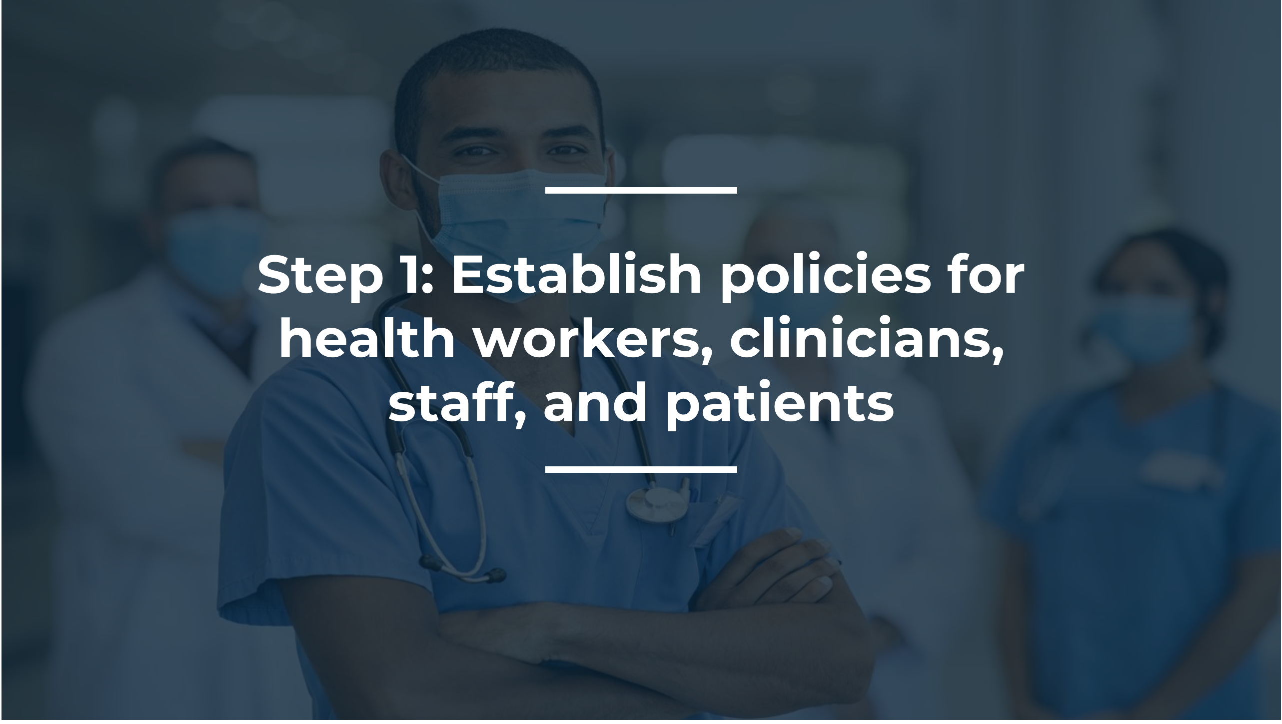

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Step 1: Establish policies for health workers, clinicians, staff, and patients

Define Boundaries	Make Protection a Priority	Communicate Effectively
• Remove ambiguity by clearly listing types of conduct prohibited in your organization • Include a zero tolerance statement and define appropriate and inappropriate interactions between clinicians, health workers, staff, and patients	• Formalize policies including responding and reporting procedures • Take warning signs of inappropriate behavior seriously • Hold all accountable	• Develop a communication plan to distribute new abuse prevention and anti-harassment policies • Consider using multiple to communicate this information to everyone in the organization and when appropriate, to your patients

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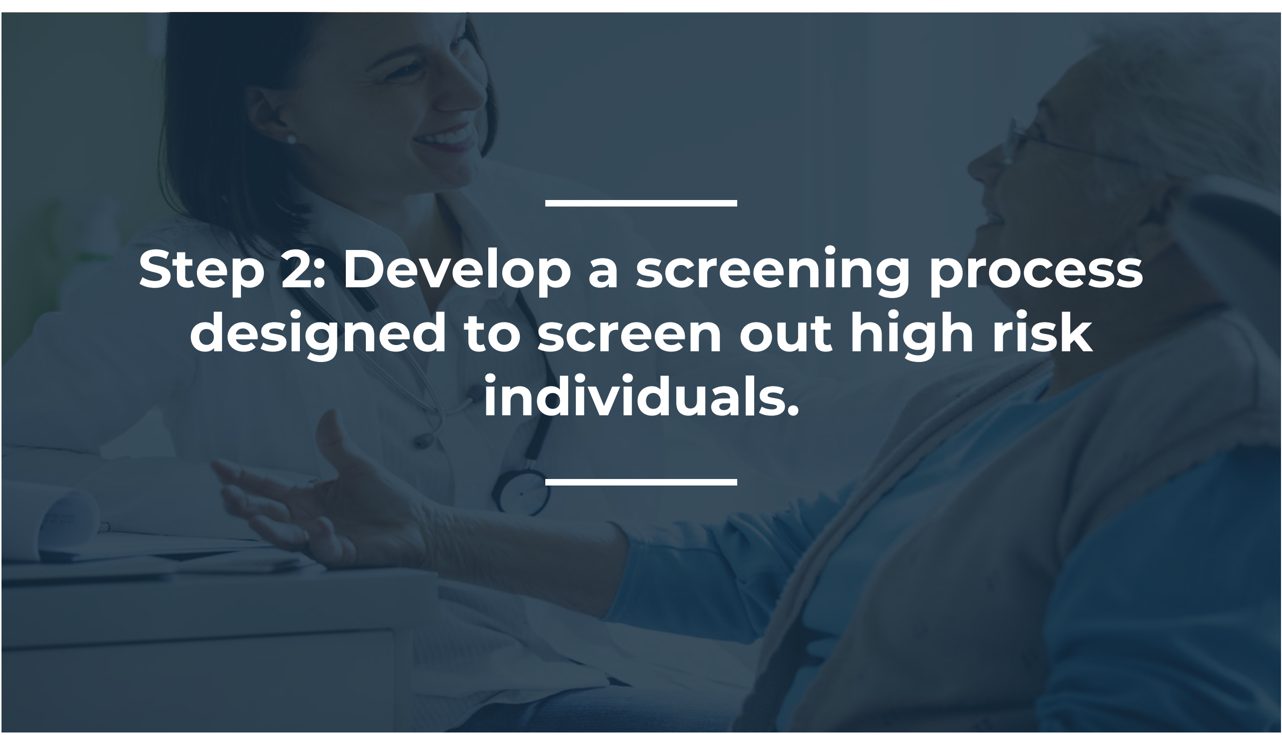

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Step 2: Develop a screening process to screen for risk

- Don't rely on background checks alone
- Encourage applicants to self select out
- Ask interview questions that assess past behaviors
- Get the most out of references

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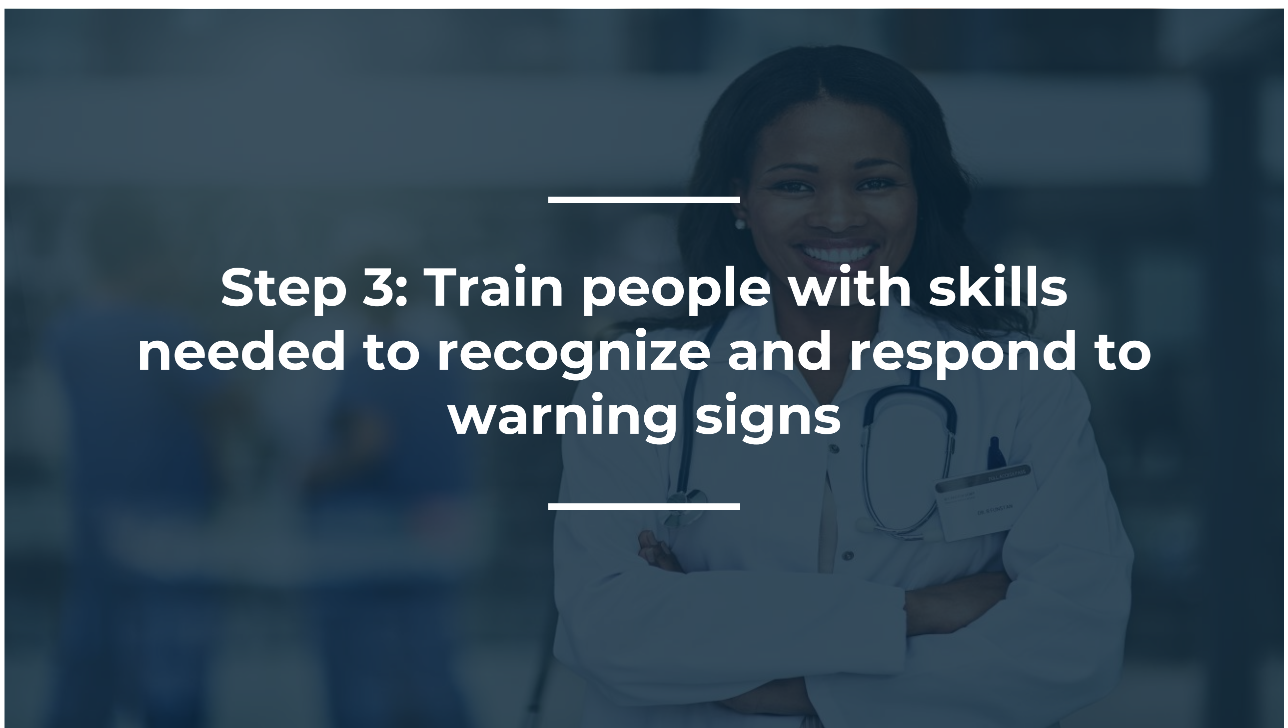

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Step 3: Train people with skills to recognize and respond

- The right content
- Easy to access and use
- Targets the right people the right way (for ALL)
- Easy to verify compliance

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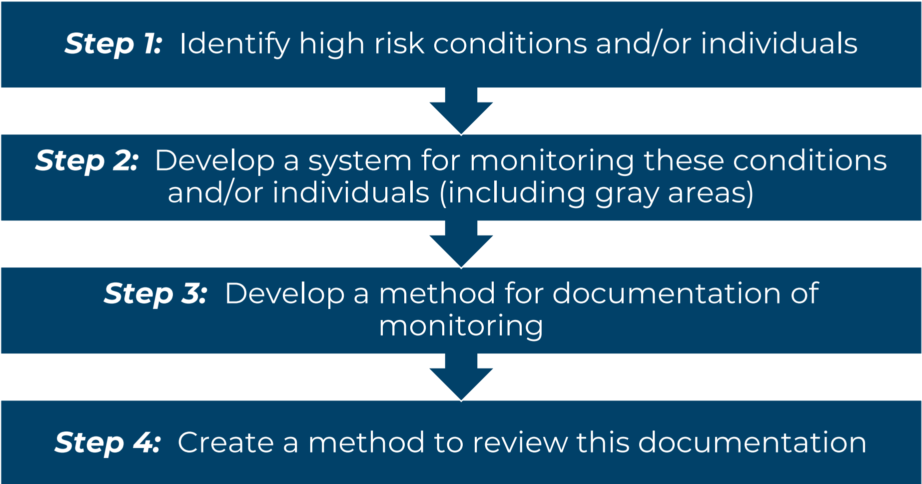
Create a Formalized Monitoring System



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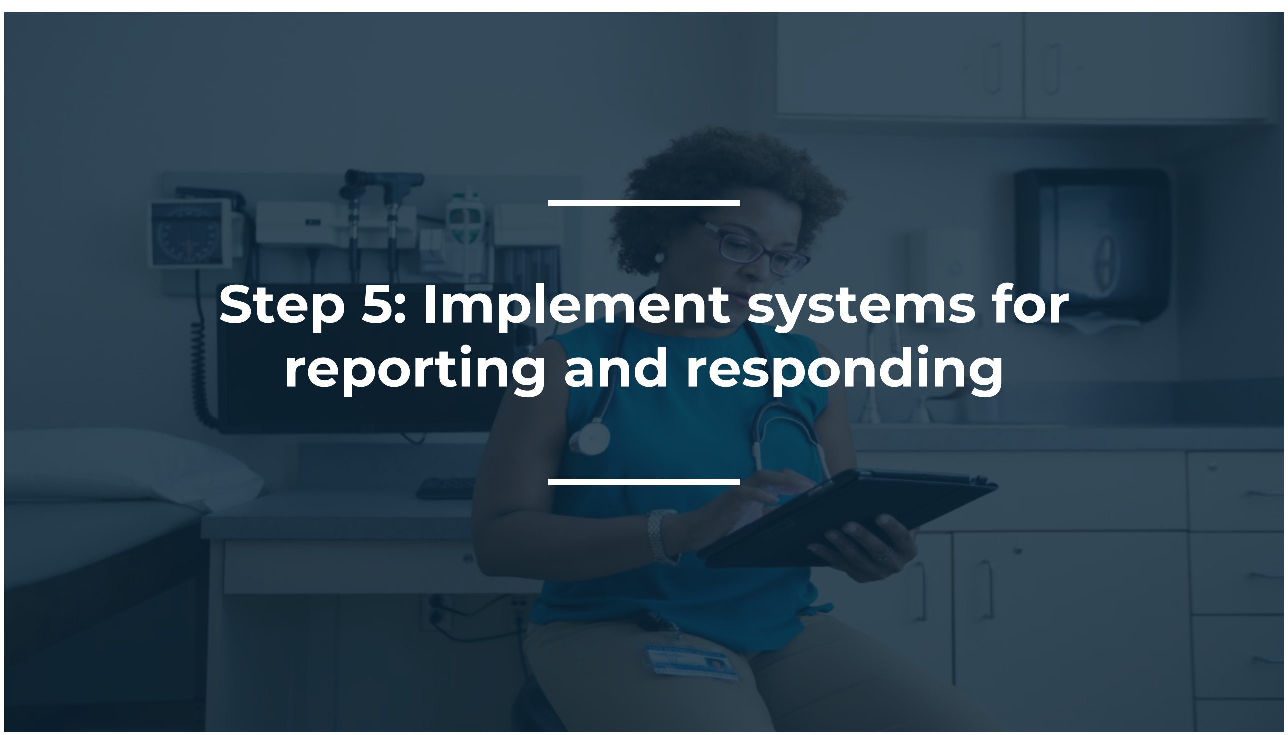

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Step 5: Implement systems for reporting and responding

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Common Barriers to Responding

- Loyalty to the organization
- Questionable credibility of the accuser
- Protection of the alleged perpetrator
- No training
- Loss of objectivity
- Fear that the allegation might be true
- Guilt that the incident occurred
- "I've reported before and they didn't do anything about it then …"
- Rare opportunities for one-on-one meetings

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Journey to a Commitment to Protect

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Victims and survivors first

Whenever possible we listen to the needs and wants of victims and survivors to shape our work. And we take a victim and survivor-centred approach throughout the safeguarding cycle.

Safeguard our operations

WHO is able and accountable for taking measures for safeguarding against sexual misconduct in our programmes and operations by our personnel and our implementing partners.

Strong policies and practices

Strong policies and practices WHO's policies, procedures and practices are supportive and promote safeguarding against all forms of sexual misconduct.

Culture change

WHO's workforce supports and demonstrates a culture of ethical, gender-equal behaviour.

***Clear Check** – Clear Check is a critical UN-wide database to avoid the hiring and re-hiring of individuals whose working relationship with an organization of the system ended because of a determination that they perpetrated sexual harassment or sexual exploitation and abuse. The Database also allows for the inclusion of individuals with pending allegations who leave the organization before the completion of the investigation and/or disciplinary process.

***Warranted** – "Warranted" following an action indicates the person was separated from WHO at the time the decision was issued.

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Call for Action ...

HEALTHCARE : "If patients assume their safety is a given, then the whole healthcare team, collectively and individually, must also assume their roles to be both caregivers and guardians of the space." – Dr. Susan E. Mazer, Healing Healthcare Systems

HUMANITARIAN AID: "Donor governments should take a much stronger stance and must ensure that taxpayer funds are not misused for the purposes of violating the rights of vulnerable aid recipients." - Miranda Brown, formerly with the U.N.'s Office of the High Commissioner for Human Rights.

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STAY IN TOUCH

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safeguarding.fadica.org

What can I find on the website?

Checklists, Templates, and Policy Models

Find inspiration for building out your organization's written policies and best practices.

Custom Webinar Recordings

Explore the archive of recently recorded safeguarding webinars, curated with direct-service/nonprofits in mind.

Collaborative Consulting Opportunities

Schedule a discovery call with FADICA and Praesidium to help discern next steps in your safeguarding journey.

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PILLAR

Creating a Written Safeguarding Policy: The Essentials

WEDNESDAY, MAY 22

SPECIALIZED

Unique Dynamics for Safeguarding Vulnerable Adult Populations

WEDNESDAY, JULY 17

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