

BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

Contact us

GENERAL INQUIRIES

604.742.6200
1.866.880.7101 toll-free within
Canada only
info@bccnm.ca

REGISTRATION

register@bccnm.ca
midwivesregister@bccnm.ca

REGULATORY POLICY & PROGRAMS

practice@bccnm.ca

COMPLAINTS

complaints@bccnm.ca
Fax 604.899.0794

POLICY ON APPROPRIATE CLIENT-MIDWIFE RELATIONSHIPS

Definitions

“Client (Patient)” is defined as the individual receiving midwifery services.

“Conflict of Interest” arises where a reasonable person could form the view that a midwife’s ability and obligation to act in the client’s best interests may be affected or influenced by other competing interests. Such conflicts of interest can be real, potential or perceived. Conflicts of interest occur in a variety of circumstances including financial, non-financial, direct and indirect transactions with clients and others.

“Dual Relationship” in the health service context pertains to relationships in which the registrant has more than one relationship with the service recipient.

“Family and/or household members” are defined as: a spouse, common-law partner, child (step-child), parent (step-parent or parent-in-law), grandparent, grandchild, sibling or spouses of any of these, or any person who is a member of the midwife’s household.

“Informed Consent” is defined as the process by which a client is provided with information about a clinical procedure and understands the purpose, benefits, potential risks and alternatives, and voluntarily agrees to the procedure.

“Professional Misconduct” is defined in the *Health Professions Act* (Part 3) to include “sexual misconduct, unethical conduct, infamous conduct and conduct unbecoming a member of the health profession”.

“Sexual Abuse or Sexual Misconduct” is defined as:

- (a) sexual intercourse or other forms of physical sexual relations between the midwife and the client, or
- (b) touching, of a sexual nature, of the client by the midwife, or
- (c) behaviour or remarks of a sexual nature by the midwife towards the client, but does not include touching, behaviour and remarks by the midwife towards the client that are of a clinical nature appropriate to the service being provided.

Statement of Philosophy

The Health Professions Act requires all Colleges to establish a Client (Patient) Relations Committee. The Client Relations Committee has responsibility for developing guidelines and for establishing procedures to deal with complaints of professional misconduct of a sexual nature. The College of Midwives of British Columbia (CMBC) views the task of defining professional standards of behaviour in a broader context of clear communication and respect for the integrity, independence and individual needs of each client in midwifery care. CMBC supports zero tolerance of all forms of abuse. CMBC, however, stresses that zero tolerance does not preclude professional supportive behaviour that may include physical contact that is nurturing or helpful and, therefore, acceptable to the client.

The client-midwife relationship is based on mutual trust and respect and any act of abuse is a betrayal of that trust. CMBC will investigate and act upon all complaints or reports of inappropriate behaviour received in writing.

CMBC maintains that sexual abuse or misconduct within a client-midwife relationship is unacceptable and will not be tolerated. CMBC is committed to prevention of such behaviour through education of its members and establishing deterrents through administration of processes that reflects the seriousness of the violation. CMBC acknowledges the potential vulnerability of clients and strives to provide a reporting process that is accessible and sensitive to their needs.

Should the complainant wish to meet with a representative of CMBC, a private meeting will be arranged with the Registrar who will offer to find assistance for the complainant in drafting any written submissions required by the Client Relations, Inquiry or Discipline Committee.

Description of CMBC Procedures

CMBC ensures that information on appropriate client-midwife relationships is available to both the public and midwives on its website. Additionally, an article addressing appropriate client-midwife relationships will be published in CMBC's newsletter every two years. The Client Relations Committee will review CMBC's Client-Midwife Relationship Program as needed and at least every three years.

All Committee members and support staff of the Client Relations, Inquiry and Discipline Committees, as well as CMBC's Quality Assurance and Clinical Practice Policy Director, are required to be familiar with the Client-Midwife Relationships Program and Policy. CMBC will also provide support staff and members of the above-mentioned committees with appropriate training opportunities when relevant programs are available.

A Midwife's Guide to Appropriate Professional Behaviour with Clients

It is the nature of midwifery practice in a publicly funded system that midwives will encounter clients from a wide range of backgrounds where cultural expectations, personal concerns and, in some cases, a history of childhood or adult sexual abuse may lead to clients' perception of inappropriate behaviour of a sexual nature that was never intended by the midwives. It is the responsibility of midwives to clients, and to their own professional safety, to be aware of such issues and respond sensitively to the individual needs of clients in this regard.

Principles

As health care professionals who provide midwifery services, midwives need to treat all clients professionally. Clients can expect midwives to act in the clients' best interests and respect their dignity. Midwives should also promote the autonomy of clients. It should be noted that midwifery has traditionally provided intimate care where communication is sensitive and clear. The client-midwife relationship develops in a safe, comfortable environment that engenders trust and mutual respect. It is that trust that gives midwives the power of their professional position and access to private knowledge. Establishing boundaries allows a safe connection for midwives to meet the needs of clients. This means that midwives must refrain from inappropriate involvement in clients' personal relationships.

Given the need for established professional boundaries, midwives are restricted from providing midwifery care to a related person, defined here as family and/or household members. Midwives should avoid, as much as possible, any professional relationships with clients where the midwives' objectivity or competence could reasonably be expected to be impaired because of the professional's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or with another relevant person associated with or related to the client. Likewise, relationships such as these could affect the clients' willingness to give an accurate history or disagree with any of the midwives' recommendations.

At times, it may be unavoidable that midwives must provide midwifery care to family members, for example in emergencies or in small communities. In such instances, midwives should document the specific circumstances, an account of why the dualities or conflicts were unavoidable and document the informed consent of the clients for all services. Whenever possible, overall responsibility for care should be transferred to another health care provider.

It is essential that clients' autonomy and ability to provide full, free and informed consent be maintained at all times. The Medical Services Commission of BC does not provide payment for midwifery services provided by midwives to their family and/or household members. Midwives should decline to enter into a client-midwife relationship where a conflict of interest or potential conflict of interest exists.

Boundary violations can result when there is any confusion between the needs of midwives and those of the clients. Such violations are characterised by excessive personal disclosure by midwives, secrecy or even a reversal of roles. Boundary violations can cause delayed distress which may not be recognized or felt by clients until harmful consequences occur. Personal boundary violations can be subtle intrusions and are often unintentional. In a publicly funded system midwives will face many challenges in dealing with clients from diverse cultural

backgrounds. Clients' perception of boundary violations will depend on their likes, dislikes, culture, past history and temperament, among other factors. In client-midwife relationships the clients trust the midwives and may not feel free to express themselves in defence against such violations.

Midwives cannot enter into a sexual relationship with any client. However, if one year has passed since the last professional contact with the client, the former client will no longer be considered a client and a sexual relationship with the former client would be permitted. Likewise, if there has been a previous sexual or romantic relationship, at least one year must have passed since the relationship ended before the midwife may accept the person into care. In the event that a former client requires midwifery care while engaged in a sexual relationship with a midwife, the midwife is not authorized to provide any midwifery services to the former client.

Midwives should:

1. Ensure that informed consent is an ongoing process, rather than a single discussion.
2. Maintain appropriate and culturally sensitive eye contact.
3. Respect clients' personal sense of space.
4. Employ appropriate vocabulary for body parts and procedures while
5. Respecting clients' gender identity and preferred vocabulary.
6. Be sensitive to words that could cause misunderstanding.
7. Know when to recommend a translation service. Speak directly with clients when working with interpreters and members of the clients' support networks.
8. Avoid inappropriate discussion of their personal life to clients, in a manner that seems to create an uncomfortable or inappropriate intimacy with clients.
9. Acknowledge clients' fear and embarrassment which are natural emotions during pregnancy and childbirth.
10. Avoid making comments that might be interpreted as inappropriate about clients' bodies or clothing.
11. Provide clients with an opportunity to ask questions.
12. Avoid inappropriately affectionate words and behaviour.
13. Be sensitive to clients when discussing intimate issues or probing for personal or private information.
14. Remain non-judgemental if clients discuss boundary violations.

Physical Touch

Physical touch can be open to misinterpretation. Midwives should avoid causing unnecessary distress or embarrassment to clients by inappropriate touching.

Appropriate communication related to touching

- obtain clients' consent
- provide reassurance and explanations throughout a procedure
- check the level of understanding and consent of clients

Understand when to use gloves for reasons relating to universal precautions. The use of gloves when touching sexual areas decreases intimacy that might be interpreted as sexual. When doing vaginal examinations, a glove should also be worn on the opposite hand if that hand is touching the labia.

It is important that clients understand at all times what is being done. Midwives should understand that:

1. Clients are entitled to know why, where and when they are to be touched.
2. Agreement acquired verbally or non-verbally is required before clients may be touched.
3. Clients may refuse consent on any grounds, including moral or religious grounds.
4. Clients have the right to be involved to the greatest degree possible in all planning and decision-making related to their care.
5. Consent may be withdrawn at any time during a procedure.

Protection of Privacy

Midwives should:

1. Discuss draping with clients and allow a choice of coverings for clinical procedures such as Pap tests and physical assessment.
2. Allow clients enough time and privacy while disrobing.
3. Request clients' permission for students or others to observe procedures.

Behaviours which are Considered Inappropriate

- criticism of clients' sexual orientation or sexual history
- initiation of conversation regarding sexual preferences or fantasies
- behaviour, gestures or expressions that are seductive or sexually demeaning to clients

Social Media

Midwives should not initiate or accept an invitation to become personal online friends with clients or clients' family members at any time during the period when a client is under their care. For more information on appropriate use of social media and online networking technologies in client-midwife relationships, refer to CMBC's *Guideline for Participating in Social Media*.

Bartering or Exchanging Health Care Services for other Services with Clients

Midwives should refrain from exchanging gifts, hospitality or other benefits to avoid creating expectations for the type of care clients will receive, and prevent the perception that the midwife's integrity may be compromised. Appropriate services may be provided as a courtesy without remuneration so long as these services adhere to CMBC's *Standards of Practice* and do not constitute a conflict of interest.

Midwives in clinical practice or in charitable or publicly funded settings do not accept or give commissions, rebates, fees, other benefits or anything of value for receiving or making a referral of a client to or from another person.

Monetary Gain from Clients Outside of the Cost of the Service/Care Provided

In determining professional fees to clients for non-insured services, midwives should consider both the nature of the service provided and the ability of the client to pay, and be prepared to discuss the fee with the client.

Engaging in the sale and promotion of products to clients may constitute a conflict of interest, real or perceived, where midwives' own interests conflict with the duty to act in the best interests of their clients. Financial benefit by midwives is not necessary to establish a conflict of interest.

These transactions can be viewed as self-serving and compromise the fiduciary relationship between midwives and clients. Clients may assume that a midwife's recommendation of a product implies an endorsement of its efficacy and benefits. It is questionable whether clients are able to make a fully informed, voluntary choice as they might be reluctant to say no and disappoint the person entrusted with the responsibility for caring for their health.

In general, midwives should avoid selling or promoting products to clients, particularly if the products or similar substitutes are not medically required and readily available elsewhere for purchase. Midwives who choose to sell or promote products to clients must give due consideration to the principles outlined in this policy.

Non-Trivial Gifts from Clients

Gifts should never be solicited from clients. It may be acceptable on some occasions to accept a modest gift from clients. If a gift must be refused, midwives should explain why in a sensitive manner.

When deciding whether or not to accept a gift, midwives should consider:

- whether the gift will change the nature of the relationship;
- the context in which the gift is offered, including the monetary value and appropriateness of the gift;
- the client's intent in offering the gift; and
- whether the client will expect a different level or nature of care.

Guidance for Midwives Working in Small, Rural or Remote Communities

Referring clients to businesses or facilities where midwives hold a financial interest almost always creates a conflict of interest. There are, however, exceptions to this general principle. For example, referring clients to a facility where the midwife may obtain a financial benefit is acceptable in a community with demonstrated need, such as a rural setting, where there are no or very limited alternatives other than the referred facility.

References

CPSBC Professional Standards and Guidelines: *Conflict of Interest*, College of Physicians and Surgeons of British Columbia, 2010. Available on the College of Physicians and Surgeons of British Columbia website: <https://www.cpsbc.ca/files/pdf/PSG-Conflict-of-Interest.pdf>.

CPSBC Professional Standards and Guidelines: *Promotion and Sale of Products*, College of Physicians and Surgeons of British Columbia, 2014. Available on the College of Physicians and Surgeons of British Columbia website: <https://www.cpsbc.ca/files/pdf/PSG-Promotion-and-Sale-of-Products.pdf>.