

# Professional Boundaries The Patients' Perspective

**GCC Patient Community: Project Six**



I think there should be the same standards as dentists and doctors, because if they don't, then they're devaluing the profession, in my opinion.

**GCC Patient Research Panel member**

# Contents

Contents.....	3
Executive Summary .....	4
Objectives .....	4
Key findings .....	4
Recommendations .....	5
Research methodology .....	5
One: Patient’s knowledge and understanding of chiropractic professional standards.....	6
Two: A patient’s expectations around patient-chiropractor interactions .....	9
Communication .....	9
Boundaries when providing care.....	12
Loans, gifts and favours.....	13
Three: A patient’s expectations around payments for chiropractic treatment.....	15
Long-term payment plans .....	15
Presenting fee structures .....	16
Regulating business and/or financial boundaries.....	17
Four: Scenarios.....	18
Scenario A – A dinner invitation from a patient .....	19
Scenario B – A chiropractor is left a gift in a patient’s will .....	21
Scenario C – Weekly walks between a chiropractor and patient .....	22
Scenario D – A chiropractor is concerned about a .....	
colleague’s relationship with a patient.....	24
Scenario E – A patient is offered an upfront care plan.....	25
Scenario F – A patient asks for a discount.....	26
Five: Conclusion .....	28
Six: Recommendations with explanations.....	29
Appendix One – members of the GCC Patient Research Panel .....	30

# Executive Summary

Building trusted relationships with patients is an important factor in the delivery of excellent patient care. Patients must trust that their chiropractor, or any healthcare professional involved in their treatment, will behave appropriately and professionally – from the first interaction and beyond.

As a registered healthcare professional, chiropractors are responsible for establishing and maintaining professional boundaries to create an environment that is comfortable, safe and respectful for both patients and chiropractors.

Concerns about breaches of physical, social, emotional and sexual boundaries represent a significant proportion of fitness to practise complaints. That's why we commissioned independent patient research to better understand the patient's perspective about professional behaviours so that we can support registrants to establish and maintain professional boundaries. The findings of this research also informed the review of the Code of Professional Practice.

## Objectives

The key objectives of the research were to:

- Understand how patients expect chiropractors to behave in a range of situations
- Explore patients' guiding principles and 'red-lines' with regards to different types of social, emotional and financial boundaries
- Understand the influences on patients' expectations of professional boundaries

## Key findings

- **Patients have little knowledge of chiropractic standards**

Patients know little about the Code and the professional standards that chiropractors must follow but there is a presumption chiropractors must follow a code of ethics or standards, similar to other healthcare practitioners such as doctors and dentists.

- **Patients believe the first patient-chiropractic interaction is important in establishing professional boundaries from the outset**

Patients expect more formality in their interactions with health professionals compared with professionals working in other capacities. This includes the language used in the initial greeting to the conversations between chiropractor and patient.

- **Patients have different views about appropriate and professional boundaries which are influenced by a number of factors. Patients recognise that this can present a challenge for chiropractors and patient-chiropractor interactions**

Patients recognise that determining appropriate boundaries can be difficult and generally believe that chiropractors should err on the side of caution, ensuring that

lines are not crossed from the outset of the patient-chiropractor interaction. This approach protects both the patient and the chiropractor.

## Recommendations

- **For the GCC** to provide guidance to registrants to help understanding around professional boundaries, using Fitness to Practise reports to develop a series of case studies.
- **For registrants** to understand the importance of professional behaviour and how to establish and maintain professional boundaries.
- **For patients** to understand what they should expect when visiting a chiropractor and their role in establishing professional boundaries.

## Research methodology

In Summer 2024 Community Research was commissioned to conduct six 90-minute online focus groups via Zoom. Prior to the focus groups, participants reviewed a series of scenarios concerning professional boundaries with the emerging themes discussed in more detail as a group.

The research involved 36 participants in total, representing a range of demographics and chiropractic experiences. Further details on the participants are available in [Appendix one](#).

## One: Patient's knowledge and understanding of chiropractic professional standards

Members of the research panel have little knowledge or awareness about chiropractic professional standards. Almost half have no knowledge of chiropractic standards.

Despite this lack of knowledge there is a presumption amongst patients that chiropractors must follow a code of ethics or standards, similar to other healthcare practitioners. This includes having a regulatory body to supervise the chiropractic profession although the majority of panel members know little about the regulator.

Panel members have greater knowledge about the range of health conditions a chiropractor can treat/care for, with many highlighting musculoskeletal conditions (joints, muscles, bones, spines, musculoskeletal disorders such as scoliosis and spondylitis) and a few members mentioned a wider range of conditions and health / wellbeing issues. This knowledge stemmed from personal experiences for seeking chiropractic treatment, though some had learned about wider applications from conversations with their chiropractor.

### What the GCC Patient Research Panel said:

*"I know zero about professional standards that chiropractors work to, but I would think as they are what I would call white coat workers they would have standards similar to doctors or dentists. That there are some kind of patient confidentiality rules, that they should also not talk about your case outside of the work environment. And that you should not fraternise with patients."*

With regards to the professional behaviour of a chiropractor, the research panel's views were influenced by a number of factors, including:

### **Their own experience of chiropractic care**

Members of the research panel had different experiences of chiropractic, some had seen one chiropractor for a short course of treatment, others had seen the same or several chiropractors over a number of years. Those who had a more established relationship with their own chiropractor sometimes held less stringent views about professional boundaries.

### **Expectations of healthcare professionals more broadly**

For the most part, the panel believed that chiropractors should be held to the same standards they expected, or had experience of, other healthcare and/or medically trained professionals.

### What the GCC Patient Research Panel said:

*"I think there should be the same standards as dentists and doctors, because if they don't, then they're devaluing the profession, in my opinion."*

However, a very small number of panel members did view chiropractors as different from other healthcare professionals. In their opinion, there was a more informal relationship between chiropractors and their patients, and therefore expectations around professional boundaries were more relaxed. In part this was driven by a perception that chiropractors were running a business (reliant on repeat custom) and that they were not part of the NHS and in receipt of taxpayers' money.

### **Experience of professional or workplace standards**

Members of the research panel worked in a number of occupations including hairdressing, teaching, finance, building and construction, social work and security. Many were quick to refer to their own workplace standards of behaviour when commenting on professional boundaries for chiropractors.

### **Experience of business and social norms**

As well as referencing their own standards of behaviour in the workplace, the research panel often drew attention to what they considered social and business norms when assessing different scenarios of professional boundaries. For example, small businesses helping each other out; businesses relying on strong customer service/patient interactions to generate repeat business; businesses increasingly offering personal services at home (hairdressers, optometrists, podiatrists); individuals supporting older people within a community.

### **Desire to protect professionals**

Members of the research panel pointed out that observing professional boundaries protects chiropractors as much as their patients, and some participants were wanted to ensure that a situation, however innocent, could not be misinterpreted by a patient (or a third party). This attitude was driven by a belief that the world is increasingly more litigious as well as from panel members' own experiences of feeling vulnerable within their work life.

### **What the GCC Patient Research Panel said:**

*"It's about as much professional responsibility to yourself, as much as the client, by being open and also not allowing yourself to be vulnerable. I've had it where I work, that I'm I had a meeting with someone; they were two-and-a-half hours late. I indulged them anyway. I left the building, said goodbye, walked 100 meters, they were going in the same direction....so I was accused of following the person home because of that."*

Some panel members pointed out that chiropractors are unlikely to be aware of how a patient would perceive a particular situation and that there was always the potential for behaviours to be misconstrued.

### **Desire to protect patients**

While patients were often quick to view professional boundaries from the perspective of the chiropractor, panel members also recognised that patients needed to be protected. There was some debate about what would make a patient particularly vulnerable, and not all

members of the panel readily accepted that there could be a power imbalance between the patient and the chiropractor.

### **What the GCC Patient Research Panel said:**

*“I suppose power comes into play as well. Is the practitioner in a powerful position? And I suppose that, then, is dependent on the vulnerability of the client. But who's to define what's powerful and what's vulnerable? Again, that would be subjective and that could be based on the people's own view.”*

*“I agree, but just because the person is 65, it doesn't necessarily mean that they're [vulnerable]... They can still read that information and make their ...own mind up. It's not being forced on them; do you know what I mean? They're not being manipulated.”*



## Two: A patient's expectations around patient-chiropractor interactions

In discussions about the emotional/social aspects of professional behaviour members of the research panel primarily applied their expectations of other professionals and service providers to chiropractors.

However, some panel members suggested chiropractors needed to be extra vigilant around personal boundaries because, unlike other services, chiropractic treatment could involve removing items of clothing and, potentially intimate, physical contact.

### Communication

#### Forms of address

Members of the research panel believed that the first patient-chiropractic interaction is important to establish professional boundaries from the outset. Most wanted chiropractors to use a patient's full given name at the first encounter, before agreeing the form of address going forward.

The majority of panel members were against the use of any casual/familial forms of address such as 'lovely', 'love', 'mate'. Some pointed to the fact that the use of these terms might be commonplace in certain regions, but the majority felt that interactions with health professionals required more formality. Even those panel members who were comfortable with such terms believed that there was clear potential for other patients to be offended.

#### What the GCC Patient Research Panel said:

*"But if it's your first visit, they might say: 'Oh, hello Mr Jones; is it all right if I call you Michael?' And then, the patient may say: 'Oh no, call me Mike.' So, there's acceptance there and an understanding of how the addressing and the relationship should go forward, so there should be no presumption on the basis of the chiropractor."*

*"I agree with what you're saying, because I went for a blood test the other day and the nurse, he was a male phlebotomist and he went, 'Right, love, are you ready?' and threw the word 'love' in, but I didn't bat an eyelid with that, because as you say, that's the norm for us."*

#### Tailoring interactions

The need for chiropractors to tailor their interactions to individual patients was discussed with some panel members noting that some patients welcomed friendly conversation, whilst others did not want to converse with their chiropractor during treatment sessions.

### **What the GCC Patient Research Panel said:**

*“It is difficult, and everybody is different. Some people like to have a bit of a joke with you and other people don't. You just have to assess everybody individually, really. Everybody's different, what they want out of a professional relationship.”*

### **Take responsibility for directing the conversation**

Members of the research panel felt it was the chiropractor's responsibility to control the conversation to ensure that patients do not feel uncomfortable and/or are not tempted to overshare. According to the panel, chiropractors should aim to make general conversation and avoid delving into a patient's personal life unnecessarily.

### **What the GCC Patient Research Panel said:**

*“I feel if the client is giving too much personal information in the appointment, the chiropractor does need to direct it, you know; not give back lots of personal information if they want to keep that as a professional relationship. I think they need to almost control the conversation a little bit and not give away too much information about themselves, which would then invite the client to give more personal information back and then, it gets into that deeper level.”*

### **Use humour with caution**

The panel members suggested that chiropractors use humour carefully when speaking with patients as it could cause offence and/or set the wrong tone for patient-chiropractor interactions.

### **What the GCC Patient Research Panel said:**

*“I think having a sense of humour at work and being jokey is fine, as long as it's not inappropriate jokes. Yes, I think it's fine, as long as it's not inappropriate jokes, obviously.”*

### **Interactions outside the workplace**

Most members of the research panel believed that chiropractors were over-stepping a professional boundary if they agreed to meet socially with a patient outside the workplace, regardless of who instigated the meeting. There was concern that the chiropractor (more than the patient) would be putting themselves at risk of future unwanted attention and/or false allegations.

### **What the GCC Patient Research Panel said:**

*“I just think you're already overstepping the boundaries by going anywhere for any coffee; I just think you should only really be talking to them when you're also working on them for just the session that they booked. You shouldn't be going anywhere with a client.”*

*"I think I do agree with everyone: once I think it [a patient-chiropractor relationship] leaves the chiropractor practice, I think they need to find a new chiropractor and the professional relationship stops."*

However, some panel members believed that it would be challenging to set hard and fast guidance about meetings outside the workplace. Noting there may be instances of a prior friendship between chiropractors and their patients and in small, tight-knit communities there could be an overlap between social and professional circles.

For example, a patient living in a small rural community might deem it acceptable for a professional to run errands for an elderly patient, whereas this would be less acceptable in more populated communities. Some panel members pointed out that it is simply unrealistic to prevent friendships evolving.

### **What the GCC Patient Research Panel said:**

*"If the client is initiating a friendship and they genuinely get on and it's very mutual and no one's forcing anything on anyone, so they both feel comfortable, I don't think there's anything wrong with that because at the end of the day, it's just adults; adults meet each other in all sorts of different circumstances. I think it becomes more ominous if one party is pushing themselves onto the other."*

In part, the desire not to mix work and pleasure was due to panel members' belief that friendship could impact on treatment and make the chiropractor-patient relationship more difficult to navigate. Participants ultimately concluded that, if the intention is to maintain/develop a friendship that extends outside the workplace, chiropractors should advise patients to see an alternative practitioner.

### **What the GCC Patient Research Panel said:**

*"I just think that there's got to be boundaries. You've got to have a boundary and not cross that boundary and if you're going to, or intend to cross it, I think you need to change your relationship with that patient."*

*"Maybe the point at which they start seeing each other outside of the practice, that's maybe where it goes beyond and it might be best to just not see each other professionally if they're pursuing this personal thing."*

*"If that chiropractor is professional and he sees that this could lead to a conflict of interest, but he still wants that relationship, then he needs to do something about that. Or the regulatory body needs to tell that person to do something about it. But he should still have that option to create a friendship with someone that he's met. Just because he's a professional that's in that place, as long as he takes the right steps to make sure that it doesn't conflict with his professionalism, I think it's fine."*

## Boundaries when providing care

### Treating patients in their own home

Many members of the research panel were quick to point out that home visits were the norm within some personal and/or health related services. However, there was a general view that these visits need to be clearly recorded, including duration/time in and time out to ensure a level of transparency. Where possible, it was thought the chiropractors also need to discuss the appropriateness of offering a home visit with a work colleague.

#### What the GCC Patient Research Panel said:

*"I would say that it's OK for a chiropractor to visit a patient at home because you get lots of professionals having to visit patients at home on their own. You get hairdressers going to people's houses, podiatrists, so I don't see that there's anything wrong with that, as long as some safeguards are in place."*

*"For me, I feel like a lot of professionals visit the homes now. You have nurses that visit the homes, you have doctors that will visit the homes, so I don't see that as an issue. As long as there's policies and procedures in place that she must have to follow or something for visiting in-home."*

### Chaperones and lone-working

Panel members believed that it is best practice for the chiropractor to suggest or request that the patient have a chaperone present during a home visit, especially if the patient was deemed vulnerable. In some instances, members of the research panel agreed that the patient's family/carers should also be consulted on the need for a chaperone. Many felt that this offer, and the patient's decision should be documented in the patient's notes to protect both the chiropractor and the patient.

#### What the GCC Patient Research Panel said:

*"I think if the client is maybe vulnerable, for example, maybe SEN, learning delay, then having a chaperone there. Or if the patient themselves, also, possibly, to protect the chiropractor, for example, if a patient might have a condition that maybe might make them aggressive or something might trigger them, you know: autism or something like that, where a sound or a smell might upset them and things. It's very, very difficult. Or an elderly person that might be vulnerable."*

That said, several panel members questioned who would provide a chaperone, if there was not a family member or carer available to undertake the role. They also believed that doctors making home visits did not necessarily have chaperones present and were concerned that providing chaperones could increase costs and make the care less affordable.

## Treating patients in a treatment room

There was also some discussion amongst the panel about whether or not patients should ever be alone at the chiropractor's place of practice/treatment rooms. Most felt comfortable being alone in the treatment room itself but welcomed knowing that there were other staff in close proximity e.g. a receptionist, an assistant or another chiropractor or health professional.

### What the GCC Patient Research Panel said:

*"But whenever you're in just the room, getting your correction, it's an open door policy. You come in, you remove your jacket, your shoes, you lie down in the bed, she comes in and cleans the other bed in the room and he chats to you and the door's open at all times and there's other clients in the room and there's a secretary at all times."*

*"Yes, mine always had other people; there were always three or four of them, there was always a receptionist; there was always someone in the building."*

## Loans, gifts and favours

Members of the research panel felt that chiropractors should be discouraged from accepting loans and gifts from patients, highlighting several concerns:

- How the situation may look to others
- A patient's motive for giving a gift (and potential for the chiropractor to become indebted)
- It could lead to an erosion of professional boundaries.

### What the GCC Patient Research Panel said:

*"I think that the guidelines should say that you can't receive a gift like that. If you're in the patient's house with no witnesses, you leave yourself open to an accusation of theft."*

That said, some believed that gifts given at the end of a course of treatment (as a 'thank you') could be accepted, if the gifts were of relatively low value. The panel also called for transparency around any gifts accepted and believed that they should be documented somewhere, to avoid any future misunderstandings or accusations.

### What the GCC Patient Research Panel said:

*"The only time I would accept anything is if I finished a course of treatment with somebody, sorting their case out. At the end of it, when we're saying goodbye, if they turned around and gave us a box of Quality Street or a bar of chocolate or something, I'd accept it; but if they started giving you something of a higher monetary value, I would refuse it and I wouldn't expect anything while you're still doing treatment, because that can be seen as a bribe."*

A scenario that concerned a chiropractor running errands/doing favours for a patient was viewed as being akin to patients giving gifts to chiropractors and panel members were concerned about how the situation may look to others as well as the chiropractor's motives for going above and beyond to help a patient.

### **What the GCC Patient Research Panel said:**

*"It's like a doctor; you go to a doctor because of your health; you're going to the chiropractor, again, it's all health related, so I would find it a bit strange if someone started maybe dropping off shopping and things like that. As I say, it's just there's always that seed of doubt, basically, why they're doing it and just being a professional person, you wouldn't expect them to do that."*

That said, some patients, particularly those living in rural communities, felt that it was only natural for people to offer help to those who may need it – regardless of their professional background.

### **What the GCC Patient Research Panel said:**

*"But in the case of this chiropractor doing extras, they were developing a friendship and the chiropractor was being helpful by bringing in a bit of the shopping, so that's good, that the chiropractor was doing that, because it was an elderly person, mobility issues."*

*"If I remember rightly, one of the scenarios was in a village setting and I tend to think that in that sort of situation, people tend to help each other out, especially if it's remote. There will be all sorts of other factors that we're not aware of. It's far too easy, these days, I think, to be cynical. Some people genuinely do things to help."*

Again, above all else, members of the research panel called for transparency and suggested that chiropractors needed to inform others of their actions (colleagues, family members of the patient they did a favour for) and ensure that they had a written record of their actions, should they ever be called into question.

## Three: A patient's expectations around payments for chiropractic treatment

Members of the research panel were generally reluctant to pay too far in advance for chiropractic treatment in case they did not see any results and/or their body did not react as expected.

### Long-term payment plans

The majority of panel members had visited a chiropractor for a limited number of sessions and were unfamiliar with long-term payment plans. That said, some were familiar with the option to 'block book' up to six sessions (where they had been given a treatment plan that was longer than this).

Questions were also raised about how a chiropractor would know exactly how many sessions would be required to treat a particular issue. As a result, there was some suspicion that lengthy treatment plans were potentially driven by a desire to commit a patient to a set number of payments, rather than by their treatment needs (although some participants assumed that there were standard treatment protocols within chiropractic that would help determine the number of sessions required).

Whilst long-term payment plans were not rejected outright there was little understanding of why they might benefit patients receiving chiropractic care. Some members of the research panel deemed long-term payments more acceptable in other areas of healthcare such as dentistry, making it more affordable.

#### What the GCC Patient Research Panel said:

*"I think maybe because they started off by saying, I will need around 18; but you can pay for six and then carry it on and pay another six and pay another six, rather than paying the whole 18. I think it's the way they sold it to me, which made it sound better."*

*"I've had a discussion for mine, but I was offered a discount for a block booking: I was offered that at the time; but I didn't know how long the treatment was going to go, so I just paid for mine each time I went there, but there was an option there. There was a slight discount if you'd done it over a longer period of time."*

*"How do you know that they're going to need that many sessions? They may need more, but do you really know? After having a dozen sessions, you could be right as rain, not require anything."*

Panel members also stressed that patients need to be protected from incurring a financial loss if they 'block booked' chiropractic sessions in advance. They questioned what would happen to any upfront payments if:

- The patient chose not to continue with their treatment
- The chiropractor went out of business

### **What the GCC Patient Research Panel said:**

*“What if the chiropractor goes out of business? What if there is dipping in the till? ...If you're going to go down this route of giving people credit, it has to be regulated properly and organised properly with time to consider the opportunity to get out of a plan, all these sort of things, otherwise, it's going to end up as a disaster, which was [the case with] the funeral care home [scandal].”*

*“With my one, I think I did six [payments upfront], I think it was six, but I only did four and I got the money back for the last two, so it was flexible.”*

### **Presenting fee structures**

Members of the research panel agreed that a pay-as-you-go option should always be available to patients, not least because the cost of each session was easy to understand. Some members of the panel were concerned that more complicated payment structures could confuse patients and prevent them from making a truly informed choice.

### **What the GCC Patient Research Panel said:**

*“Yes, I don't think there's anything wrong with giving the patient an option. But if I was that patient, there's too much information there for me to take in.”*

*“I think it's hard to interpret for us because it's in that blurb, with the scenario; but I don't think there's anything wrong with giving a patient cost options, which is most cost effective for them.”*

While shorter term payment plans ('block bookings') were thought to be acceptable (if clear and refundable), it was apparent that members of the panel believed that patients should not feel pressurised into taking out a payment plan by a chiropractor.

Panel members discussed the importance of the patient being in control and that treatment should not be dictated by the payment plan. As such, it was felt that chiropractors should not offer block bookings or request payment in advance of a first appointment. There was also some discussion about administrative staff (rather than chiropractors) presenting payment options.

### **What the GCC Patient Research Panel said:**

*“It's got to be in the client's control...If you're going to hand over that kind of money, you've got to feel secure about handing it over and not needing to smash out all the treatments within a certain amount of time. It can be a course over so much time.”*

Some members of the research panel highlighted the need for a consistent approach to offering different fee options to ensure more affluent customers were not targeted and exploited. There was also a suggestion that to ensure both fairness and to protect patients who may struggle to pay in advance, the chiropractor's practice needed to assess affordability.



### **What the GCC Patient Research Panel said:**

*“I don't think there's anything wrong with the choice, but does he do that with every patient? Do they do that with every patient? If it's consistent and everybody gets an option, fine.”*

### **Regulating business and/or financial boundaries**

Several members of the research panel were influenced by the fact that chiropractors ran private businesses and struggled to see any issues with offering patient discounts in return for business support. This led some to question whether it was the GCC's role to regulate all aspects of the business as well as the professional.

### **What the GCC Patient Research Panel said:**

*“That's almost like how somebody decides to run their business. And if a client decides to consent to that, it is completely open. All the facts are on the table and that would be their choice and that's free will, I guess.”*

*“So, for example, an accountant and financial advice, a lawyer, they might say: ‘Look, as a new client, we normally give, say, a 10% reduction and then, provided you're happy with the service provided, could you refer us to friends or colleagues?’ And normally, that's how it goes in the financial and legal world, to be honest.”*

*“I think most of these are private practice; they're not based off the NHS, they're not getting paid through the government or anything like that, so building up your own business is the same throughout. Passing on business from one company to another is forming an income, so I don't see any issue with it.”*

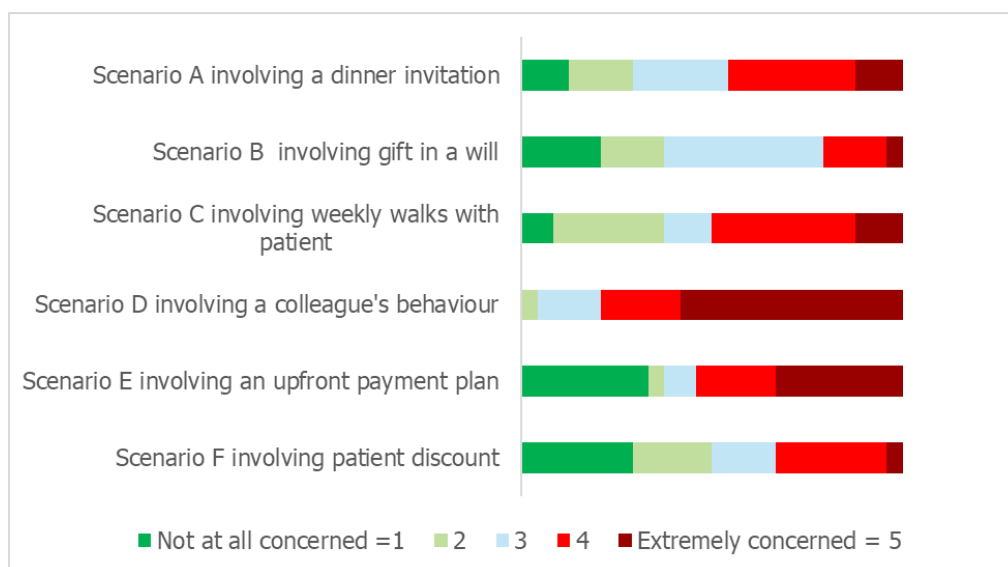
However, several panel members raised issues of fairness, questioning which other patients may be offered discounts in exchange for favours and noting concerns that offering discounts to customers in exchange for promoting their services could be perceived negatively if other patients became aware.

## Four: Scenarios

The research panel reviewed and commented on six scenarios involving a chiropractor and their patients. These scenarios include:

- A. A dinner invitation from a patient
- B. A chiropractor is left a gift in a patient's will
- C. Weekly walks between a chiropractor and patient
- D. A chiropractor is concerned about a colleague's relationship with a patient
- E. A patient offered an upfront care plan
- F. Patient discount

### Levels of concern for each scenario



## Scenario A – A dinner invitation from a patient

A chiropractor has been treating a patient regularly over a year-long period for complex health issues. This period has coincided with the patient separating from and divorcing their partner, and the chiropractor has also split up with their partner during this period. The chiropractor and patient have discussed this during treatment sessions.

Over the past few weeks, the patient has started to lend books to the chiropractor. The patient generally makes sure they have the final treatment session of the morning, and the chiropractor and the patient share a coffee afterwards to discuss the latest book. Now the patient has asked the chiropractor round to dinner to see their new flat and discuss the latest book.

Around half of participants were concerned by this scenario, and only a small minority were unconcerned.

### Members of the research panel who were most concerned about this scenario highlighted:

- The idea of a friendship developing while the chiropractor continued to treat the patient
- The strategic setting of the appointment times
- The potential meet-ups outside of the consulting room (coffee; dinner)
- The chiropractor discussing personal relationships

### What the GCC Patient Research Panel said:

*“I just think that professionally, they need to talk light and small on the subject; I don't think they should overindulge.”*

The panel commented that even if the meet-ups were innocent and both parties wanted them – people could easily assume that the chiropractor had breached sexual boundaries, which could risk the chiropractor being struck off.

### What the GCC Patient Research Panel said:

*“This could be seen as someone abusing their position of power because when you are seeing a chiropractor, they are in very close contact with your body and touching your body, so I don't feel like this is appropriate.”*

### Members of the research panel who were less concerned noted that:

- The friendship seemed consensual
- It was not initiated by the chiropractor
- The client did not seem particularly vulnerable

- The relationship seems to be friendship rather than romantic/ sexual/ dating, arguing that simply sharing a coffee and/or books felt fairly innocuous

### **What the GCC Patient Research Panel said:**

*“You're having your treatment or whatever and you might have a little discussion and: ‘Oh, I'll bring you that book in next week.’ ‘Oh yes, that's fine,’ I can't see anything wrong with that, as long as that's where it possibly ended.”*

A minority were comfortable with the idea that romantic relationships could develop between chiropractors and their patients (‘it's human to form bonds, even at work’).

### **What the GCC Patient Research Panel said:**

*“This is a really tricky one, professionalism would suggest boundaries yet genuine friendships and even relationships can form within a work-based environment.”*

### **Recommendations from the research panel**

Members of the research panel felt that the chiropractor should decline the invitation to the patient's flat and suggested that the patient see an alternative chiropractor if they wanted their friendship to develop. Some thought that, if relevant, the chiropractor should alert senior management, if relevant, to what was happening. There was an expectation amongst some panel members that chiropractors have some form of supervision to whom they could refer.

### **What the GCC Patient Research Panel said:**

*“I don't know enough about the chiropractic business or the council, whether a chiropractor would have a manager they could talk to or a local group, where they could go, just to say: ‘Look I've had this, I've been expressing feelings towards a client,’ or, ‘I've started doing shopping for someone because an elderly lady, I feel a bit sorry for her.’ And then the supervisor or the manager might be able to say: ‘Well, hang on a minute, step back. How would that be seen by an outsider?’”*

However, others were aware their chiropractors were sole practitioners, and were less sure how they might report (or be reported for) potential boundary breaches.

## Scenario B – A chiropractor is left a gift in a patient’s will

A newly graduated chiropractor starts working from home. They treat a number of patients from their local village, including an elderly patient (87 years old) who used to be a primary school teacher and taught the chiropractor years ago.

The patient has mobility issues, and the chiropractor offers to come to the patient’s home to treat them, which the patient agrees to. They get on well, and before each appointment, the patient will often ask if the chiropractor can pick up a bit of shopping from the local shop and bring it with them to the appointment. Sometimes, as the appointment is at the end of the day, the chiropractor will even stay and cut the patient’s small lawn for them.

One day the chiropractor is surprised when the patient tells them that they have changed their will to leave the chiropractor £25,000 when they die.

Of all the scenarios, this had the largest number of panel members opting for a mid-point rating of concern. This appears to be due to the multiple factors blurring the boundaries, making it hard for them to judge whether wrongdoing has taken place.

### **Members of the research panel who were most concerned about this scenario highlighted:**

- The potential for duress or undue influence in this scenario, or
- The risk of the perception of undue influence
- The chiropractor confusing the relationship by stepping beyond the remit of their role when they performed extra duties (shopping; lawn-mowing)

A minority of panel members had no problem with the chiropractor’s actions in this scenario.

### **Members of the research panel who were less concerned noted:**

- The prior relationship – that they knew each other before, which might have driven the chiropractor’s actions and the patient’s gift in the will
- That the chiropractor appears to be motivated by kindness
- The assumption that the patient has mental capacity, and people can decide to whom they leave gifts
- The fact that the help came before the change to the will
- The belief that – particularly in small communities – people help each other out

### **What the GCC Patient Research Panel said:**

*“I think the will scenario is amazing, but I don't think it's problematic. And also, what the chiropractor is doing, I just feel, is just going the extra mile, which is really nice. Very innocent; I can see the innocence in it, but it's nice that all they've done is ... I just think they've just gone the extra mile. I think that scenario is the most lighthearted one out of the bunch.”*

However, for many members of the research panel the scenario raises too many red flags over the chiropractor's motivations and the patient's vulnerability/ state of mind. This leaves uncertainty and creates space for people to think there is a possibility that the chiropractor manipulated the situation to their advantage, which is stepping over professional boundaries.

### **What the GCC Patient Research Panel said:**

*"It is blurring the lines between professional and personal relationships."*

*"I'm not sure how I feel about the chiropractor in this scenario because, on the one hand, it's very helpful and kind of them to go above and beyond for their patient/old teacher, however I'm suspicious that they might be acting in this way to get something out of it. I'm not sure if the chiropractor is genuine or not."*

### **Recommendations from the research panel**

In this scenario members of the panel advised the chiropractor to decline the gift in the will, and some think they should avoid doing favours for clients that could lead to this kind of situation.

## **Scenario C – Weekly walks between a chiropractor and patient**

A middle-aged chiropractor works on their own in a small market town. They have been treating a patient of a similar age. After two sessions, the patient was feeling 40% better. The patient said that, as a result of the treatment, they felt more confident about taking some exercise, and wanted to start going out for walks, but wished that they had someone to walk with regularly. The chiropractor, in a way that felt out of character for them, said that they wouldn't mind increasing their exercise too, and suggested that they meet up with the patient on a Wednesday afternoon when neither of them worked, and do a local woodland walk.

For a month or two they walked regularly and continued weekly treatments. It came to a point where the chiropractor wanted to reduce the weekly treatments to monthly and around the same time, they also realised that they were not comfortable continuing the walks. The patient wanted to continue the weekly walks and was disappointed to find out that the chiropractor did not wish to do so.

Only a small minority of participants were unconcerned about this scenario and around half were concerned. There was some disagreement over whether offering weekly walks in this way transgressed professional boundaries.

## Members of the research panel who were most concerned about this scenario highlighted:

- The activity taking place outside of 'work'
- It could take place in an isolated place/ somewhere they could be on their own (i.e. in a 'woodland' setting)
- That it was out-of-character for the chiropractor which should have raised alarm bells
- The chiropractor's behaviour risked giving the patient (and others) the impression of a deeper relationship and fostering the patient's reliance on the chiropractor
- Concern that the chiropractor could be held liable if anything went wrong on the walk

### What the GCC Patient Research Panel said:

*"In their effort to help some people go out of their way and this is perceived sometimes in a different way than it is, and it can be quite easy for patients to get attached to people who help them."*

*"The chiropractor had exceeded the expectations of the role, this formed an additional relationship with the patient, this also placed them in an isolated environment which was inappropriate."*

A small number of panel members were unconcerned about this scenario and felt there was no problem with the chiropractor meeting the patient outside of work, if there was no romantic relationship in development.

### Recommendations from the research panel

Members of the research panel advised the chiropractor not to meet the patient outside of work, and to keep work and pleasure/ leisure separate. They suggest that the chiropractor should refer the patient to other walking groups.

## **Scenario D – A chiropractor is concerned about a colleague’s relationship with a patient**

Jordan, a chiropractor works in a group practice with the practice owner and two other chiropractors. A new chiropractor has recently joined them. The new chiropractor has a very informal manner with patients. They can be quite jokey with them in reception. On one occasion Jordan hears the new chiropractor refer to a young patient, who has been attending the practice for a while, as ‘my lovely’, which they think is a bit odd. Jordan asks the new chiropractor afterwards if they have heard correctly, and whether the new chiropractor actually knew the patient. The new chiropractor said no, they hadn’t met the patient before.

A couple of weeks later, Jordan notices that the same patient is now booked in at the end of the day with the new chiropractor – in fact the new chiropractor has extended their normal working hours to see them, which means they’ll be in the practice with the patient on their own. Looking ahead in the diary, the same slot is booked for this patient for six consecutive weeks, all beyond normal working hours. Jordan gently asks why this is, and the new chiropractor says it’s because the patient finds it hard to get there during the day.

A week after this, Jordan meets a friend for a drink in a local pub in the evening. They are surprised to see the new chiropractor and the young patient sitting in the corner enjoying a drink, laughing and chatting with each other. They are sitting very close to each other and look intimate. The new chiropractor looks up and notices Jordan, and immediately moves away from the patient.

This scenario raised the most concern amongst all members of the research panel, with the majority raising high level concerns. They thought chiropractors should not be forming relationships with their patients, in part because there was far too much scope for abuse of power (or perception of it by outsiders).

### **Members of the research panel who were most concerned about this scenario highlighted:**

- Treatment sessions held in the practice when no-one else was around
- A chiropractor seeing a patient outside of work, and the apparently in an intimate way
- Suggestions of a chiropractor lying/ keeping things from colleagues

Exacerbating factors included any substantial age difference between chiropractor and patient (worse if patient is very young) and the chiropractor initiating the relationship.

There were further discussions over the use of the familiar term ‘my lovely’ by the chiropractor. In general, participants believed that chiropractors should steer clear of terms of endearment such as this.



### **What the GCC Patient Research Panel said:**

*“I would think that was a bit odd, if it was a male practitioner and he said that to me. It would probably make me feel a bit uncomfortable. Well, it would make me feel uncomfortable.”*

Those with lower levels of concern were less bothered by romantic relationships developing between chiropractors and patients, as long as both parties were single, consenting, and the patient wasn't vulnerable.

### **What the GCC Patient Research Panel said:**

*“If they get on and want to go to the pub for a pint or two it's ok by me.”*

### **Recommendations from the research panel**

Members of the research panel believe the behaviour of Jordan's colleague is a concern and advise Jordan to take action. There are variations in what panel members expect to see as a response. Some suggest that Jordan speaks to the colleague directly whilst other members of the research panel suggest reporting the incidents to senior management or to a regulatory body.

Some panel members believe action should be taken at the earliest opportunity, for example, when the colleague referred to a patient as 'my lovely'. They believe this could be the start of the so-called 'slippery slope'.

## **Scenario E – A patient is offered an upfront care plan**

A 65-year-old patient is asked to pay £2500 upfront for a “care plan” that covers 68 adjustments (they could also pay by monthly direct debit of £933, totalling £2800). When the patient questions the cost and the length of the plan the chiropractor responds that this recommendation is based on their extensive professional experience but that the patient has a choice about whether to go ahead with the sessions.

The chiropractor goes on to explain that by paying upfront the cost per session works out at £36.76 and that by paying via a monthly direct debit the cost per session is £41. The chiropractor also explains that the clinic also offers a pay as you go option at £75 per session.

This scenario elicited the highest number of 'unconcerned' ratings, though half of participants were still concerned.

### **Members of the research panel who were most concerned about this scenario highlighted:**

- The number of adjustments suggested (68) was deemed excessive and raised questions over whether the care plan was in the patient's best interests
- The size of the upfront payment
- The cost of the pay-as-you-go sessions, and their relative cost compared to the pro-rata pay plan costs. Panel members felt this might coerce the patient into paying, even if they struggle to afford it
- The age of the client, which could point at some vulnerability

Some of the more concerned participants may have had their worries allayed if the treatment plan more closely matched their experiences (e.g. around 6-12 adjustments).

#### **What the GCC Patient Research Panel said:**

*"They have priced it in a way where you don't really have a choice but to pay a lump sum."*

*"I think when you get upfront packages, it's usually a session of six, something a bit more manageable and something that you might think: OK, I can understand why I need six sessions, or even ten sessions max, but I wouldn't pay for more than that."*

#### **Members of the research panel who were less concerned noted:**

- The chiropractor was offering their patient clear choices
- The patient had free will regarding which payment option to choose

#### **What the GCC Patient Research Panel said:**

*"They aren't forcing them into it, they've explained the prices when questioned with a detailed explanation."*

### **Scenario F – A patient asks for a discount**

A chiropractor is treating a mechanic from the local garage that specialises in vehicle accident repairs. The patient asks for some business cards so they can direct customers that have been in an accident to the clinic in return for a small discount on their own treatment.

There was a spread of responses to this scenario. The responses mostly hinged on perceptions of business marketing practices and whether they are appropriate for a chiropractic practice.

**Members of the research panel who were most concerned about this scenario highlighted:**

- Accepting the proposal would be unethical or poor practice
- A mechanic is not a fitting/reputable place to advertise and the mechanic is not in a position to refer patients on for chiropractic treatment
- Concerns around the vulnerability of people who have recently had car accidents

**Members of the research panel who were less concerned noted:**

- Chiropractors operate as private businesses and need to be able to generate business through referrals and other promotional means.
- The idea of the mechanic receiving a discount equates with other referral schemes (e.g. money off for referring a friend)

**What the GCC Patient Research Panel said:**

*“It's like entrepreneurial and obviously, the chiropractor's looking to build his practice and normally, if you have a small business owner, you're thinking of ways to obviously get more clients on board. So, to me, I didn't think that was an issue.”*

*“Small businesses helping each other should be encouraged.”*

Members of the research panel with minor concerns were happy for the chiropractor to promote their services via the mechanic, but not for the mechanic to receive a discount. They worried that the discount may encourage inappropriate referrals, and that favoured one patient over others.

**What the GCC Patient Research Panel said:**

*“I think it is a good way to spread business for the chiropractor, but I am not sure I'm totally happy with there been a reduced price because of it. We should all receive the same fair treatment and price.”*

**Recommendations from the research panel**

Members of the research panel advise that the chiropractor could distribute business cards in the mechanic's workshop (some felt they could even display the mechanic's services in their practice in the spirit of reciprocity) but do not believe that the chiropractor should accept the suggested discount.

**What the GCC Patient Research Panel said:**

*“He [the mechanic] can recommend a chiropractor like anyone can but keep it professional and not for favours in return.”*

## Five: Conclusion

Although many patients have little knowledge of the Code and chiropractic standards, there is an expectation that chiropractors should behave professionally and appropriately at all times and follow similar standards to other healthcare professionals such as doctors and dentists.

Patients recognise that determining appropriate professional boundaries can be challenging for chiropractors, noting that some behaviours could be appropriate in one context but completely inappropriate in another. Factors such as location, patient's age and condition could also influence a chiropractor's behaviour, and as such chiropractors need to adapt and tailor their behaviour accordingly.

Patients generally believe that it was best for professionals to err on the side of caution, ensuring that lines are not crossed from the outset of the patient-chiropractor interaction and that difficult situations do not have an opportunity to develop. Some participants referred to a 'slippery slope'.

Acting professionally and setting appropriate boundaries not only helps to build trusted patient-chiropractor relationships but also, as patients in the research panel were keen to highlight, protects the chiropractors from complaints and/or potential further action.

*"So perhaps, drawing the line [from the start], [even] where it does seem a bit like an overreaction, rather than being more lenient and then, later on, having a more negative consequence."*

It is worth noting that although patients believe chiropractors should err on the side of caution when interacting with patient there is also a desire to ensure that regulation did not impede kindness and de-personalise the patient-chiropractor relationship.

## **Six: Recommendations with explanations**

- 1. For the GCC to provide guidance to registrants to help understanding around professional boundaries, using Fitness to Practise reports to develop a series of case studies.**

As concerns about professional boundaries represent a significant proportion of fitness to practise complaints, the GCC will explore the need for further guidance to registrants to help them better understand professional boundaries, informed by the patient research and Fitness to Practise reports. The patient research highlights that patients have different expectations around professional boundaries which can be challenging for registrants. Case study led guidance will help registrants understand expectations and provide some important context.

- 2. For registrants to understand the importance of professional behaviour and how to establish and maintain professional boundaries.**

The patient research and new guidance provide opportunities to reinforce the importance of professional behaviour and expectations around positive chiropractor patient relationships via the GCC' social media channels, the registrant newsletter and website. We will create engaging content using key findings and quotes from the GCC Patient Research Panel and other case studies.

- 3. For patients to understand what they should expect when visiting a chiropractor and their role in establishing professional boundaries.**

We will use the GCC's social media channels to highlight the importance of professional boundaries when visiting a chiropractor, using the patient research to develop key messages.

We will update the 'Visiting a Chiropractor' section of the GCC's website to help patients understand the professional behaviour they should expect from their chiropractor. We will also consider if there is a role for the GCC in promoting appropriate patient behaviour towards chiropractors.

# Appendix One

## Members of the GCC Patient Research Panel

Criteria		Participants
Nation	England	25
	Northern Ireland	3
	Scotland	5
	Wales	3
Location	Urban	11
	Suburban	17
	Rural	8
Sex	Male	16
	Female	20
Age	Under 35 years	11
	35-65 years	15
	65+ years	10
SEG	ABC1	18
	C2DE	18
Financial circumstances	'Just about managing' or in financial difficulty	9
Ethnicity	Bangladeshi	1
	Black African	1
	Black Caribbean	1
	Indian	2
	Irish	1
	Mixed Caribbean	2
	Northern Irish	2
	White British	25
White European	1	
Health	Long-term condition or disability	7
First sought chiropractic treatment...	Less than 12 months ago	1
	1-3 years ago	14
	3-5 years ago	6
	6 or more years ago	15
How pay for chiropractic care	Pay as you go	29
	Pay through health insurance	5
	Other	2

## GCC Patient Research Panel quotes

On occasion, quotes from the research panel have been edited or amended for grammatical and ease of reading/interpretation reasons. The context and outcomes of all quotes have not been changed in any way. A copy of the original, unedited quotes can be provided upon request.

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