

CODE OF CONDUCT - RELATIONSHIPS BETWEEN STAFF AND PATIENTS

1. PROHIBITION OF UNETHICAL RELATIONSHIPS.

An environment of trust is an essential component to patient care. When relationships between staff and patients become poorly defined or compromised by the interests of a staff member, a violation of patient/staff relationship boundaries may occur, resulting in an unethical relationship. All staff are responsible for ensuring that such relationships do not occur.

2. DEFINITIONS.

- a. Patients. Current and former patients and their family members.
- b. Staff. All employees including volunteers and students.
- c. Unethical Relationship. Staff and patient social, romantic, or business interaction that could reasonably be expected to interfere with or impact negatively on the patient, other patients, other staff members, or the North Florida/South Georgia Veterans Health System. An unethical relationship may also result when there is a violation of a patient's trust and the misuse of power by staff. Misuse of power occurs when a staff member uses the power bestowed upon him/her by a higher authority, for his/her own self-benefit at the expense of the patient.
- d. Applicable Time Frame. The entire course of treatment (including inpatient, outpatient, nursing home, and residential care) continuing for as long as there is the potential for an unethical relationship to exist between staff and patient.

3. EXAMPLES OF UNETHICAL RELATIONSHIPS.

- a. Romantic Relationships. Romantic and/or sexual relationships between staff and patients are generally abuse of power violations by staff, based on the patient's need for care. Staff members are likely to be viewed as power figures that provide care for patients regardless of being a direct treatment provider or not. Such relationships are prohibited and will be viewed as staff-patient boundary violations that have resulted in an unethical relationship.
- b. Business Relationships. A business relationship between staff and patient is a potentially unethical relationship, especially where direct transactions involving money, gifts, or other tangible benefits occur for either the patient and/or staff member. As a general guideline, incidental business may be transacted where direct tangible benefit to the patient or staff member does not result. The more a staff member is directly involved in a patient's care, the more likely it is that any business relationship will interfere with that care and be viewed as exploitive and unethical.
- c. Social Relationships. Social relationships, that are more than incidental occurrences, can potentially conflict with staff-patient boundaries. Staff should avoid inappropriate socializing with patients. Socialization with patients that is not formally sanctioned as a patient care activity can be viewed as compromising the staff-patient relationships, especially in situations where the staff member is directly in a therapeutic relationship with the patient. Examples of boundary problems that

may occur in social relationships include, but are not limited to: a staff member taking a patient to a social event; inviting a patient to a staff member's home; a staff member visiting a patient's home, when the primary basis for knowing the patient is related to the employee's job at the health care system; or, social media.

4. SPECIAL CONSIDERATIONS.

a. Pre-existing relationships. If a pre-existing relationship occurs between an employee and a patient, which has the potential to develop into an unethical relationship, the staff member is strongly encouraged to discuss the specific situation with his/her supervisor or to consult with the Integrated Ethics Team for guidance and consultation.

b. Unsolicited Attention from Patients. Employees receiving notes, expressions of affection, sexual interest, or provocation from a patient or who are having trouble managing a relationship with a patient should immediately report this in writing to their supervisor and provide any related documentation to the supervisor. Additionally, the Patient Advocate, Integrated Ethics Team, Patient Review Committee, or VA Police Service may also be contacted to assist in resolving such issues with the patient.

c. Professional Ethics. In those cases where an employee is a member of a profession with its own code of ethics, the employee must adhere to the standards of his/her profession. Where a conflict occurs between a relevant professional ethical standard of the employee's occupation and the procedures in this Code of Conduct, the employee is encouraged to seek clarification from either his/her supervisor or the Integrated Ethics Team. Witnesses of legal documents may be family members; employees from Chaplain Service, Psychology Service, Social Work Service, Case Management or nonclinical services (e.g., Medical Administration, Environmental Management, Voluntary Service, etc. Witnesses must attest that they have witnessed the signing of the advance directive (VA Form 10-0137), that they are not appointed as health care agent (HCA) in the advance directive, that they are not financially responsible for the care of the patient making the advance directive, and that to the best of their knowledge, are not named in the patient's will.

d. Consultation with Integrated Ethics Team. It is the staff member's responsibility to prevent the occurrence and/or the continuation of an unethical relationship. The Integrated Ethics Team is available for consultation on problems or issues of ethical concern. The Team is available to all staff members, supervisors, patients, and their families for such consultation to the extent that such confidentiality can be ethically and legally maintained.

e. Corrective Action. Disciplinary and adverse actions, up to and including removal and/or criminal prosecution, may be initiated against a staff member who knows or who reasonably should know that he/she is in violation of this Code of Conduct and/or other federal statutes and regulations governing the conduct of all federal employees.

5. PROCEDURES FOR REPORTING UNETHICAL CONDUCT.

a. Any employee having direct knowledge of a social, business, or romantic relationship between another staff member and a patient that can be "reasonably expected to interfere with or compromise the quality of care, civil rights, confidentiality, safety, or access to health care of that patient or other patients" is responsible for discussing his/her concerns with his/her own supervisor.

b. Where it is unclear as to whether the specific relationship would be "reasonably expected to interfere with/or compromise the care of a patient, etc." or, if a determination needs to be made on

how to safeguard the patient or staff member from a potentially damaging relationship, the Integrated Ethics Team should be consulted.

c. If the supervisor is not in the chain of command of the potentially involved staff member, s/he will report the concern to that staff member's supervisor. The responsible supervisor will initiate a meeting with the staff member, and their representative as appropriate, to discuss the concerns. The staff member is responsible for demonstrating to the satisfaction of his/her supervisor, that the patient's care is not compromised by the relationship. The supervisor will request at the meeting that the staff member submit a written statement satisfying this requirement, within two working days of their meeting.

d. If the supervisor, after reviewing the staff member's written statement, determines that the potential for an unethical relationship is present, s/he will notify the Service Chief, who will then initiate appropriate action, including any of the following:

- (1) A written plan, agreed to by the staff member and the supervisor, to ensure that the patient's care is not compromised.
- (2) Referral to the Integrated Ethics Team.
- (3) Request for an administrative investigation.
- (4) Disciplinary or adverse action.

6. RESPONSIBILITY.

a. Human Resources Management Service will ensure that all new employees are oriented to the information in this Code of Conduct.

b. The Education and Training Committee will ensure that education on this Code of Conduct is included in the mandatory training of all employees.

c. The Integrated Ethics Team will review each consultation request and respond to the individual who requested the consultation in a professional and confidential manner that is consistent with ethical and legal guidelines.

d. All employees are responsible for maintaining ethical relationships and reporting any concerns through appropriate channels.

7. REFERENCES.

a. 5 CFR Part 2635, "Standards of Ethical Conduct for Employees of the Executive Branch".

b. VA Directive 5021 and VA Handbook 5021, "Employee/Management Relations".

c. VHA Handbook 1004.02, "Advance Care Planning and Management of Advance Directives".

8. EXPIRATION DATE. April 28, 2018.

9. FOLLOW-UP RESPONSIBILITY. Chief, Human Resources Management Service.