

# [Relationships between staff and patients](https://assignbuster.com/relationships-between-staff-and-patients/)

[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/)

Former patients brought a doctor valuable gifts. Strictly speaking, it is not desirable. However, since the degree of harm to the patient is rather low, it may be regarded as a type III boundary-crossing.
I know an unemployed artist who bartered with his health care professional. He paid for medical services with sculptures and paintings. Honestly, I do not consider this a boundary-crossing. I feel it is a legitimate moral choice of the professional which provided a win-win situation for both. Technically, it may be deemed to be an illustration of type IV boundary-crossing. The issues: sexual or romantic interactions between physicians and patients / former patient / a key third party, social / business relationships between staff and patients
The ethical problem: sexual contact between physician and patient/former patient / a key third party can be detrimental to the latter’s physical/emotional/ social well-being, social / business relationships between staff and patients can turn into (or maybe perceived as) exploitative relationships. The alternatives: taking advantage of the vulnerability of the patient / former patient / key third party or adhering to professional ethics, interfering with social / business relationships between staff and patients or reporting them to superiors. I would completely avoid contact with a patient / former patient / key third party if there seems to be scope for the contact to be perceived as sexual by others or if there seems to be scope for the contact to turn sexual eventually. I would try to talk to a staff member if he/she seems to be in a social / business relationship with a patient. If it does not help, I will report to the superiors. I consider professional ethics uppermost and give the last priority to my self-interests. I consider social / business / romantic relationships between physician/staff and patients as potentially dangerous to the latter’s well-being because of the imbalance of power between the two parties. It can have an adverse impact not only on public relations but also on the ability of the health care system as a whole to deliver what the patient actually needs. Dr. Sullivan and Ms. Dinardo are both about 60 years old, an age at which romance cannot have much significance. If they decide into a formal relationship through marriage, there is nothing wrong in it. Even doctors are human beings and need companionship for emotional well-being. But if they want to continue it as an informal, secret relationship, that is certainly wrong. In that case, Dr. Sullivan would do well to refer the woman to some other doctor. What Dr. N has done is clearly illegal as well as unethical. He has the obligation to respect company policies and health insurance rules. Another serious offense is his attempt to deliberately bluff the pharmacist and the Consumer Affairs Division. It betrays a hidden motive to exploit the patient and not compassion for her.