



MLT Boundaries of Practice

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Introduction

Like other health professionals, Medical Laboratory Technologists (MLTs) have a power imbalance between them and patients. It is always the MLT's responsibility in a patient/MLT relationship to maintain appropriate boundaries to ensure that the patient's best interest is always considered. The MLT Boundaries of Practice Guideline is intended to assist MLTs in managing patient relationships by:

- Explaining the need for professional boundaries
- Identifying the areas where boundary crossings may occur
- Outlining the indicators of safe or unsafe practices
- Providing a decision-making tool to assist MLTs in managing boundaries

This guideline builds upon the CMLTO Standards of Practice for Medical Laboratory Technologists (MLTs) ¹ and the CMLTO Code of Ethics, ² which outline the practice expectations MLTs must adhere to when interacting with patients.

Boundaries can be sexual or non-sexual. When reviewing this guideline, MLTs should also reference CMLTO's Guidelines for Prevention of Sexual Abuse ³ which provides information related to sexual abuse boundaries and sexual abuse prevention. The MLT Boundaries of Practice guideline focusses on non-sexual boundaries.

Ensuring that MLTs are well informed about the fundamentals of patient relationships and engagement reduces legal risks and promotes the provision of safe and effective patient care. This includes tools and frameworks to enable decisions about MLT behaviour when faced with a potential boundary crossing.

Boundary categories

Boundaries are restrictions that separate clearly defined objects (such as fences around property) or abstract concepts (such as quality control). In a healthcare setting, they define the limits of the therapeutic relationship between the patient and practitioner.⁴ For MLTs, the most common patient-professional boundary risks fall into the following four categories:



1. Boundary issues related to **patient care:**
 - appropriate treatment
 - appropriate behaviour when a patient is not clothed
 - respecting cultural differences
 - tone and wording when communicating

2. Boundary issues related to **access to and/or disclosure of information:**
 - appropriate collection, use, and disclosure of personal health information
 - maintaining patient confidentiality and privacy
 - inappropriate or excessive self-disclosure to the patient

3. Boundaries related to **gifts, services, and financial relationships:**
 - understanding the motivation behind gift giving
 - respecting the timing of the gift and the cost of the gift
 - respecting patient vulnerability
 - complying with facility policies

4. Boundaries related to **dual relationships:**
 - business relationships with patients
 - understanding when the patient ceases to be a patient
 - respecting access to information on peers concerning laboratory tests
 - treating family members

Boundary crossing

Health professionals commonly face situations that can lead to “boundary crossings” if circumstances are not managed properly. Boundaries may be clear and distinct or ambiguous. Ambiguous or unclear boundaries make it challenging to understand what the right or wrong decision could be.⁵ Boundary crossings encompass one or more of the categories listed above and can lead to inappropriate, exploitive, abusive, or illegal behaviour.^{6,7} Context and perception influence the scope of behaviour and decisions made while dealing with boundaries. Context can include everything from what we can and cannot legally



do, employer and facility policies, the services MLTs provide, and other influences including:

- Legal restrictions
- Resource constraints
- Personal issues (i.e., physical, mental)
- Cross cultural communications
- Clinical settings
- Organizational issues

A boundary is crossed if an MLT initiates behaviour or allows behaviour that jeopardizes the therapeutic relationship between them and their patient.⁸ These situations involve both over and under involvement from a health care professional. Over-involvement may include changing assignments to see a particular patient or sharing personal or intimate details of your life with a patient.⁹ Under-involvement could mean cold, dismissive, and unempathetic care.⁴ Boundary crossings can cause minor or major physical, emotional, social, professional, or economic harm to patients.¹⁰ Patients often perceive boundary crossings as the misuse of power or betrayal of trust.

Boundary crossings are avoidable if health professionals learn to look for the warning signs that a boundary crossing has or may occur. Below are the key indicators for both safe and unsafe practices that MLTs may find useful in identifying potential boundary crossings for each category.

<i>Patient Care</i>	
Indicators of Safe Practice	Indicators of Unsafe Practice
<ul style="list-style-type: none">• Zero tolerance of any form of sexual abuse• Asking permission before you touch a patient• Obtaining and maintaining consent• Respecting patient autonomy• Treating all patients with dignity and respect• Always acting in patients' best	<ul style="list-style-type: none">• Behaviour or comments of a sexual nature• Failing to explain the need to touch a patient prior to doing so• Touching a patient without their consent• Communicating using rude, insulting, or intimidating remarks or behaviour



<p>interest</p> <ul style="list-style-type: none"> • Recognizing and respecting cultural diversity • Communicating effectively and checking for understanding • Actively listening and responding to patient questions or instructions 	<ul style="list-style-type: none"> • Discriminatory comments or conduct • Failing to communicate effectively • Ignoring a patient’s questions or instructions
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Access to and Disclosure of Information

Indicators of Safe Practice	Indicators of Unsafe Practice
<ul style="list-style-type: none"> • Complying with privacy legislation • Complying with facility policies for the collection, use, and disclosure of personal information • Accessing information only when required for patient care • Ensuring patient results are provided to only those legally entitled to receive the information • Limiting self-disclosure to information that adds therapeutic value • Accessing your own or your family’s personal health information through appropriate channels 	<ul style="list-style-type: none"> • Failing to comply with privacy legislation • Failing to comply with facility policies for the collection, use and disclosure of personal information • Accessing patient information for any non-clinical purpose • Releasing patient results to an unauthorized person • Disclosing too much personal information to a patient • Accessing your own or a family member’s personal health information inappropriately

Gifts, Services and Financial Relationships

Indicators of Safe Practice	Indicators of Unsafe Practice
<ul style="list-style-type: none"> • Recognizing that giving or receiving gifts/services can compromise a therapeutic relationship • Being aware of facility policies related to gifts, services, and financial relationships • Refraining from financial relationships with patients* • Being prepared to offer alternatives when offered a gift (e.g., a donation to charity) <i>*Including their family members</i> 	<ul style="list-style-type: none"> • Accepting a gift/service for personal gain • Offering a gift/service to a patient* • Soliciting gifts/services from patients* • Promoting services to a patient* • Establishing a financial relationship with a patient* • Influencing a patient* to change their will

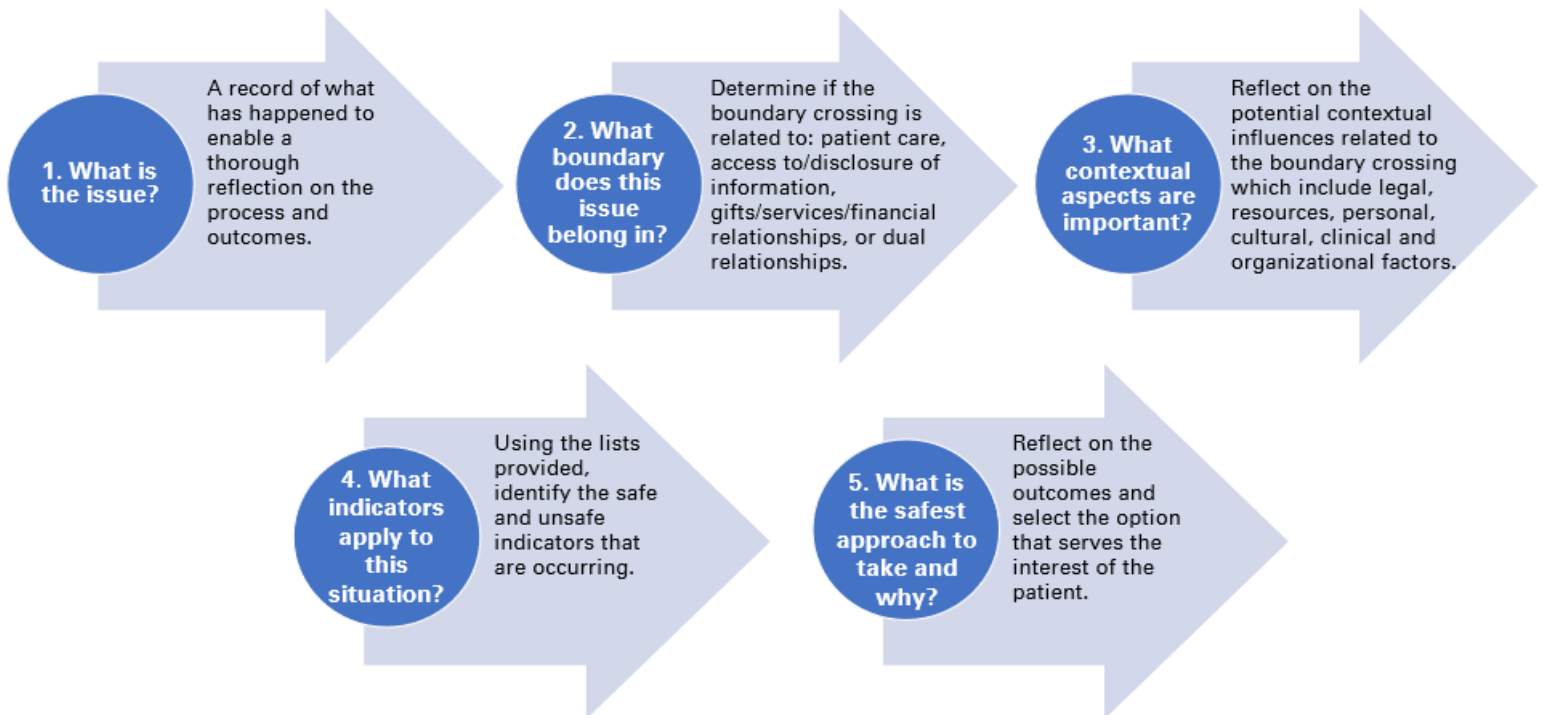


Dual Relationships

Indicators of Safe Practice	Indicators of Unsafe Practice
<ul style="list-style-type: none">• Refraining from treating family and friends (<i>Ontario Reg 260/18 under subsection 1(6) of the Health Professions Procedural Code – RHPA</i>)• Maintaining a clear distinction between professional and personal life	<ul style="list-style-type: none">• Overlapping personal and professional relationships• Providing advice or treatment to friends and family

Decision-making model

The following model is intended to inform MLT decision making around boundaries and boundary crossing. Self-reflection is a key step in determining whether a boundary has been or may be crossed.⁹ MLTs are encouraged to ask themselves the following questions:





If a health care professional feels a boundary has or is likely to be crossed, it is their ethical obligation to act on the situation immediately. This includes witnessing another health care professional violating any of the boundaries outlined above – **ignoring the issue is of no benefit to your colleagues or the patient.**⁶ It is important to note that boundaries differ from patient to patient.⁸ In addition to the decision making model outlined above, MLTs may take further action by consulting a trusted advisor, such as a laboratory supervisor or manager, contacting employment supports such as Human Resources or Privacy Officers, or discussing the situation with a CMLTO Practice Advisor. Refusal to take action or follow the appropriate steps involved with a potential boundary violation may lead to further harm.

Conclusion

Boundaries are an important aspect of both the personal and professional lives of health care providers. Ensuring that MLTs can identify, understand, and act on boundary crossings can assist patients in receiving the best care possible. These guidelines are intended to support MLTs when they are reflecting on situations where boundaries are involved. If you require further guidance or assistance, please contact CMLTO's Registrant Relations department by email at registrantrelations@cmlto.com.



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