



**National Council of  
Women of New Zealand**

Te Kaunihera  
Wahine O Aotearoa

National Office  
Level 4 Central House  
26 Brandon Street  
PO Box 25-498  
Wellington 6146  
(04) 473 7623  
www.ncwnz.org.nz

8 December 2003

S03.87

**Submission to the Medical Council of New Zealand on  
Keeping Clear Sexual Boundaries:  
The doctor-patient relationship**

**Introduction**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 42 nationally organised societies. It has 33 branches throughout the country attended by representatives of those societies and some 150 other societies as well as individual members.

At the time that the original invitation was extended to NCWNZ to make a submission regarding, "Boundaries for the doctor - patient relationship." the following questions were formulated and our members were duly canvassed.

**Questions**

1. What do you understand is a breach of sexual impropriety, sexual transgression or sexual violation?
2. Should the Council have zero tolerance as their position? If not, why not?
3. What do you believe are a doctor's responsibilities to maintain sexual boundaries?
4. What mechanisms can a doctor deploy to assist in maintaining sexual boundaries?
5. What do believe that a doctor should do if he or she believes that boundaries are being threatened?
6. What do you believe is a doctor's duty to report breaches of sexual boundaries by another doctor as related by a patient?
7. What do you believe are the role and responsibilities of a third person during a consultation?
8. Under what conditions do you believe that a doctor who has breached sexual boundaries be permitted to apply for re-registration?

Although NCWNZ did not make a submission at that time it was deemed too good an opportunity to let pass as a chance to obtain feedback on a topic which has significant effects on us all. It is the answers to the above questions, based on the original document, which provide the basis for this current response. Responses were received from members of the Health Standing Committee, from Branches, individual branch members and interested parties.

Like the discussion document before it, this DRAFT appears to be comprehensive and thorough. The language is easily understood and avoids jargon. In one instance sympathy was expressed for doctors expected to forego their professional, "distant" manner as a safeguard, for the modern, open, 'user friendly' stance.

Our members main concerns were that under most circumstances the zero tolerance standard should apply and NCWNZ is pleased to see this reflected in the DRAFT.

While NCWNZ agrees that in all consultations doctors, and other health professionals, have a position of responsibility for their patients, it was noted by some members that patients also have a responsibility to their doctors and others, not just a right to consult them.





If a patient oversteps the boundaries then it should be spelt out very clearly in this document that their doctor has the right to refer them on to another practice or, at the very least, point out very clearly that their behaviour is inappropriate. This should, in our opinion be spelt out more strongly than it is in this DRAFT.

Members agreed that depending on the severity of the complaint, a doctor could be allowed to apply for re-registration providing certain conditions were accepted, e.g. not practising alone; agreeing to have a practice nurse present; having on-going counselling and professional supervision.

However, members agreed that any doctor removed from the register as a penalty for criminal sexual misconduct should NOT be permitted to return.

Where it was deemed inappropriate that a doctor should be allowed to continue to practice, it was felt that consideration should be given to suggesting that they could be eligible to work in another branch of medicine -e.g. research, but not in contact with patients.

NCWENZ considers that it is a pity that we were unable to view both publications, that for the public and that for the doctors. However, we do recognise that there is a need for, "the different perspectives and emphasis on different types of information" in each of these.

Thank you for giving us the opportunity to consider this information. It has been a very interesting exercise.

Beryl Anderson  
National President

Catherine Gurnsey  
Convener, Health Standing Committee