



# Prevention of Abuse of Patients

The *Regulated Health Professions Act, 1991* requires that the College implement a program aimed at the prevention of abuse of patients. The purpose of this component of the Patient Relations Program is:

- to encourage the reporting of all forms of abuse (verbal, physical, emotional or sexual)
- to provide measures to deal effectively with sexual abuse of patients
- to reduce and ultimately to eradicate all forms of abuse (particularly sexual abuse) by members
- to provide funding for therapy and counselling for patients who have been sexually abused by members
- to review and evaluate the effectiveness of its Patient Relations Plan.

## PHILOSOPHY

The College of Chiropodists of Ontario supports **ZERO TOLERANCE** for all forms of abuse: verbal, physical, emotional or sexual.

The College recognizes the seriousness and extent of injury that sexual abuse (in particular) causes the victim and others related to the victim.

The College accepts its important responsibility to protect the public interest by dealing with abuse issues openly, and prioritizing prevention through education of the profession and the public.

The College will investigate and act on any and all complaints dealing with abuse of any kind in an effective, timely and sensitive manner.

The College will attempt to recover the costs of its investigations, hearings or proceedings related to abuse, where a member is found guilty of abuse. The College's support for this philosophy is based on a belief that cost recovery, in itself, might act as a further deterrent for members, and thereby act to further protect the public (see *Regulated Health Professions Act*, Section 85.7 (12)).

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## **DEFINITION OF ABUSE**

In order to deal effectively with all forms of abuse, it is important for the members of the profession to understand how abuse is defined. Members should be aware of the mandatory reporting (for sexual abuse) requirement under the *Regulated Health Professions Act, Schedule 2, 85.1, 85.2, and 85.3*.

In defining abuse, we recognize that an imbalance of power and authority exists in the patient/professional relationship. Patients often seek professional services when they are vulnerable or in a state of pain. They hope and trust that the professional will address their health care needs and tend to them in a sensitive and caring manner. With this in mind, we define abuse generally, as follows:

### **Verbal Abuse**

Verbal abuse is defined from the *patient's perspective*. Their culture, age, socio-economic status and particular sensitivities and vulnerabilities affect how they may perceive communication with members of the profession. Verbal abuse may include rude, sarcastic, demeaning or seductive remarks. However, words we use, as well as tone, help characterize how they are perceived.

### **Physical Abuse**

Physical abuse refers to inappropriate behaviours that include, but are not limited to, pushing, slapping, pinching or use of unnecessary force in the course of providing treatment to a patient.

### **Emotional Abuse**

Emotional abuse may arise from the natural imbalance of power inherent in the patient/practitioner relationship. Abuse comes about when the member uses the imbalance in power to intimidate or shows insensitivity toward the patient. Emotional

abuse demeans patients in such a way as to lower their sense of personal worth.

### **Sexual Abuse**

Sexual abuse of a patient by a member (as defined within the *Regulated Health Professions Act, Schedule 2, 1 (3)*) means:

- a. sexual intercourse or other forms of physical sexual relations between the member and the patient
- b. touching of a sexual nature, of the patient by a member, or
- c. behaviour or remarks of a sexual nature by the member towards the patient.

#### *Exception*

"sexual nature " does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

In addition, the College's Standards of Practice for Patient Relations further define **Sexual Ethics**.

## **ABUSE PREVENTION**

The most effective way to address abuse, particularly sexual abuse, is by prevention. The College of Chiropractors of Ontario has a threefold educational strategy.

1. The Council must address the matter of education of College members.
2. The Council must ensure that the public is aware of what constitutes abuse and what avenues are available should a person feel that they have been the subject of abuse.
3. The Council must ensure that everyone who deals with a potential victim of abuse is sensitized to the issues and is sensitive to the fears and concerns of those who have been abused (College staff, Council members and Patient Relations Committee members).

## **How the College supports its members**

To support its members and help achieve the objective of abuse prevention, the College has developed guidelines and information about patient relations that is directed toward future College members (undergraduate education), prospective College members (through the registration examination), and continuing education for members of the College.

- **Registration Candidates**  
The registration examination should contain components that cover jurisprudence and aspects of the *Regulated Health Professions Act* and Standards of Practice covering abuse, especially abuse of a sexual nature, abuse prevention and mandatory reporting.
- **Member Education**  
The College is preparing continuing education programs to ensure that chiropractors and podiatrists are fully aware of their obligations with respect to abuse and abuse prevention and mandatory reporting requirement under the *Regulated Health Professions Act*.

The Patient Relations Committee will work in collaboration with the Registrar to determine how to ensure that the members have met their educational requirements with respect to the topic of abuse and abuse prevention.

## **Public Education**

A number of initiatives will be developed to enhance awareness of patients' rights with respect to members of a regulated health profession (such as chiropractors and podiatrists). It will clearly outline the accountability of members to their College and emphasize the College's role in setting standards for safe and ethical practice in Ontario.

Decisions of the Discipline Committee are reported and are available to members and

the public on the College's website at [www.cocoo.on.ca](http://www.cocoo.on.ca)

### **Education for Council and Patient Relations Committee Members**

In order to be effective in approving policies and procedures for a Patient Relations Plan and in monitoring and evaluating its effectiveness, members of Council will:

- receive an educational session about the history of abuse by health professionals and the reasons for the sexual abuse provisions of the Regulated Health Professions Act
- receive an overview of the Patient Relations Program, its philosophy and definitions and be given opportunities to participate in continuing education and information sessions about abuse (particularly members of the Complaints, Discipline, Executive, Fitness to Practice and Patient Relations committees and members of College staff).

### **Education for College Staff**

College staff plays an important role in supporting the goals of the Patient Relations Committee. Their understanding of abuse and abuse prevention is key. They will receive information about patient relations matters and will be supported in continuing education programs related to patient relations issues and including sexual abuse prevention.

### **MANDATORY REPORTING**

The *Regulated Health Professions Act* requires all registrants to report knowledge of sexual abuse by another registrant to the College of Chiropractors of Ontario or another College.

The requirement to report applies to all registered health practitioners and operators of registered facilities where registered members practice. The obligation exists even when the reporter is a member of a different profession from the alleged abuser or where the facility operator is a member of no profession.

The report must be filed in writing to the Registrar. Mandatory reports are not complaints; rather they constitute information received by the Registrar. Where the report contains sufficient information to provide the Registrar with reasonable and probable grounds to believe that the practitioner has engaged in professional misconduct or is incompetent, an investigator may be appointed, or the appointment of a board of inquiry for incapacity purposes may be recommended.

The mandatory report must include:

- the name of the reporter
- the name of the alleged abuser
- details of the alleged abuse
- the name of the patient if known and where the patient/client consents in writing to the use of his/her name in the report (if patient/client is incapable, their representative, parent or guardian may give consent).

The report must be filed within thirty days after the obligation to report arises or immediately if there are reasonable grounds to assume that abuse may continue or that the alleged abuser may abuse other patients.

Approved by Council, Jan 26,2001

