

Practice Guideline- Treating Family Members and Other Close Personal Relations

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Introduction

Kinesiologists may periodically find themselves in a position where they must decide whether to provide treatment to a family member(s) or someone with whom they share a close, personal relationship. It is generally inadvisable to provide treatment to family members except in exceptional circumstances. Despite a kinesiologist's intentions to deliver the best possible care, clinical objectivity may be compromised.

Scope of this guideline

This guideline applies to any situation where a kinesiologist is contemplating treating a family member or someone with whom they share a close personal relationship. Family member means any individual with whom the kinesiologist has a familial connection and/or a personal or close relationship, where the relationship is of such a nature that it would reasonably affect the kinesiologist's professional judgment. For the purposes of this guideline, the term family member will be used to refer to anyone with whom the kinesiologist has a close personal relationship which could include, but is not limited to, the kinesiologist's spouse, common-law partner, parent, child, sibling, or those of the kinesiologist's spouse or partner (i.e. in-laws).

This guideline applies with respect to treatment, which is defined in the *Health Care Consent Act, 1996* as, "anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan". It does not include emergency care or minor, episodic care, such as providing manual therapy to alleviate a tense muscle after a period of exercise on a sporadic basis.

Exceptional circumstances

Exceptional circumstances exist when the benefits of providing treatment to a family member(s) outweigh the risks. There is always a real and inherent risk when treating someone with whom a kinesiologist has a close personal relationship. The therapeutic client relationship is the foundation of safe, ethical care and the existence of a close personal relationship can threaten the efficacy of treatment.

Exceptional circumstances may exist where:

- There is no other similar or viable health care provider available
- Alternative arrangements could lead to demonstrated financial hardship for the patient/client
- The patient/client may be unlikely to seek treatment from a practitioner whom they do not know, because of trust or comfort issues (eg., a family member who has been the victim of abuse)
- There exists a real barrier to the patient/client accessing other health care services (for example, a severe communication disability)

Often many of these factors may co-exist. These circumstances may cease to exist at some point. The kinesiologist should therefore continue to evaluate the circumstances in which they are providing treatment and, if other treatment becomes available, to transfer the patient/client as soon as possible.

The best interests of the patient/client, from their perspective, must always be paramount. It is in their best interests to receive safe, ethical and effective treatment from someone they can access and trust.

A kinesiologist remains accountable to the College for care/services provided to close personal relations. Kinesiologists are expected to adhere to the College's Practice Standards in any situation. A kinesiologist should consider how they will fulfill their obligations as a regulated health professional before treating a family member.

Conflict of interest

Conflicts of interest may emerge in situations where a kinesiologist's objective approach to treatment could be questioned. Real, perceived and possible conflicts of interest may exist on a spectrum, where the potential for conflict is greater where there is a closer personal connection (such as a dependent, a sibling or a spouse).

Kinesiologists should refrain from providing treatment if a real, perceived or possible conflict of interest exists, particularly where dependent family members or close personal relations are involved.

Professional boundaries

A kinesiologist must establish professional boundaries with all patients/clients despite the existence of a familial relationship. This may prove challenging as the nature of the therapeutic client relationship is the avoidance of emotional involvement. Therefore, a kinesiologist must take great effort to ensure that the treatment relationship is kept separate from the personal one. A kinesiologist should be mindful of their interactions with a family member(s) and the potential lapse in professionalism. Kinesiologists should be particularly vigilant in this respect if providing treatment where colleagues or other patients/clients may observe these interactions.

To establish and maintain appropriate boundaries with family members, a kinesiologist must ensure that:

- Treatment is provided in an appropriate environment
- Communication remains professional and relates to the treatment provided for the duration of the treatment appointment
- They do not become pre-occupied with the care of their family member such that it impacts the care of other patients
- They are comfortable and able to ask the questions necessary to conduct a proper assessment and provide effective treatment
- Their family member is comfortable and able to answer the questions with frank disclosure of necessary personal health information
- They set out a defined treatment time, place and duration
- They dress as is normally appropriate for all other patients/clients
- Any physical contact relates to the treatment

Consent and capacity

A patient/client must provide informed consent to treatment. When treating a family member, a kinesiologist may be at risk of not objectively evaluating consent and/or capacity. To ensure valid consent is obtained and maintained, a kinesiologist must:

- Disclose and explain the conflict of interest inherent in treating a family member
- Evaluate whether they are able to objectively assess the indicators of implied consent, and maintain greater reliance on express consent
- Revisit consent frequently
- Ensure any influence from the personal relationship is not used to influence consent in the clinical relationship. Consent must be given voluntarily
- Ensure they presume capacity and collaborate with other appropriate professionals if necessary. (For example, there is no age of consent. If a kinesiologist is treating their child, they do not automatically act as the substitute decision-maker)
- Provide full and frank disclosure of the risks and benefits of treatment. A kinesiologist cannot assume that a family member is knowledgeable about a proposed treatment
- Ensure objective evaluation of their family member's refusal to provide consent or to withdraw consent

Fees and billing

Fees and billing practices must always be transparent and as consistent as possible. To avoid any financial conflict of interest or appearance of conflict of interest, kinesiologists must not charge for services provided to any dependent (ie: the spouse, dependent parents, dependent children or any other person who is financially dependent upon the kinesiologist). Kinesiologists also cannot bill any third party payor for such services.

With respect to providing services to close personal relations, kinesiologists must:

- Adhere to the principles in the Practice Standard - Fees and Billing
- Be mindful of charging different rates for different close personal relations without objective reasoning. Kinesiologists cannot guarantee that close personal relations won't disclose amongst each other what they are paying for services
- Engage in frank discussions about fees and billing with close personal relations and obtain consent for the payment plan before beginning services. This will help to ensure there is no misunderstanding as to the expectations to pay

Record keeping

Even in circumstances where the kinesiologist is treating family members or close personal relations, kinesiologists remain bound by the requirements of privacy, confidentiality and security under the *Personal Health Information Protection Act, 2004*.

In addition, the health record of any family member should contain documentation on the exceptional circumstances that exist and discussions with the family member regarding consent to treatment. This documentation is an on-going obligation.

Mandatory reporting

Kinesiologists are expected to fulfill their mandatory reporting obligations. For example, if providing care to a niece or nephew, a kinesiologist would be expected to report any suspected child abuse to the Children's Aid Society despite the familial relationship.

Conclusion

Kinesiologists must carefully reflect on compliance with the College's Practice Standards when deciding whether to treat their family members or persons with whom they share a close personal relationship. If after reviewing this guideline and contemplating all of the considerations a kinesiologist is not confident they can maintain the Practice Standards while treating their family member(s), they must refrain from doing so.