

PREVENTION OF BOUNDARY VIOLATIONS STANDARD



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The College of Dental Surgeons of Saskatchewan's (CDSS) Standards of Practice set out legal, professional, and ethical obligations that apply to dentists practising in Saskatchewan. Standards of Practice support dentists and protect the public by communicating the College's expectations for the profession.

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EXECUTIVE SUMMARY

This Standard of Practice sets out the requirements for dentists' professional behaviour to prevent boundary violations.

DEFINITIONS

Key terms are defined below for the purposes of interpreting and applying this Standard of Practice. In some cases, these definitions may be specific to this Standard or area of practice, and not applicable to other College documents or areas of dentistry.

Boundary is a limit of a safe and effective professional dentist-patient relationship.

Boundary violations occur when the limits of a safe and effective professional dentist-patient relationship are crossed. The violation can occur intentionally or unintentionally. Boundary violations exploit the power imbalance that naturally exists in the dentist-patient relationship and place the dentist's personal interest(s) ahead of the best interests of the patient.

Boundary violations include **sexual impropriety** with a patient which includes, but is not limited, to:

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

Touching, behaviour, or remarks of a clinical nature appropriate to the service provided are not considered to be a boundary violation

Conduct, behaviour, or remarks that would otherwise be a boundary violation are not a boundary violation if the patient is the dentist's spouse and the dentist is not providing dental care to their spouse at the time the conduct, behaviour or remarks occur.

It is also not considered to be a boundary violation if a dentist provides dental care to an individual they are in a sexual relationship with who is not their spouse if all of the following conditions exist:

- a. Care is provided in emergency circumstances, or the care provided is minor in nature, and
- b. The dentist has taken reasonable steps to transfer the care of the individual to another regulated health professional or there is no reasonable opportunity to do so.

Dual relationships occur when a dentist has a secondary personal or professional relationship with a patient in addition to the treating relationship. Dual relationships can complicate the treating relationship, risk undermining the provision of safe and effective care, and increase the risk of boundary violations.

Harassment is an unwelcomed comment and/or behaviour that offends, embarrasses, demeans or humiliates a person.

Patient is an individual receiving care from a dentist if any of the following circumstances exist:

- a. The dentist has charged or received payment from the individual (or a third party on behalf of the individual, such as an insurance company) for a health care service provided by the dentist;
- b. The dentist has contributed to a health record or file for the individual;
- c. The individual has consented to the health care service recommended by the dentist; or
- d. The dentist prescribed the individual a drug for which a prescription is needed.

Spouse is an individual that is married to the dentist or has lived with the dentist in a common-law relationship outside of marriage continuously for at least 2 years.

Trauma and violence-informed care is an approach to health care that recognizes the signs, symptoms and widespread impact of trauma and ongoing violence on patients. Using this approach, dentists treat patients by fully integrating knowledge about victim experiences of trauma and ongoing violence into their practices. The approach facilitates a culture of safety, trust, empowerment and healing and seeks to avoid re-traumatization.

PRINCIPLES

The following principles form the foundation for the requirements set out in this Standard:

1. The CDSS has zero tolerance for boundary violations involving sexual impropriety with a patient.

2. The paramount responsibility of a dentist is to the health and well-being of patients.
3. The dentist-patient relationship is based on mutual respect and trust.
4. There is an inherent power imbalance that exists in the relationship between a dentist and patient, which can make a patient vulnerable to boundary violations.
5. Maintaining professional boundaries respects patients, helps ensure the provision of safe and effective care and upholds the public's trust in dentistry.

REQUIREMENTS FOR PREVENTING BOUNDARY VIOLATIONS

PREVENTING BOUNDARY VIOLATIONS

The following sections set out requirements for preventing boundary violations.

A separate section sets out requirements for preventing boundary violations involving sexual impropriety.

Respecting Patients' Boundaries

1. Dentists must establish and maintain appropriate professional boundaries with their patients at all times, including when engaging with patients in a non-clinical context.
2. Dentists must respect and be mindful of the ways in which a patient's sense of personal boundaries might be informed by factors such as their age, sex, gender, gender identity, ethnicity, culture, religion, sexual orientation, physical differences, socio-economic status, current or past medical conditions and personal history and experience.
3. Dentists must not abuse or harass a patient, including but not limited to, verbal, emotional, psychological, physical abuse or harassment, including sexual harassment.

Appropriately Communicating with Patients

4. Dentists must communicate (whether in-person, electronically, through social media, or otherwise) in a professional manner and not breach patient privacy and confidentiality. Breaching patient privacy and confidentiality of patients' personal health information can be considered a boundary violation.
5. Dentists must not make inappropriate comments that could reasonably cause offense, undermine trust in the dentist and profession, or make a patient feel uncomfortable or discriminated against. This includes, but is not limited to, inappropriate comments regarding a patient's:
 - a. body, clothing, and/or accessories;
 - b. sexual orientation;
 - c. gender identity;
 - d. religious, cultural and/or ethnic background;
 - e. race;
 - f. age;
 - g. disabilities;
 - h. socio-economic status;
 - i. relationship status; or
 - j. insurance or benefits status, including private insurance or reliance on a publicly funded government plan.

6. Dentists must not disclose inappropriate personal information to a patient, such as intimate details of their personal life.

Appropriately Managing Gift-Giving and Receiving with Patients

When managed appropriately, gift-giving between dentists and patients can reflect mutual care and respect. However, the exchanging of gifts can also introduce risks, such as unclear boundaries, conflicts of interest, and impaired clinical judgment and objectivity. These risks increase as the value of the gift increases, and as the gift becomes more personal.

7. Dentists who accept gifts from, or give gifts to, a patient, must also do so with the patient's best interests in mind, and in a manner that preserves appropriate professional boundaries and objective clinical judgment.
8. Dentists are advised to develop an office policy on gift-giving and receiving to help establish clear expectations.
9. Dentists must not give gifts to individuals with the intention of having them become patients or remain patients.
10. Dentists must not give gifts to individuals as an incentive for the individual to refer other patients to them, as this may give rise to a conflict of interest.

Appropriately Managing Dual Relationships with Patients

11. Dentists must appropriately manage dual relationships, as these can complicate the treating relationship, risk undermining the provision of safe and effective care, and increase the risk of boundary violations.
12. Dentists who provide care within a dual relationship (e.g. provide care to a personal friend, family member, staff member, or someone they are in a financial/business relationship with) must meet their professional obligations while providing care, including ensuring that:
 - a. Their clinical judgment and objectivity are not compromised;
 - b. Patient autonomy in decision-making is maintained, including by obtaining informed consent;
 - c. Patient privacy and confidentiality of the patient's personal health information is safeguarded; and
 - d. Conflicts of interest are recognized and managed appropriately.
13. If the dentist believes that the existence of a dual relationship is undermining care and/or if there is a conflict of interest that cannot be resolved, the dentist must end the treating relationship in accordance with requirements related to discontinuing dental services and with CDSS's [Guidelines for Ending the Dentist-Patient Relationship](#).

Appropriately Managing Relations with Persons Closely Associated with Patients

When a dentist enters into a personal relationship with an individual who is closely associated with a patient (e.g., the patient's parent), there is a risk that this relationship will undermine the patient's trust and/or the treating relationship.

14. Dentists are advised to avoid entering into personal relationships with individuals who are closely associated with a patient when that relationship is likely to undermine the patient's trust or the treating relationship. Factors that may influence the appropriateness of a personal relationship include:
 - a. The nature of the clinical care that is being provided and the potential impact on the patient if that care is compromised or disrupted;
 - b. The length of the professional relationship between the dentist and the patient;
 - c. The degree to which the patient is reliant on the person closely associated with them; and
 - d. Whether the person has any decision-making power on the patient's behalf.
15. If a dentist believes that the patient's trust or care has been undermined, the dentist must take steps to resolve the situation in the best interests of the patient (e.g., by ending the dentist-patient relationship).

Incorporating a Trauma and Violence-Informed Approach to Care

16. Dentists must provide care in a manner that assumes the possibility that a patient has experienced trauma and/or violence and is consistent with principles of trauma and violence-informed care, including:
 - a. being mindful of any known or possible conditions, sensitivities, vulnerabilities, experiences or trauma of the patient that may affect the manner in which care is provided;
 - b. assuming a patient is not comfortable with touch, generally avoiding touching a patient unless necessary for providing clinical care and only touching a patient when there is explicit or implied consent, unless there are emergency circumstances;
 - c. exercising professional judgment when using touch to comfort a patient and seeking the patient's consent before doing so;
 - d. being mindful that there are different cultural norms regarding touch;
 - e. using gloves to neutralize physical touch that can be perceived as intimate, such as while performing a head or neck examination;
 - f. being mindful of a patient's sense of space and being sensitive to verbal and non-verbal cues from a patient in response to touch, behaviour, language or the practice environment, and responding accordingly to facilitate the provision of care in a manner that feels as safe and comfortable as possible to a patient;
 - g. clearly communicating with a patient throughout an examination or treatment about the steps being taken and encouraging a patient to be an active participant in their care;
 - h. offering or permitting patient supports, as appropriate;
 - i. not resting instruments or other materials on a patient's chest or elsewhere on a patient's body; and
 - j. ensuring that a bib or drape is placed or adjusted on a patient by first advising the patient that it will be placed or adjusted and then placing or adjusting it in a manner that respects areas that may be sensitive for a patient, such as the neck and chest.

PREVENTING BOUNDARY VIOLATIONS INVOLVING SEXUAL IMPROPRIETY

Boundary violations involving sexual impropriety are a serious act of professional misconduct. Patient consent is never a defence for sexual impropriety. This section sets out requirements for dentists to prevent sexual impropriety.

17. Dentists must not commit sexual impropriety with a patient. In particular, dentists must not engage in sexual intercourse or other forms of physical sexual relations with a patient, touch a patient in a sexual manner, or engage in behaviour or make remarks of a sexual nature towards a patient. This applies even if the physical sexual relations, behaviour, or remarks are initiated by the patient.
18. Dentists must not engage in any conduct, behaviour or remarks that would constitute sexual impropriety with a patient, in the act of providing dental care to their spouse.
19. Dentists must not communicate with a patient or engage in any behaviour for the purpose of eventually pursuing a sexual relationship with them.
20. Dentists must not ask questions or make comments about a patient's sexual history, behaviour or performance, except where the information is relevant to the provision of dental care. When such questions are asked, dentists must explain the clinical reason for asking them.
21. Dentists must not make any comments or use gestures, tone of voice, expression or engage in any behaviour that may be reasonably interpreted by a patient as romantic, seductive or sexually demeaning.
22. Dentists must not make any jokes that have a sexual connotation or display any material that has a sexual connotation that is not relevant to clinical care, either in office or online, when acting in a professional capacity.
23. Dentists must not become involved in a sexual relationship with a patient until a reasonable period has lapsed since termination of the dentist-patient relationship. To determine a reasonable period, the following factors are relevant:

- a. The extent of the dentist-patient relationship preceding termination.
- b. Whether there has been transfer of the patient's care to another dentist.
- c. Whether the dentist and patient have mutually agreed to terminate the dentist-patient relationship.
- d. The extent to which the patient was in a position of vulnerability in the dentist-patient relationship.
- e. The extent to which the patient's decision-making is affected by the dentist-patient relationship.

In most cases a "reasonable period" will be a minimum of one year after the patient last received dental care from the dentist.

Reporting Sexual Impropriety

24. Dentists shall not, nor permit a professional corporation in which the dentist is a director to, neglect the obligation to report, with reasonable grounds, another dentist or dental professional engaging in professional misconduct.
25. As part of their reporting obligation, dentists must:
 - a. Report to the Registrar of the appropriate regulatory college, if they have reasonable grounds, obtained while practising dentistry, to believe that a regulated health professional is committing sexual impropriety with a patient.
 - b. The report should include the following information, where possible:
 - Their name;
 - The name of the health professional who is the subject of the report;
 - An explanation of the alleged sexual impropriety; and
 - The name of the patient of the health professional that is the subject of the report, if the patient consents to their name being included; and
 - c. Make the report within 30 days after the obligation to report arises unless there are reasonable grounds to believe that,
 - The health professional will continue to commit sexual impropriety with the patient or other patients.in which case, the report must be filed immediately.

RECORDKEEPING REQUIREMENTS

26. Dentists must keep appropriate records in accordance with CDSS's [Dental Record Retention and Destruction Policy](#) and CDSS's [Regulatory Bylaws 4\(4\) - Records](#). Dentists must specifically note:
 - a. any questions asked to the patient of a sexual nature that are relevant to providing dental care;
 - b. any incidents of alleged boundary violations, including any relevant observations or statements from a patient, dental staff, or others present;
 - c. the date of termination of the dentist-patient relationship; and
 - d. any reports they make to a regulatory college about alleged sexual impropriety by a health professional.
27. Dentists are advised to record any instances of physical touch used outside of providing clinical care, such as comforting a patient in distress.