

Standard:	Caring for Related Persons
Reference #:	STCMO_C09252013
Approved by:	Council
Date Approved:	September 25, 2013
Date to be Reviewed:	July 2015
Revision date(s):	--
Effective date:	January 1, 2014
Attachments:	none



## CARING FOR RELATED PERSONS

### Purpose

The purpose of this standard is to clarify CMO expectations of midwives who provide midwifery care to related persons.

Midwifery standards of practice refer to the minimum standard of professional behaviour and clinical practice expected of midwives in Ontario.

### Definition

The definition of a related person for the purpose of this standard is a family member, colleague or friend with whom **no sexual relationship exists**. Midwives cannot provide midwifery care to any person with whom they have a sexual relationship (please see section on *Care of Spouse, Significant Other or Sexual Partner* at the end of this document).

### Background

It is common for health regulatory bodies to recommend against providing care to related persons due to the challenges practitioners may face in making objective decisions regarding the care they provide, the increased power imbalance that may exist in light of how much personal information the midwife may have about the related person, and the reluctance the related person (client) may have about complaining in respect of the conduct of the practitioner even when a complaint may be warranted.

Midwives provide care during what is often considered to be a profound family event. Midwives may be asked to be involved in the care of related persons during this important time. In these instances, the unique midwife/client relationship requires thoughtful consideration of the role as primary care provider as well as a friend, family member or colleague.

### Standard

Midwives must consider the responsibility and the potential conflicts and/or risks that can arise when providing care to related persons. The midwife and client should consider the effect the personal relationship might have on the quality of care that can be provided, including:

- The midwife's ability to maintain clinical objectivity, especially in emergencies.

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- The midwife's ability to act in the client's best interests.
- The midwife's ability to engage in informed choice discussions and support client's decisions.
- The midwife's ability to maintain client confidentiality.
- The client's comfort level in disclosing personal information necessary to provide appropriate care.
- The client's willingness to disagree with any of the midwife's recommendations.
- The client's willingness to complain in the case of any problems occurring.

The midwife must have mechanisms in place to ensure she has the necessary support to transfer primary care to another midwife, practice or other caregiver should any involved parties believe that the personal relationship compromises the midwife's judgment or ability to provide quality care.

#### *Care of Spouse, Significant Other or Sexual Partner*

The above Standard addresses persons **other** than spouses, significant others or sexual partners. The *Health Professions Procedural Code* (the "Code") prohibits sexual relations with a patient. There is no definition of "patient" in the Code and the leading court cases dealing with this issue demonstrate that "patient" will be interpreted broadly so as to include a person to whom care is given even occasionally. The term "sexual abuse" is defined in the Code and it is defined very broadly. Until there is an exception made in the legislation that specifically allows health professionals to provide care to a person with whom they have a sexual relationship, midwives must refrain from doing so. Providing care to such a person will put the midwife at risk of being seen to have engaged in sexual abuse of a patient.