

**Why Know the Basics of the  
RANZCP CODE OF ETHICS  
& ETHICAL GUIDELINES?**

- **You need to understand and follow these principles to be a Fellow of the College**
  
- **The Curriculum directs you to the Code of Ethics :  
“Further information ... is available in various College position papers, practice guidelines and ethical guidelines.... all trainees are required to adhere to The RANZCP Code of Ethics”**
  
- **You need to think more widely about ethical principles than just the "Georgetown mantra" ( the rote invocation of the principles of *autonomy, non-maleficence, beneficence* and *justice* )**
  
- **You may get asked about these issues in the exams and other College assessments**

# Code of Ethics

## Preamble

One of the principal objects of the College is "to cultivate and maintain high principles and standards of practice and ethics in respect of psychiatry...". To give effect to this object the College General Council deemed it appropriate in 1990 to develop the first formal Code of Ethics of the College, which it published in August 1992. The first review of the Code was undertaken by the Ethics Committee during 1997 and approved by the General Council in October 1998. The process of revision involved wide consultation both within the College and with consumer groups and other professionals.

The Code is a set of principles which draws upon moral philosophy and serves to guide good professional conduct. It is not a statute nor a Code of Practice and **does not provide clinical guidelines; but it may possibly be used by other bodies as a benchmark of satisfactory psychiatric practice.** The Code is based on a blend of the principles of **beneficence, non-maleficence, justice and respect for autonomy.**

The Code identifies **ten principles each elaborated by a series of annotations** which generally clarify the nature of the principles, address their use in practice and identify the difficulties and exceptions inherent in their application. There are many issues specific to psychiatric sub-specialities, such as Forensic Psychiatry and Child Psychiatry, which this Code does not fully cover and these must be subject to other College guidelines and codes of practice. Although much of this Code derives from other similar ethical codes stretching back into history it does endeavour to reflect the ever changing balance of societal values and for that reason should always be interpreted by psychiatrists and others to whom it applies using the College guidelines where applicable.

All medical codes should inform professional conscience and judgement. This College Code does not release psychiatrists from the obligations and responsibilities laid upon them by other recognised codes of medical ethics. This code applies to all Fellows of the College, trainees in psychiatry, those seeking to qualify for election to fellowship of the College, and Affiliates of the College.

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## Principles

1. Psychiatrists shall have **respect for the essential humanity and dignity of each of their patients.**
2. Psychiatrists **shall not exploit the power differential in their relationships with patients, either sexually or in any other way.**
3. Psychiatrists shall **provide the best possible psychiatric care** for their patients.
4. Psychiatrists shall **hold clinical information in confidence.**
5. Psychiatrists shall **seek informed consent from their patients** before undertaking any procedure or treatment.
6. Psychiatrists shall **not misuse their professional knowledge and skills.**
7. Psychiatrists shall **continue to develop their professional knowledge and skills** and share these with colleagues.
8. Psychiatrists shall share the responsibility of **upholding the integrity of the medical profession.**
9. Psychiatrists involved in **clinical research** shall adhere to those relevant **ethical principles** embodied in national and international guidelines.
10. Psychiatrists shall strive to **improve the quality of, and access to, mental health services, promote the just allocation of health resources and contribute to community awareness of mental health and mental illness.**

## Principles (simplified)

## Annotations to Principles (edited)

<p>1. the Ali G Principle: <b>“Respect”</b></p>	<p>respect <b>culture, ethnicity, language and religion.</b></p> <p>Psychiatrists shall <b>not discriminate</b> against their patients, ... <b>nor impose their own values</b></p> <p>unique statutory role in the <b>compulsory care and treatment</b> of persons with mental illness, psychiatrists shall be <b>especially mindful of the principle of respect for autonomy.</b></p> <p>Psychiatrists shall recognise their <b>responsibility to relieve the suffering of those patients whose autonomy is substantially impaired and to respect their essential humanity and dignity.</b></p> <p>Notwithstanding ...patient autonomy, <b>intervention may be justified in the event of actual or threatened suicidal behaviour.</b> Such intervention is supported by statutory provisions and fosters autonomy in the long term by allowing patients both time and opportunity to reconsider their life situation.</p> <p><b>In the teaching of psychiatry which involves patients,</b> psychiatrists shall ... respect their dignity and privacy. Patients should be informed that refusal to participate or request to withdraw will not affect treatment.</p>
<p>2. <b>No Exploitation</b> of any sort including <b>sexually</b></p>	<p>Psychiatrists shall recognise that the <b>psychiatrist-patient relationship is inherently unequal and use their position only for the patient's benefit.</b></p> <p>Psychiatrists <b>shall not exploit</b> their patients on the grounds of age, gender, race, ethnicity, sexual orientation, disability, creed, religion or political affiliation, <b>or for their own personal or financial benefit.</b></p> <p>Psychiatrists <b>shall not engage in sexual exploitation, harassment, or sexual contact of any kind with their patients.</b></p> <p><b>Sexual relations between psychiatrists and their patients are always unethical.</b></p> <p><b>Sexual relationships between psychiatrists and their former patients are unethical.</b></p> <p><b>Sexual harassment, and any behaviours or comments by psychiatrists which might be reasonably interpreted by patients as demeaning or as a sexual advance, are unethical.</b> Sexual harassment includes any behaviour or contact such as physical contact, comments or innuendo of a sexual nature, or questioning on sexual matters which is not necessary for clinical purposes.</p> <p>Psychiatrists shall <b>seek to influence patients only in ways which are consistent with the aims of treatment.</b></p> <p>Psychiatrists <b>shall never misuse information</b> they hold about patients.</p>

<p>3. Best Possible Care to be provided to patients</p>	<p>Psychiatrists shall serve the best interests of their patients by engendering <b>mutual trust and therapeutic partnership, avoiding intentional or foreseeable harm</b> and treating patients under the <b>best possible conditions</b>. PARTNERSHIP &amp; DO NO HARM</p> <p>Psychiatric care shall also involve consideration of the patient's <b>physical, social and spiritual well being</b>. HOLISTIC CARE</p> <p>Psychiatrists shall <b>not unjustifiably decline to accept the referral of a patient</b>. DON'T TURN AWAY UNREASONABLY</p> <p>Psychiatrists shall <b>recognise the value of</b> appropriate <b>carer role involvement</b> in the care of the patient. CARERS/FAMILY</p> <p>Psychiatrists shall <b>recognise the value</b> to patients <b>of involving</b>, where appropriate, <b>family or relevant other persons</b> in their care. FAMILY</p> <p>Psychiatrists shall recognise that concepts of family are culturally specific and may be constituted, <b>particularly for indigenous peoples, ...psychiatrists shall encourage family and carer participation in clinical care according to the mores of the culture and the wishes of the patient</b>. FAMILY</p> <p>In their care of a patient, psychiatrists shall <b>be aware of the interests of the patient's family and relevant other persons</b>. FAMILY</p> <p>Psychiatrists shall provide continuity of care for their patients by being <b>reasonably available or arranging suitable substitute care</b>. ARRANGE CARE WHEN YOU'RE NOT THERE (e.g. Pvt Practice)</p> <p>Recognising that they cannot be expert in all areas of psychiatry, psychiatrists shall <b>practise within the limits of their expertise</b> and <b>support</b> their patients' right to the potential benefits ...<b>referral to colleagues</b> and other relevant health professionals. KNOW LIMITS, ALLOW 2<sup>ND</sup> OPINIONS</p> <p>Psychiatrists shall <b>maintain adequate records</b> for the purposes of optimal <b>treatment</b>, potential <b>access</b> by patients, <b>communication</b> amongst colleagues, as an <b>aide-memoire</b>, and for <b>medico-legal and statutory</b> requirements. RECORDS</p> <p>... in certain circumstances <b>compulsory care</b> and treatment may constitute the best possible psychiatric care. USE COMPULSORY Rx IF NEEDED</p> <p>Psychiatrists <b>shall be aware of the relative benefits and risks</b> of the range of psychiatric procedures and treatment. KNOW RISKS/BENEFITS</p> <p>Psychiatrists <b>shall consult</b> with experienced colleagues and other relevant health professionals <b>about unusual or complex clinical problems</b>. PREPARED TO CONSULT COLLEAGUES</p> <p>... <b>when</b> they are <b>supervising</b> or collaborating with colleagues or other relevant health professionals in the treatment of patients, they are <b>satisfied that the best possible care is provided</b>. RESPONSIBILITIES AS SUPERVISOR RE CARE</p>
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	<p>Psychiatrists shall ensure that their <b>own physical and mental health allows them to undertake their professional responsibilities competently</b>. They shall <b>seek appropriate treatment</b> in the event of ill-health which interferes with their professional duties and <b>cease treating patients</b> until such time as their health is satisfactorily restored. They shall <b>arrange for appropriate care for their patients during their period of ill-health</b>. OWN HEALTH/COMPETENCE, ARRANGE COVER</p>
<p>4. <b>Confidentiality</b> of information about patients</p>	<p>In view of the highly <b>sensitive nature of information</b> held about patients, psychiatrists have a special responsibility for patient confidentiality. SENSITIVE INFORMATION SO ESP. CONFIDENTIAL</p> <p>In light of changes in <b>information technology</b> and organisational structures, psychiatrists have a <b>particular accountability</b> to protect clinical information. ESP. FAXES, EMAILS, ELECTRONIC RECORDS</p> <p><b>Information</b> about patients <b>obtained from other sources</b> is subject to the <b>same principle of confidentiality</b> as information obtained from the patient. APPLIES TO ALL COLLATERAL AS WELL</p> <p>Information <b>obtained from patients about other persons</b> is subject to this principle of confidentiality. APPLIES TO INFO ABOUT OTHERS</p> <p>Confidentiality cannot always be absolute. A careful <b>balance</b> must be maintained <b>between preserving confidentiality and the need to breach it rarely in order to promote the patient's best interests and/or the safety and welfare of other persons</b>. BALANCE AGAINST RISKS</p> <p><b>Psychiatrists may breach confidentiality</b> if they become aware of, and are unable to eliminate, their <b>patient's intention to seriously harm an identified person or group of persons</b>. In these circumstances, psychiatrists have an <b>overriding duty to inform either the intended victim(s), the relevant authorities, or both, about the threat</b>. TARASOFF CASE</p> <p><b>Clinical information</b> may need to be <b>shared with colleagues</b> in order to provide optimal care. The <b>patient should be informed regarding the limits of confidentiality</b> as part of the process of obtaining consent. Where the patient is incapable of understanding the concept of confidentiality and its limits, <b>consent should be obtained from the patient's relatives or guardians</b>. SHARE WITH COLLEAGUES</p> <p>While upholding the principle of confidentiality, psychiatrists must do so within the <b>constraints of the law</b>. However, psychiatrists may reasonably question the need for disclosure or <b>may argue for only limited disclosure</b> in legal proceedings. DISCLOSURE IF A WITNESS</p> <p><b>If required to disclose</b> clinical information, psychiatrists shall <b>divulge only relevant information, avoid speculation and separate factual information from opinion</b>. CARE RE WITNESS DISCLOSURE: Facts</p> <p>When psychiatrists <b>breach confidentiality</b> they have an <b>obligation to justify</b> their actions. IF BREACH, MUST JUSTIFY</p> <p>Safeguarding patients' <b>confidences applies</b> regardless of <b>whether the psychiatrist-patient</b></p>

	<p><b>relationship has ceased or the patient has died</b>, except in specific circumstances, such as a relative's need to identify an hereditary risk. CONFIDENTIALITY EVEN AFTER DEATH ETC.</p>
<p>5. <b>Informed consent</b> to be obtained</p>	<p>Psychiatrists shall inform the patient of the <b>purpose, nature, benefits, side effects and risks of a proposed procedure or a treatment</b>; this information <b>shall be conveyed in a way that can be understood by the patient</b>. INFORM FULLY, &amp; IN COMPREHENSIBLE WAY</p> <p>The patient shall also be <b>informed of alternative indicated procedures</b> and treatments, and their respective purpose, nature, benefits, side effects and risks. In providing information about alternatives, it shall be done in such a way as to give the patient a full opportunity to choose between them. INFORM RE CHOICES PROS &amp; CONS</p> <p>Psychiatrists shall <b>ensure that patients consent to treatment freely</b> and without coercion. NO COERCION</p> <p>Given that the <b>capacity to provide consent may fluctuate</b>, psychiatrists shall <b>assess the patient's capacity</b> according to current clinical circumstances. ASSESS CAPACITY TO GIVE INFORMED CONSENT</p> <p>In the case of an <b>incompetent patient</b>, psychiatrists shall <b>seek consent wherever possible from a relative, guardian</b> or other statutory agent. USE RELATIVE/GUARDIAN IF NOT COMPETENT</p> <p>In the case of patients who are <b>minors</b>, psychiatrists shall <b>seek consent from a relative or guardian</b> and, where the patient is of sufficient maturity and understanding, from the patient as well. DITTO FOR KIDS, INVOLVE THEM MORE AS THEY GET OLDER</p> <p><b>Where the capacity</b> to understand information <b>is diminished or impaired</b>, psychiatrists shall <b>take special care</b> to ensure that the necessary understanding does occur; it does not mean that the patient should be given less information. TRY HARDER IF REDUCED CAPACITY</p> <p>Psychiatrists shall <b>inform patients that they may withdraw consent</b> at any stage without compromising other aspects of their care. TELL PATIENTS THEY CAN CHANGE MIND – STILL OFFER SOME Rx</p> <p><b>Consent</b> for a procedure or treatment <b>may need to be waived in exceptional circumstances</b>, for example:  - the patient's <b>life or physical and/or mental health is at risk</b>;  - the patient's <b>condition poses a threat to the life of others</b>;  - patients are <b>incompetent</b> to judge what is in their interests regarding treatment.  <b>Once these circumstances cease, consent shall be obtained as above</b>  EXCEPTIONS TO CONSENT RULES RE RISK/COMPETENCE</p>
<p>6. don't <b>Misuse</b> your skills</p>	<p>Psychiatrists shall <b>not misuse their professional knowledge and skills</b> to advance purposes <b>contrary to patients' interests</b>. NO MISUSE</p> <p>When the purpose of an intervention is <b>not inherently therapeutic</b>, psychiatrists shall <b>make this clear</b>. HONESTY RE OTHER AGENDAS</p> <p>Psychiatrists <b>shall not diagnose or treat a person as mentally ill</b> on the basis of the person's <b>political, religious, ideological, moral or philosophical beliefs, or of race, ethnicity or sexual preference</b>.  PSYCHIATRY IN SERVICE OF POLITICS ETC - NO</p>

	<p><b>Non-conformity</b> with a society's prevailing moral, political, religious or any other values shall <b>not be the determining factor in diagnosing</b> mental illness. NOT SOCIETY'S POLICE</p> <p>Whatever the legal circumstances, <b>psychiatrists shall not</b> participate, either directly or indirectly, in the <b>practice of torture</b> or other forms of cruel, inhumane or degrading punishment. NO TORTURE</p> <p>Psychiatrists <b>shall not participate in executions</b>. NO EXECUTIONS</p>
<p>7. <b>CPD, CME and knowledge sharing</b> with colleagues</p>	<p><b>Continued learning</b> and advancing one's knowledge and skills are <b>fundamental</b> to the professional role; <b>failure to do so constitutes a disservice to patients</b>. CONTINUED LEARNING MANDATORY</p> <p>Psychiatrists <b>shall</b> actively <b>participate in continuing</b> education. CPD/CME</p> <p>Psychiatrists <b>shall</b> take the opportunity to <b>interact with colleagues</b> as an important means of <b>developing their professional knowledge and skills</b>. PEER REVIEW / EDUCATIONAL MEETINGS</p> <p>Psychiatrists <b>shall</b> take the opportunity to <b>learn from their patients</b>, their families and carers and from the broader community. LEARN FROM PATIENTS, FAMILIES, COMMUNITIES</p> <p>Psychiatrists <b>shall share new knowledge with colleagues</b> at meetings or by publication in recognised professional journals. SHARE LEARNING</p> <p>Psychiatrists <b>shall</b> take the opportunity to <b>contribute to the education and professional development of psychiatrists in training</b>. TEACH</p>
<p>8. <b>Don't let the side down</b> (uphold <b>Integrity of Med Profession</b>)</p>	<p>Psychiatry is an integral part of the medical profession and demands <b>integrity and dedication</b> to human well being. INTEGRITY</p> <p><b>Psychiatrists have a privileged position</b> and as such are <b>obliged to maintain appropriate personal and moral standards</b> in their professional practice, in their relationships with colleagues, trainees, other health professionals and ancillary staff, and in those aspects of their personal lives which may reflect upon the integrity of the medical profession. Appropriate personal and moral standards include refraining from sexual harassment, exploitation, fraudulent activities or any other criminal or antisocial behaviours. MORAL &amp; PERSONAL STANDARDS</p> <p>Psychiatrists shall acknowledge and <b>not exploit the power imbalance in the relationship between supervisor and trainee</b>. NOT EXPLOIT TRAINEES</p> <p>In view of their training in interpersonal communication and relationships, psychiatrists have a particular <b>responsibility to promote trust and mutual respect amongst their psychiatric colleagues</b> and the broader medical profession. PROMOTE RESPECT BETWEEN COLLEAGUES</p> <p>In the event of differences of opinion <b>viewpoints shall be expressed with candour and respect</b>. NO YELLING OR ABUSE. HONESTY</p> <p>Psychiatrists who <b>become aware of a colleague's ill-health</b> compromising the care of patients have a <b>duty to those patients and to their colleague</b> to see that he or she receives appropriate care. ACT IF COLLEAGUE IMPAIRED</p>

	<p>Psychiatrists who <b>become aware of unprofessional conduct by a colleague</b> shall <b>initiate appropriate action</b>. ACT IF COLLEAGUE UNPROFESSIONAL</p>
<p>9. <b>Researchers</b> also to uphold relevant ethical principles</p>	<p>Psychiatrists involved in <b>clinical research shall adhere to ethical principles</b> embodied in national and international guidelines as interpreted by the relevant institutional ethics committees. ETHICS IN RESEARCH</p> <p>Medical progress depends on research which necessarily involves the <b>participation of human subjects</b>. <b>All research shall be justified and conform to accepted scientific principles</b>, be based on a thorough knowledge of the scientific literature, and be planned and executed according to the highest standards. EXPERIMENTING ON PEOPLE: DO IT PROPERLY</p> <p>All research proposals must be submitted to and approved by a relevant institutional <b>ethics committee</b> in order to ensure that studies conform to the highest scientific and ethical standards. USE ETHICS COMMITTEE</p> <p>Any <b>discomfort or risks to research participants</b> shall be kept to a <b>minimum</b> and shall be justified. Research shall cease or be modified if unforeseeable harmful effects occur. MINIMISE ILL-EFFECTS</p> <p>The <b>interests of persons participating</b> as research subjects shall always <b>take precedence over the interests of science</b> or society. PUT PATIENT FIRST IF PROBLEMS</p> <p><b>Informed consent must be obtained</b> from those persons participating in research, particularly in view of the altruistic nature of their involvement. INFORMED CONSENT ALWAYS RE RESEARCH</p> <p><b>Special care</b> shall be taken with regard to obtaining consent from <b>those who are in dependent relationships</b>, such as students, prisoners and the elderly. SPECIAL CARE RE CONSENT IF DEPENDENT PATIENTS</p> <p>In the case of a minor, <b>consent shall be obtained from a parent or guardian</b> and also from the child if he or she is of sufficient maturity and understanding. DITTO RE CHILDREN</p> <p>Those <b>persons participating in research shall be free to refuse</b> to participate in, or to withdraw from, the research at any time. Such refusal or withdrawal shall not in any way jeopardise a patient's care. PATIENT CAN SAY NO ANY TIME</p> <p>In circumstances where those persons participating in research are <b>incapable of providing consent</b> by virtue of their mental illness, the <b>consent shall be obtained from a relative</b>, guardian or relevant statutory agent. INFORMED CONSENT IF IMPAIRED – RELATIVES ETC.</p> <p>If, in undertaking research, clinically relevant information is obtained by a psychiatrist researcher, or a prevailing treatment is thought to be in need of change, the <b>psychiatrist researcher shall inform the patient, and with the patient's consent, the treating doctor</b>. SHARE INFO WITH PATIENT &amp; TREATING TEAM IF NEEDED</p> <p><b>Confidential information</b> obtained in research shall be used only for purposes specified in the approved research protocol. CARE WITH CONFIDENTIAL INFO IN RESEARCH</p>

	<p>Psychiatrists shall <b>respect the intellectual property of others</b> and shall acknowledge the writings and research of others in the accepted and appropriate manner. NO PLAGIARIZING OR STEALING DATA</p> <p>Psychiatrists shall <b>ensure their research reports are truthful and accurate</b>. NO FALSIFYING RESULTS ETC</p> <p>Psychiatrists shall ensure that <b>publication</b> of research reports with which they are associated <b>shall not identify the research participants</b> who have been involved. CONFIDENTIALITY OF PATIENTS</p> <p>Psychiatrists shall <b>declare any conflict of interest</b> in their professional presentations and publications. DECLARE CONFLICT OF INTERESTS</p>
<p>10. work to <b>Improve services, Improve access and Improve information to public</b></p>	<p>Psychiatrists shall <b>promote the improvement of mental health services</b> recognising that psychiatric patients may be disenfranchised and unable to assert themselves. PROMOTE SERVICE IMPROVEMENT</p> <p>Psychiatrists shall be prepared by virtue of their knowledge and experience to <b>advise and work with those responsible for the provision of psychiatric and other health services</b>. DO PLANNING</p> <p>Psychiatrists shall be prepared to <b>act as advocates</b> and join with others in ensuring that psychiatric patients have available to them the best possible health services. ADVOCATE BEST POSSIBLE SERVICES</p> <p>Psychiatrists <b>shall take appropriate action if services, by reason of fiscal restriction or otherwise, fall below minimal standards</b>. Exceptionally, psychiatrists may have to dissociate themselves from such services provided this does not put their patients at serious risk. TAKE ACTION IF SERVICES SUBSTANDARD</p> <p>Psychiatrists shall be prepared to interpret and <b>disseminate</b> to society <b>relevant scientific information</b> and established professional opinions. In speaking publicly, psychiatrists shall clarify whether they are a spokesperson for a recognised professional body and specify if their views are contrary to those generally held in psychiatry. Psychiatrists shall also distinguish when they are offering an opinion as a citizen rather than as a psychiatrist. SHARE INFO WITH PUBLIC –BE CLEAR RE ROLE (Pvt vs Official)</p> <p>In fulfilling their responsibilities under this principle, <b>psychiatrists shall avoid self promotion and the denigration of colleagues</b>. DON'T DIS COLLEAGUES WHEN SPEAK PUBLICLY</p>

## **Useful Resource Material**

Bloch S, Chodoff P, Green S, eds. **Psychiatric Ethics**. 3rd edition. Oxford: Oxford University Press, 1999.

Beauchamp TL, Childress JF. **Principles of Medical Ethics**. 4th edition. Oxford: Oxford University Press, 1994.

Coady M, Bloch S, eds. **Codes of Ethics and the Professions**. Melbourne: Melbourne University Press, 1996.

Engelhardt H. **The Foundations of Bioethics**. New York: Oxford University Press, 1996.

Gert B, Culver C, Clouser K. **A Return to Fundamentals**. New York: Oxford University Press, 1995.

Reich WT. **Encyclopedia of Bioethics**. New York: Macmillan, 1995.

### **OTHER RANZCP ETHICAL GUIDELINES:**

**#1 Guide to ethical principles on medico-legal reports**

**#2 Guidelines for members having a financial interest in a treatment of management facility**

**#5 The relationship between psychiatrists and the health care industry**

**#6 Guide to ethical principles in the responsibility to report treatment of medical practitioner**

**#8 Sexual relationships with patients**

**#9 Ethical guidelines for independent medical examination and report preparation by psychiatrists**

**#10 Fellowship Attainment Committee Ethical Guidelines \*updated\***

**#11 Principles and guidelines for Aboriginal and Torres Strait Islander mental health**

**Of the above, the most important to read for NZ trainees are No.s 5, 6, 8, 9 and 10**

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## Sexual Relationships with Patients :

1. In recent times there has been considerable discussion in the medical literature and in the general media about sexual relationships between medical practitioners and their patients. It seems proper, therefore, that the College should issue an ethical guideline because the public is entitled to know the College position and because Fellows require a clear statement.
2. Psychiatrists, like other medical practitioners, are required to adhere strictly to their ethical obligations. Such evidence as exists suggests that there is no difference between the ethical standards of psychiatrists and other medical practitioners. **In psychiatry there is a strong obligation to avoid potential exploitation because of the more intensive therapeutic relationship with patients.** CLOSER SO MORE RISK / MORE RESPONSIBILITY
3. Psychiatrists face certain inescapable duties. They must be competent technically and **watchful to ensure that whatever happens in therapy is in the patient's best interests.** In general, psychiatrists should be aware of the **need to monitor not only the patient's emotions but their own**, in the interests of the therapeutic process and for the patient's benefit. This firmly **excludes any exploitation** of the patient sexually, financially or in any other way.  
TRANSFERENCE/COUNTER-TRANSFERENCE. DON'T EXPLOIT.
4. **Sexual relationships between current patients and their psychiatrists are never acceptable** and constitute unethical behaviour. The term "sexual relationship" is not restricted to sexual intercourse. In this guideline, **sexual relationship includes: any form of physical contact**, whether initiated by the patient or psychiatrist, which has as its purpose some form of sexual gratification, or which might reasonably be construed by the patient as having that purpose.  
NO SEX OR SEXUAL CONTACT
5. Furthermore, it is generally **improper for psychiatrists to have sexual relationships with former patients** unless the circumstances of the professional relationship have not rendered the patient vulnerable to a subsequent approach. **The more deeply the psychiatrist becomes involved in the patient's emotional life the more certain is the impossibility of a subsequent equal relationship.** Mutual termination of a therapeutic relationship does not ensure the resumption of an equal relationship. Following long term psychiatric treatment, this is never possible.  
NO SEX, EVER, WITH EX-PATIENTS (very rare exceptions, but extreme care needed)
6. However, recognising the problems of formulating absolute rules, **any psychiatrist contemplating an intimate relationship with a former patient is strongly advised to consult a properly constituted body of colleagues**, bearing in mind that at all times the psychiatrist may be called upon to defend his/her conduct in the judicial context of a medical board/council hearing.  
NO SEX, EVER, WITH EX-PATIENTS (consult peers if tempted)