

From: Lisa Clarke [mailto:]
Sent: Thursday, 22 June 2017 8:21 p.m.
To: Consultations <Consultations@DCNZ.org.nz>
Subject: sexual boundaries consultaion

Marie Warner,

I find the consultation on sexual boundaries very well written and we probably need some clarification to be able to be doing this well.

So thank you for the opportunity to review and make a submission.

There have been a number of concerns raised by hygienists about the treating of family members. I personally don't have a problem with most of the wording, but the statement below becomes difficult for most hygienist to practice.

Manage the risk of boundary crossings and violations occurring by: o Having a chairside assistant or a third person (support person or chaperone) present during patient contact time wherever possible. This is of particular importance for more vulnerable patients; patients who have received sedation; and patients with a history of boundary crossings or violations

I work on my own, in my surgery, I don't have a support staff person or assistant. The door to the surgery is open and I think it is a safe environment for myself and the patient, as the receptionist is in hearing distance to the open door.

My understanding of this statement is that under highly vulnerable situations there needs to be someone there, but generally not?

If a patient knows they can bring someone if they want then if both parties feel safe is it ok to treat with out another person there.

I think we need to know if it is ok to proceed with the practice as has been, and if it isn't that way, then we need to be aware of the costs involved for the patient.

I see my Dr on my own, my daughter chooses to have me there, but both situations feel safe.

Thanks for the opportunity to submit and i look forward to your response.

kind regards

Lisa Clarke