



College of
Midwives
of Ontario

Ordre des
sages-femmes
de l'Ontario

Mediating Risk in Caring for Related Persons & Others Close to Midwives

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Introduction

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 or others close to them during this important time. In these instances, the unique midwife/client relationship requires thoughtful consideration of the role of a midwife as primary care provider as well as a friend, family member or colleague. While midwives may have good intentions in providing treatment, it is possible that a personal or close relationship can compromise their emotional and clinical objectivity and judgment. For this reason, it is generally discouraged.

The purpose of this guideline is to assist midwives in understanding those circumstances where they have discretion to decide whether to provide care to family members and others close to them and if so, what factors should be taken into consideration in making that decision. The factors described are not intended to be an exhaustive list of considerations, as other considerations may arise which will require a midwife's attention.

“Family members” are those persons that the midwife has a personal or close relationship and a familial connection with, where the nature of the relationship can reasonably affect the midwife's professional judgment. Examples include: the midwife's spouse or sexual partner, children, siblings, parents, cousins, or other members of the midwife's family or their spouse's or partner's family.

“Others close to midwives” are other persons that have a personal or close relationship with the midwife, whether familial or not, where the nature of the relationship can reasonably affect the midwife's professional judgment. This includes friends and colleagues.

Factors to Consider in Deciding Whether to Provide Care

In deciding whether they can provide care to family members or others close to them, midwives should consider whether:

Providing care to the individual would not be prohibited by law

Pursuant to the *Regulated Health Professions Act* (RHPA) midwives are unable to provide care to spouses, except in limited circumstances (please see below).¹

Providing care to the individual would be in the individual's best interests

Providing care will not be in the individual's best interests if emotional and clinical objectivity cannot be maintained, as client care and safety can be compromised.

Providing care would not constitute a conflict of interest

If providing care to the individual positions the midwife to be in a conflict of interest, then a midwife should not provide care. For example, a midwife may feel pressured to

¹ Health Professions Procedural Code, Schedule 2 of the Regulated Health Professions Act, 1991, S.O., 1991, c. 18, s. 1(5) and (6). See also the College's Sexual Abuse Prevention Policy.

delay providing urgent care to another client in favour of attending to a relative or friend first. This would constitute a conflict of interest and compromise client safety.

In the event a midwife views providing care to a particular individual as a conflict of interest, the College's Professional Standards require that:

- The midwife explain the conflict to the individual and advise them of their right to seek care from another provider
- The midwife have a reasonable belief that the individual understands the conflict and their right to seek care elsewhere
- The midwife and the individual is satisfied that it is in the individuals' best interest for the midwife to provide care and the midwife has documented the individuals' choice to the midwife providing care, despite the conflict²

The relationship will not have an impact on the nature of care being provided

A midwife may feel stress or pressure when providing care to an individual that is a relative or another person close to them, due to a higher set of expectations on part of the individual or an internal need on part of the midwife to prove oneself professionally. This can affect the quality of care being provided not only to that individual but also to other clients.

There is not an increased power imbalance

Power imbalances inherently exist in all midwife-client relationships due to the knowledge that the midwife has in their position as a health care provider. However, there can be an increased power imbalance in the case of relatives and others close to midwives, depending on how much personal information the midwife may know about them. Midwives should always consider whether this knowledge can compromise their ability to maintain clinical and emotional objectivity and provide care in accordance with professional standards.

The individual would feel comfortable disclosing information that is necessary to provide appropriate care

Sometimes an individual may share less information if they know the midwife personally, out of fear, shame or embarrassment. If this information is necessary to provide appropriate care, a failure to disclose such information to a midwife may compromise client well-being and safety.

Informed choice discussions can be provided

Midwives should consider whether they are capable of providing informed choice discussions with relatives and others close to them. This includes respecting the individual's autonomy for making decisions and ensuring that the individual would feel comfortable to disagree with any recommendations provided.

The individual would feel comfortable to make a complaint

Pursuant to the College's professional standards, midwives must be committed to self-regulation and that includes being accountable for their professional behaviour. As a

² Professional Standards (June 2018), 36.1-36.4.

result, midwives should consider whether a relative or another person close to them would be comfortable raising concerns about the midwife's clinical competence or professional behaviour, in the event any problems arise.

As the nature of relationships can change over time, midwives may need to re-evaluate their relationships with their family members and others close to them to determine whether they can continue to provide care without compromising objectivity or acting in the individual's best interests. In the event a midwife decides that they are unable to do so, they must transfer care of the individual to another qualified health care professional as soon as possible.

Providing Care to Spouses & Sexual Partners

Pursuant to the RHPA, a midwife's spouse or sexual partner can never be their client. However, there are circumstances where a midwife is able to provide care to their spouse or sexual partner.

In particular, all of the following conditions must be satisfied:

- There is an emergency circumstance or the health care service provided was minor in nature.³ A minor health care service consists of episodic or short-term care provided for a condition that is not serious, complex or urgent in nature.⁴
- The midwife has taken reasonable steps to transfer care to another member of a regulated health profession or there is no reasonable opportunity to do so.⁵

“Reasonable steps” are those steps that correspond to the level of risk at hand, which includes the health condition of the spouse or sexual partner and the surrounding circumstances. “Reasonable opportunity” involves a consideration of the amount of time that is available to transfer care, given the level of risk at hand, including the health condition of the spouse or sexual partner and the surrounding circumstances.

For example, if a midwife's pregnant spouse had a precipitous labour at home and the midwife attempted to call the spouse's midwife and EMS but ended up delivering the baby prior to their arrival, the midwife would be considered as entitled to provide care to their spouse in this circumstance. This is because the midwife dealt with a) an emergency situation and b) took the reasonable step to transfer care to another member by attempting to contact their spouse's midwife and EMS to arrange for a transfer to hospital.

For the purposes of these circumstances, the midwife's spouse or sexual partner is not considered to be a client and care can be provided.⁶

³ Patient Criteria Under Subsection 1(6) of the Health Professions Procedural Code, O.Reg. 260/18, s. 1.2.

⁴ This definition is from the College's Sexual Abuse Prevention Policy.

⁵ *Supra*, note 2.

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As there is an expectation that a midwife take reasonable steps to transfer care to another member or find a reasonable opportunity to do so, it follows that a midwife should not provide recurring episodic treatment or ongoing management of the condition, even if it is a minor condition, given that there will eventually be an opportunity to transfer care in a fairly short amount of time. For example, if a midwife's pregnant partner complains of nausea one night, the midwife can advise the partner to call the family physician's office and if the family physician is unavailable, the midwife can ask about the partner's symptoms and advise the partner to take Gravol. In this case, the health care service provided is minor, as it does not address a serious, complex or urgent problem, and the midwife took reasonable steps to transfer care to another regulated health professional.

Other examples of minor health care services include:

- Using hot compresses to assist with pain management
- Coaching on how to breathe during contractions
- Suggesting the use of over-the-counter medications for managing minor pain or discomfort
- Measuring blood pressure or body temperature
- Providing breastfeeding advice

However, caution is warranted even in situations that may initially appear to warrant a minor health care service. For instance, in the example above, if the midwife's partner woke up in the middle of the night with increasing nausea, an elevated temperature and vomiting, then the midwife should accompany their partner to emergency care and not provide any further treatment.

As a result, it is suggested that midwives assess:

- The complexity of the health condition
- Whether the health condition will deteriorate without any immediate action and if so, to what extent
- Whether there is enough time to transfer care
- What steps are reasonable in transferring care given the complexity and urgency of the condition

Conclusion

Deciding whether to provide care to family members or others close to midwives is a decision that must be made using good judgment. Midwives are encouraged to proceed cautiously in deciding whether to provide care to such persons and to be aware that acting in a manner that is contrary to an individual's best interests and/or the law can result in the midwife becoming subject to professional misconduct proceedings at the College.



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