

# Accepting gifts from patients

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Appreciative patients often present their family physicians with gifts, an apparently simple act that can raise complex issues in the care relationship. There are no definitive regulations regarding accepting gifts from patients, and opposing views exist. Some believe physicians should never accept gifts because it might influence the standard of care or weaken the fiduciary relationship. Others believe that accepting gifts in certain circumstances allows patients to express gratitude and strengthens the physician-patient bond. It is worthwhile to examine the ethical arguments on both sides, and to consider how the decision about whether to accept gifts might be influenced by factors such as the nature and longevity of the physician-patient relationship; the cost, type, and timing of the gift; and the apparent motivation behind giving it.

## Background

Previous studies have found that 20% of surveyed physicians had received gifts, with the most common items being chocolates, baked goods, alcohol, and money.<sup>1,2</sup> Despite gift giving being quite common in clinical practice, the literature on this topic is sparse, and sample sizes are limited.<sup>1,3-5</sup> Additionally, there is little to guide physicians in deciding whether to accept gifts. The Canadian Medical Association does not address the practice of gift giving by patients in either the Code of Ethics or the Charter for Physicians. The American Medical Association suggests only that each gift be evaluated on a case-by-case basis.<sup>3</sup> Provincial colleges in Alberta,<sup>6</sup> Manitoba,<sup>7</sup> and Quebec<sup>8</sup> allow the acceptance of ill-defined “token” or “insignificant” gifts. Provincial colleges in Ontario,<sup>9</sup> Nova Scotia,<sup>9,10</sup> Newfoundland,<sup>11</sup> and Prince Edward Island<sup>12</sup> acknowledge gift acceptance as a potential boundary crossing that might be construed as professional misconduct. The colleges in Saskatchewan, New Brunswick, and the territories make no explicit mention of patient gift giving, while the British Columbia<sup>13</sup> college allows the decision responsibility to lie with the practising physician. Trainees have also indicated a need for better guidelines on when to accept gifts.<sup>14</sup>

It is not surprising that opinions vary as to whether gifts from patients should be accepted.<sup>2,4,15,16</sup> Nonetheless, it can be argued that accepting gifts in some circumstances constitutes the best practice for most physicians. Three different common practices for accepting gifts exist: never, always, and conditional acceptance. Of these, conditional acceptance (with objective measures to define the conditional acceptance) might be the most appropriate.

## Accepting gifts under some circumstances

Some physicians choose not to accept gifts from their patients. The guiding document for Ontario physicians suggests gifts might be considered “boundary crossings” that can eventually lead to “boundary violations” such as professional misconduct.<sup>9</sup> By rejecting all gifts, physicians adopt a consistent approach that removes a potential source of boundary violations. However, within the same document it is acknowledged that many “boundary crossings” are benign and do not progress to important problems.<sup>9</sup>

Others argue that accepting a patient’s gift can be beneficial. It can strengthen the friendly relationship between a physician and the patient,<sup>2</sup> recognize patient autonomy,<sup>2</sup> add to the patient’s self-worth,<sup>17</sup> and reinforce trust.<sup>15</sup> Individuals might derive great pleasure from giving gifts,<sup>15</sup> and if a gift is rejected, the giver might feel hurt<sup>2</sup> or offended.<sup>18</sup> In some cultures, gift giving is an important part of the community dynamic and gift rejection might be perceived as impolite.<sup>16</sup>

There is general agreement that accepting all gifts is not appropriate. Reviewing the literature, it appears that there are no practice guidelines, opinion pieces, or primary research articles that advocate non-selective acceptance of all gifts. Instead, there is widespread recognition that physicians should reject gifts when they are extravagant or intimate, or when a gift is inappropriate given the dynamic of the patient-physician relationship.<sup>2,17-19</sup> Selective acceptance (or conditional acceptance) acknowledges the benefits of accepting gifts from patients while applying criteria that evaluate the potential for unethical implications of gift giving. When presented with a gift from a patient, the physician might find it helpful to consider the issues discussed below.

**Is the gift given to secure preferential treatment?** The American Medical Association has a clear policy, echoed in many opinion pieces, about rejecting gifts that attempt to procure preferential treatment.<sup>2,17,18,20</sup> Inappropriate attention<sup>2</sup> or “jumping the queue”<sup>21</sup> can have negative implications for both the gift giver<sup>20</sup> and other patients.<sup>21</sup> Complex expectations and interpersonal dynamics, present in every therapeutic relationship, add a dimension that physicians might not always recognize. It is important to be aware of the potential for changes in the relationship with gift

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acceptance.<sup>5,18</sup> The individual characteristics of the gift giver (personality factors, personal boundaries, vulnerability) can also influence the physician's approach.<sup>5</sup> Gifts that change the physician-patient dynamic can make it difficult for the physician to objectively discuss sensitive matters such as medication noncompliance, sexual history, or substance abuse.<sup>2,20</sup> Conversely, if the physician accepts a gift but does not change the standard of care, the patient might become resentful.<sup>20</sup> If the physician is unsure of the patient's motivation, it might be prudent not to accept the gift.<sup>20</sup>

**Is the gift of a personal nature?** Gifts of an intimate or personal nature should be rejected to maintain the boundaries demanded by professionalism.<sup>17</sup> Other authors have argued that accepting personal gifts (such as lingerie) might lead to a "departure from a professional relationship," which would be detrimental to patient care.<sup>3,17</sup> It is clearly in the interest of physicians to avoid accepting such items.

**Is the gift extravagant or excessively valuable?** Excessive value of the gift poses another difficulty.<sup>2,17,20</sup> Homemade gifts, or those of nominal value, are more benign and more likely to be accepted without negative repercussions.<sup>20</sup> In contrast, monetary gifts might be viewed as "tips" or "paying off" the physician.<sup>2,17</sup> Cases where physicians have accepted large monetary gifts have attracted media attention, thereby eroding the public trust.<sup>2,5</sup> Monetary gifts or funds bequeathed in a will should be rejected or redirected to an appropriate charity, after explaining the rationale behind not accepting the gift.<sup>2,5,17</sup> In addition to rejecting or redirecting gifts of excessive value, gifts known to be beyond a patient's means should not be accepted.<sup>20</sup> If the physician is unaware of or unable to accurately assess a patient's means, it might be prudent to reject the patient's gift.

One might ask, what constitutes excessive value? Typically, this is left to the discretion of the physician. Some centres define a maximum acceptable value of gifts (for instance, \$50).<sup>3</sup> The physician might also consider whether he or she would be comfortable if receipt of the gift was publicized or held up to scrutiny.<sup>17</sup>

**What is the timing of the gift?** The timing of the gift can also be important. Gifts given after identifiable interventions might be an expression of gratitude.<sup>18</sup> Similarly, gifts given around holidays might reflect cultural traditions.<sup>18,20</sup> Gifts given "out of the blue" should merit particular scrutiny, as they could suggest that the patient might expect more than the standard of care in the future.<sup>18</sup>

## Conclusion

Accepting gifts remains an issue that divides physicians. Establishing a firm upper limit on the value of gifts could help objectively determine whether to accept

a gift. Monetary gifts should be redirected toward appropriate charities. If a physician feels uncomfortable or cannot assess the motivation behind the gift, it should be rejected. Any gifts that are accepted or rejected should be documented.<sup>5,9,10,19</sup> When gifts are rejected, an explanation for the rejection can ease a patient's feelings of rejection and maintain the therapeutic alliance.<sup>5</sup> Physicians should ensure (and communicate) that accepting gifts will not alter the patient's level of care.

It might be helpful if more explicit guidelines were available to address the ethical and practical aspects of accepting gifts from patients. Nonetheless, most physicians can successfully navigate this common occurrence by using a flexible approach that acknowledges the inherent complexities.

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### Competing interests

None declared

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