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TABLE 1. Boundary Crossings*

| Type of Boundary Crossing | Risk of Harm to Patient and Professional- Patient (P-P) Relationship | Coercive and Exploitative Elements | Potential of Benefit to Patient and P-P Relationship | Professional Intentions and Motives | Professional Ideals | Recommend- ations |
|---------------------------------|----------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------|
| I | High | Present | None-Low | Professional Self-Interests over Patient- interests | Absent | Discouraged and Prohibited |
| II | High | Ambiguous | Low | Professional Self-Interests Blur Patient- interests | Absent or Minimum | Highly Discouraged. Rarely Justified |
| III | Low-Middle | Absent | Middle-High | Patient- Interests over Professional Self-Interests | Present. Discernment and Judgment Important. | Encouraged as Benefit Increases. Justified. At times, above call of duty. |
| IV | None-Low | Absent | Middle-High | Patient- Interests over Professional Self-Interests | Present Ideal Model of Care | Strongly Encouraged. Justified. Obligated as Benefit Increases |

^{*}All boundary crossing dilemmas should consider contextual elements.