and check the patient understands. If you don't know why they have a certain symptom, sympathize and tell the patient you don't know, offer follow up or a referral for a second opinion. Patients want to be taken seriously and sometimes in our hectic world we forget there is a worried human who thinks the hangnail is a cancer. Chuckling and brushing it off may lead to a call from the WMC that could be avoided with a little sympathy, brief explanation, and reassurance.

While most behavior that constitutes **sexual misconduct** is likely very apparent, it is worth pointing out some less obvious aspects of this law. Not only is it not OK to have sex with a patient, it is also not OK to have sex with a ***key third party*** which is explained 1b in the sexual misconduct WAC. Paragraph 1(g) states ***that not allowing a patient the privacy to dress or undress*** can constitute sexual misconduct. Paragraph (7) **states it is not a defense that the patient, former patient, or key third party initiated or consented to the conduct, or that the conduct occurred outside the professional setting.** Finally, for those of us who do pelvic exams all day, paragraph (6) reassures us the WAC does *not prohibit conduct that is required for medically recognized diagnostic or treatment purposes if the conduct meets the standard of care appropriate to the diagnostic or treatment situation.*

As a parting reminder to help us all stay out of trouble, the WMC has developed policies, rules, guidelines and interpretative statements to guide practitioners. These contain recommendations, opinions, and also explain the WMC's current approaches to particular issues. There is a guideline on sexual misconduct, discrimination in healthcare, informed consent and many others.

Abuse: WAC 246-919-640 (Physicians) and WAC 246-918-420 (Physician Assistants) are essentially identical.

Sexual misconduct: WAC 246-919-630 (physicians) and WAC 246-918-410 (physician associates) are essentially identical.