



# Standard of Practice:

## Physician Treatment of Self, Family Members or Others Close to Them (2017)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

### Physician Treatment of Self, Family Members or Others Close to Them

#### Preamble

Physicians may find themselves in circumstances where they must decide whether it would be appropriate to provide treatment for themselves, family members, or others close to them. While a physician may have the best intentions in providing treatment in this context, a physician's emotional and clinical objectivity can be compromised.

When choosing to treat family members or others close to them, physicians may make assumptions about the individual's health and behaviour or may assume that they are privy to all relevant information regarding the patient without the need to conduct a full history or examination. In addition, the individual may have discomfort discussing sensitive issues with the physician. This may make it difficult for the physician to meet the standard of care and it could, potentially, affect the quality of the treatment provided.

This standard sets out the circumstances in which it may be acceptable for physicians to provide treatment for themselves, family members, or others close to them.

#### Standard of Practice

##### Definitions

"Family Member" – an individual with whom the physician has a familial connection and with whom the physician has a personal or close relationship, where the relationship is of such a nature that it could reasonably affect the physician's professional judgment. This

includes the physician's spouse/partner, parents, grandparents, children, grandchildren, and siblings.

"Treatment" – management and care of a patient that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic, or other health-related purpose. This includes ordering and performing tests and providing a course of treatment.

"Minor conditions" – a non-urgent, non-serious condition that requires only short-term, episodic, routine care and is not likely to be an indication of, or lead to, a more serious, complex or chronic condition, or a condition which requires ongoing clinical care or monitoring. Examples of minor conditions may include, but are not limited to, otitis externa, acute conjunctivitis, uncomplicated cystitis in an adult female, mild impetigo, and contact dermatitis.

"Emergency" - an "emergency" exists where an individual is experiencing severe suffering or is at risk of sustaining serious bodily harm if medical intervention is not promptly provided.

### **Physician Treatment of Self and "Family Members"**

Physicians **must not** provide treatment for themselves or "family members" except:

- For a "*minor condition*" **or** in an "*emergency*" situation, **and**
- When another qualified health-care professional is not readily available.

This obligation is codified in the Canadian Medical Association's Code of Ethics (2004) which has been adopted by the College.

If physicians choose to provide treatment for themselves or "*family members*" they **must**:

- Avoid providing recurring episodic treatment for the same disease or condition, or provide ongoing management of a disease or condition, even where the disease or condition is minor.
- Avoid prescribing or administering narcotics, other controlled substances, benzodiazepines, or other drugs/substances that have the potential to be addicting or habituating, even when another health-care professional is in charge of managing the treatment of the disease or condition.
- Act within the limits of their knowledge, skill, and judgment. (Note: the College recognizes that in emergency situations, or public health crises, it may be necessary for a physician to provide treatment outside of his/her area of expertise).
- Consider providing treatment to address the immediate medical needs associated with treating a minor condition or emergency and transfer care

of the individual to another qualified health-care professional as soon as is practical.

- Advise the individual to notify his/her primary health-care professional of the treatment that the physician has provided and explain the importance of relaying this information. When it is impractical for the individual to inform his/her own primary health-care professional of the treatment received (e.g., children), the physician is advised to inform the individual's primary health-care professional, with the individual's consent, of the treatment he/she provided.
- Maintain the confidentiality of the personal health information of any individual they treat.

The College recognizes that in rural and/or isolated communities, the physician may be the only physician in the community and, as a result, the physician's "*family members*" may not have alternative options for treatment. The College recommends that if a physician were faced with these circumstances, he/she should document the circumstances in the medical chart of the patient, document why treatment was provided, and make every reasonable effort to transfer care to another qualified health care professional.

### **Physician Treatment of "Others Close to Them"**

Physicians are reminded that, depending on the nature of the relationship, providing treatment for "*others close to them*" may also attract risks of compromised objectivity and difficulty meeting the standard of care. Therefore, the College recommends that physicians carefully consider whether it is appropriate to provide treatment to "*others close to them*".

The College defines "*others close to them*" as individuals who have a personal or close relationship with the physician, whether familial or not, where the relationship is of such a nature that it could reasonably affect the physician's professional judgment. This may include, but is not limited to, extended family, friends, colleagues, and staff.

The College recognizes that not every personal or close relationship will reasonably affect the physician's objectivity. The physician must evaluate the relationship to determine whether the relationship fits within the category of "*others close to them*".

When evaluating the nature of a relationship with an individual, if the physician answers "yes" to any of the following questions, the individual probably falls within the category of "*others close to them*".

- a) Could I be uncomfortable asking the questions necessary to take a full history, performing a medical indicated examination, or making a proper diagnosis, particularly on sensitive topics?

- b) Could this individual be uncomfortable discussing sensitive topics or disclosing high risk behaviours with me?
- c) Could I have difficulty allowing this individual to make a decision about his/her care with which I disagree?
- d) Could the personal or close relationship I have with this individual make it more difficult for me to maintain confidentiality or make a mandatory report?

If a physician believes that his/her personal or close relationship with another individual is of such a nature where his/her professional judgment could reasonably be affected, the physician should only provide treatment in accordance with the circumstances noted above for treating themselves and *“family members”*.

If a physician believes that his/her personal or close relationship with another individual is not of such a nature where it could reasonably affect professional judgment, the physician should document that he/she has considered the relationship and the reasons why he/she does not believe this relationship would affect the quality of the treatment provided.

As relationships may change over time, physicians may need to re-evaluate the nature of the relationships to determine whether they can still be objective. If a physician’s professional judgment has been reasonably affected by changes in the relationship, the physician should document this change and transfer care of the individual to another qualified health-care professional as soon as is practical.

The College recognizes that in rural and/or isolated communities, physicians may find that *“other close to them”* do not have alternative options for treatment. The College recommends that if a physician is faced with these circumstances, he/she should document the circumstances in the medical chart of the patient, document why treatment was provided, and make every reasonable effort to transfer care to another qualified health care professional.

## Acknowledgements & References

College of Physicians and Surgeons of Ontario (2016). *Physician Treatment of Self, Family Members or Others Close to Them*.

Canadian Medical Association (2004). *Code of Ethics*.

## Document History

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