FORUM Guest editorial

Should doctors treat their family, their friends and themselves?

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How far can the privilege of being a doctor be taken in the context of providing medical care to family, friends and oneself?

Registration as a medical practitioner confers rights and responsibilities. Being a doctor also gives rise to both privileges and burdens. Some of these are legal, while some of them arise through custom and practice.

One of the privileges of medical practice has been the ability to have greater insight into the health of those close to you, and to ensure that they are able to receive the best available advice and treatment. The issue considered in this article is how far this privilege can be taken in the context of providing medical care to family members.

Limited literature

A review of available literature on the topic suggests that the literature is quite limited. The following are typical examples of policies or statements from authoritative bodies in Commonwealth countries.

- 'Limit treatment of yourself or members of your immediate family to minor or emergency services, and only when another physician is not readily available; there should be no fee for such treatment.'[1] (Canada)
- 'Self care and family care is neither prudent nor practical due to the lack of objectivity and discontinuity of care. The [UK General] Medical Council recognises that there are some situations where family treatment may occur, but maintain that this should only occur when overall management of patient care is being monitored by the family's practitioner.'[2] (New Zealand)
- 'It is hard to lay down an absolute rule: it makes sense for a doctor to treat minor ailments, or take emergency action where necessary. But doctors should avoid treating themselves or close family members wherever possible. This is a matter of common sense as well as good medical practice.'[3] (UK)
- 'All medical practitioners should have their own, independent general practitioner. It is not advisable for medical practitioners to initiate treatment (including prescribing) for themselves or immediate family members.'[4] (Australia)

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Pros and cons

As stated in the UK General Medical Council document, the reasons for these policy statements are founded in common sense. The arguments against treatment of family members may be summarised as follows.

- Professional objectivity may be compromised and a doctor's judgement influenced by the nature of the relationship with the patient.
- A practitioner treating family members may fail to explore sensitive areas when taking a medical history, or may fail to perform an appropriate physical examination.
- The patient/family member may feel uncomfortable disclosing sensitive information to or undergoing a physical examination by another family member.
- Patient autonomy may be compromised when a medical practitioner treats a member of his or her family.
- The principles of informed consent may not be adhered to when a medical practitioner treats a family member.

In addition to the above is the circumstance when the doctor harms a family member or fails to appropriately treat a person, leading to injury or deterioration. In this case, the doctor may not only be legally liable in a negligence action, but also carry the burden of guilt of having done so.

There are, however, arguments in favour of allowing treatment of family members. The main reasons given in support of treating family include:

- convenience
- minimising the burden on an overtaxed system
- saving cost for the taxpayer
- maximising the use of a highly trained resource with local knowledge.

While there is no doubt that these four arguments carry weight, they must be balanced against the contrary arguments. As in many ethical or legal situations, the final position has to be based on the recognition that there is a 'lowest common denominator'. While many doctors will recognise their limits and act accordingly, some will not, and the rule has to be set at a level that does not condone conduct that is wrong or can be harmful.

Negative outcomes

Regrettably, instances of practitioners being responsible for injury or harm to family members are not uncommon. In a recent NSW case, a practitioner took over the pain management of a family member. As addiction became a real issue, the practitioner was unable to disengage from the situation for a variety of reasons including shame, a sense that he could manage it, and concern about possible legal implications. Needless to say, the situation

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moved further out of control, resulting in significant harm to the family member as well as referral to the Medical Board, and professional consequences for the doctor.

The doctor concerned was not a 'bad' person, and his motivations were to try to help his family member. He was at the peak of a busy and distinguished career, and yet the family relationship served to cloud his judgement to the extent that he placed many of the things he was trying to protect in jeopardy.

Accepted policies

A recent debate has occurred in New South Wales where various legislative changes have brought to the forefront the NSW Medical Board's policy on treating family members. There has been a view that the policy is directed at retired and retiring practitioners. This is not the case, and it is clear from reading all available documentation on the subject that the principles are applicable to practitioners regardless of age or practice status.

The available literature focuses on the treatment of family members. Most of the reasons for the policies regarding family members apply to friends, although obviously their significance diminishes with diminishing closeness of the friendship. As the UK General Medical Council states, 'it is a matter of common sense'. Some policy statements distinguish between treating, prescribing and referring as well as between initiating and continuing involvement with the care of a family member.

Treatment in minor or emergency circumstances is generally considered to be acceptable. On the other hand, initiating treatment in other situations is considered inadvisable. Similarly, while the writing of repeat prescriptions may be acceptable, this should only be done in the context of overall management of the patient/family member by another independent practitioner. Cases such as the one quoted above indicate how legitimate treatment initiated by an independent doctor can lead to significant problems if the doctor/family member takes over and the independent doctor does not have overall ongoing management.

In regard to writing referrals, in most circumstances this is less of an issue. However, statements on this subject emphasise the importance of the role of the general practitioner who has overall ongoing management of the patient. It may be that the doctor writing a referral for a family member is undermining or confusing this, potentially limiting the independent general practitioner's access to all relevant information about the patient.

It is worth noting that a frequent comment from doctors is that they feel placed in an awkward position when requested to write scripts in other than a professional setting. They report that it is a relief to be able to respond that professional ethics advise against this.

The Australian Medical Association does not have a written statement on the broad question of doctors treating family members. However, in its Position Statement, *The Health of Medical Practitioners*, it emphasises 'the importance of medical practitioners and their families having their own general practitioner and managing their own health within the usual professional context of a doctor/patient relationship'.[5]

In addition to statements made by regulatory authorities, there is legislation in some jurisdictions that prohibit self-prescribing (although not necessarily prescribing for family members),[6] and all Australian jurisdictions prohibit the prescribing of drugs of addiction for oneself.

Consultant's comment

This topic is of great, if not universal, interest because the majority of us are doing what we are advised not to do. However, although prescribing for a friend or family member may be a matter of convenience, more often than not friends and family expect us to prescribe for them – it is hard to say no.

Recently, I showed this article to a family member, whom I have been encouraging, for a while now, to return to his original prescriber for his repeat prescriptions of diazepam. This article provided me with the means to say, 'I can't prescribe for you any more'. Guidelines and policies can be useful tools in providing not only the rules but also the ability to follow them.

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Conclusion

In conclusion, there are logical and practical reasons why doctors should refrain from treating themselves, their families and their friends. There will be some circumstances where it is appropriate and nonproblematic to do so, but these will be exceptional, and occasional.

To quote from a principle that has been adopted by another profession much loved by doctors, 'The lawyer who acts for himself has a fool for a client and a knave for an adviser'. MT

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