Position Statement: Treatment of Self, Family Members and Close Relations

When a member of a physician's immediate family such as a child, sibling, spouse or parent, or even a close personal contact, is in need of medical care, it is recommended that care be sought from and delivered by a different provider, rather than the physician with whom they have a personal relationship. Physicians should also avoid treating themselves, even for what may appear to be mild medical conditions, and instead seek medical treatment from another, more objective physician.

Physicians may be tempted for reasons of convenience, cost, or accessibility to provide medical treatment to themselves or to their family members. They may also receive requests from social or professional acquaintances for informal medical advice and even for treatment or prescriptions. Physicians may even receive pressure from family members for treatment and advice and feel compelled to provide it, perhaps even beyond their skill or expertise.[1] However, engaging in a treating relationship with someone with whom another pre-existing familial or social relationship exists presents several challenges and ethical concerns.

There may be certain circumstances, however, when treating or prescribing treatment to oneself, one's family members, or other close contacts may be permissible. These include:

- Urgent or emergent situations,
- Instances where necessary care cannot be accessed through another health professional, and
- Geographically isolated situations where one's family member or close personal relation is the only health care provider available.

In such instances, medical care provided must follow accepted standards and protocols, including a complete history and physical examination with required documentation in the patient's medical record. The patient's primary care provider must also be notified at the earliest opportunity of such intervention to ensure continuity of care. In addition, any treatment in these circumstances should be limited to the shortest course possible, ideally not to exceed a 30-day period, and should not include the prescription of controlled substances.

Aside from these limited circumstances, it is strongly recommended that medical care only be sought from an independent, objective provider.

Dual Relationships:

The physician-patient relationship is characterized by an inherent imbalance of power because of the specialized knowledge held by the physician, the significant access the physician has to

[1] American Medical Association, Code of Medical Ethics Opinion 1.2.1

intimate knowledge of the patient and their personal information, and the high degree of trust the patient typically places in the physician.

The physician-patient relationship is also characterized by unique sets of responsibilities and expectations held by both the physician and the patient. Many of these responsibilities cannot be carried out effectively or completely in the presence of competing responsibilities or within relationships where intense emotions may be at play. Circumstances where different relationships involving competing responsibilities exist between the same individuals are sometimes labeled as “dual relationships.” Examples include a physician who is also the parent, spouse/partner, sibling or child of the patient, a physician who is treating themselves, and a physician who prescribes to an employee, colleague, or friend.

Dual relationships may result in confusion for the patient and the physician, especially when it is unclear which role is being, or should be, played. Informed consent, shared decision making, and patient autonomy can be significantly impacted when dual relationships exist. Patients might feel compelled to consent to treatment to which they would not otherwise consent when it is being recommended by a family member, or they may be less compliant with a treatment plan that has been prescribed by a family member. Patients may also feel compelled to withhold particular elements of their health history or symptoms that they find embarrassing or would prefer not to divulge to a family member.

Likewise, physicians may avoid embarrassing, awkward or sensitive questions in their history taking, or may decline to perform intimate components of physical examinations even when clinically indicated. Conversely, the appropriateness of such examinations in particular familial relationships are ethically questionable, especially where minor patients are involved. Additionally, professional judgment can become clouded when external, non-clinical considerations enter the picture. This may cause a physician to lose objectivity in decision-making and change their treatment patterns in ways that are contrary to best practices and dangerous for patients.

It is recommended as a best practice that physicians strive to avoid any treatment or prescribing that would put the physician in a dual relationship.