



Treating Self and Family Members

APPROVED BY COUNCIL:	November 2001
REVIEWED AND UPDATED:	November 2006
PUBLICATION DATE:	February 2007
TO BE REVIEWED BY:	November 2011
KEY WORDS:	Self-prescribing; Targeted substances; Professional misconduct
RELATED TOPICS:	Prescribing Practices; Regulations Concerning Benzodiazepines and Other Targeted Substances; Conflict of Interest
LEGISLATIVE REFERENCES:	<i>Health Professions Procedural Code</i> , Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> , S.O. 1991 c. 18; Ontario Regulation 856/93 (Professional Misconduct) and Ontario Regulation 114/94 (General), made under the <i>Medicine Act, 1991</i> , S.O. 1991 c. 30; Benzodiazepines and Other Targeted Substances Regulations, SOR/2000-217 and Narcotic Control Regulations, C.R.C., c. 1041, made under the <i>Controlled Drugs and Substances Act, 1996</i> , c. 19; Ontario Regulation 548 (Medicine), made under the <i>Drug and Pharmacies Regulation Act, R.S.O. 1990</i> , c. H-4.
COLLEGE CONTACT:	Physician Advisory Service

Treating Self and Family Members

PURPOSE

Physicians may periodically find themselves in a position where they must decide whether to treat a family member. Similarly, there may be times when a physician must decide whether to self-treat for a particular condition.

Physicians should not treat themselves or family members, except under the limited circumstances discussed below. This policy explains who is considered a “family member,” and assists physicians in identifying situations where a personal, non-professional relationship makes it inappropriate to treat an individual.

PRINCIPLE

The physician-patient relationship is the foundation of the practice of medicine. The quality of this relationship can be compromised where there is a personal, emotional relationship beyond that of the doctor-patient relationship.

SUMMARY

A personal, non-professional relationship can affect many aspects of medical care. Whenever a physician treats someone with whom the physician has a personal relationship, there is a risk that the personal relationship will affect the physician's ability to provide good quality care. Similarly, it can be very difficult for a physician to maintain clinical objectivity when providing medical care for him or herself. Treatment of a family member, or self-treatment, may also prevent the family member (or the physician) from developing a good relationship with his or her own doctor.

Treating a family member more than episodically may also give rise to a physician-patient relationship; such that the physician will be subject to other responsibilities inherent in a physician-patient relationship, including requirements for terminating the physician-patient relationship, and the provisions in the *Regulated Health Professions Act, 1991 (RHPA)* related to sexual abuse.¹

For these reasons, physicians should generally refrain from treating themselves or family members.

It is, however, generally acceptable for physicians to provide episodic care for minor conditions, because such care presents little risk to the individual receiving the care and, in the case of providing such care to family members, is unlikely to give rise to a physician-patient relationship. It is also acceptable for physicians to treat themselves or family members in emergency situations where there is no one else qualified to do so. The College considers this acceptable because the benefits of providing the required care in emergency situations outweigh the challenges posed by the personal relationship.

Where a physician does provide care to a family member, the physician should ensure the family member advises his or her primary care provider of the treatment received.

DEFINITIONS

The following definitions are important for understanding this policy:

Family member – For the purpose of this policy, “family member” means a physician's spouse or partner, parent, child, sibling, grandparent or grandchild; a parent, child, sibling, grandparent or grandchild of the physician's spouse or partner; or another individual in relation to whom the physician has personal or emotional involvement that may render the physician unable to exercise objective professional judgment in reaching diagnostic or therapeutic decisions.

Treating – “Treating” encompasses the performance of any controlled act,² including ordering and performing tests, making and communicating a diagnosis, and prescribing medications. It does not include the monitoring of a condition that may be done by anyone.

Minor condition – Generally, a “minor condition” is a non-urgent, non-serious condition that requires only short-term, routine care and is not likely to be an indication of, or lead to, a more serious condition.

Emergency – An “emergency” exists where an individual is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if medical intervention is not promptly provided.

¹ Requirements in terminating a doctor-patient relationship are set out in the CPSO's policy Ending the Physician-Patient Relationship. Legislative provisions relating to sexual abuse are set out in sections 1(3) and 51(1) b.1 of the *Health Professions Procedural Code*.

² The controlled acts are: 1. Communicating a diagnosis identifying a disease or disorder as the cause of a person's symptoms; 2. Performing a procedure on tissue below the dermis, below the surface of a mucous membrane, in or below the surface of the cornea or in or below the surfaces of the teeth; 3. Setting or casting a fracture of a bone or a dislocation of a joint; 4. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust; 5. Administering a substance by injection or inhalation; 6. Putting an instrument, hand or finger: beyond the external ear canal, beyond the point in the nasal passages where they normally narrow, beyond the larynx, beyond the opening of the urethra, beyond the labia majora, beyond the anal verge, or into an artificial opening into the body; 7. Applying or ordering the application of a prescribed form of energy; 8. Prescribing, dispensing, selling or compounding a drug; 9. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses; 10. Prescribing a hearing aid for a hearing impaired person; 11. Managing labour or conducting the delivery of a baby; 12. Allergy challenge testing of a kind in which a positive result is a significant allergic response (*Medicine Act, 1991, s. 4*).



COLLEGE POLICY

Physicians should not treat either themselves or family members, except:

- For a minor condition or in an emergency situation, and
- Only when another qualified health care professional is not readily available.³

Where it is necessary to treat themselves or family members, physicians must transfer care to another qualified health professional as soon as is practical.

Physicians are advised that if they do not comply with this policy, they may be subject to allegations of professional misconduct.⁴

Spouses and Sexual/Romantic Partners

Physicians must be mindful that treating a family member can create a physician-patient relationship, particularly where the treatment provided is more than episodic. This is especially important when the individual receiving treatment is someone with whom the physician is romantically or sexually involved, as the provisions of the *RHPA* on sexual abuse may apply.⁵ For further guidance, physicians should contact the College, or the CMPA or other insurance provider.

Prescribing

Physicians who prescribe for family members should always do so in accordance with the College's Prescribing Practices policy.

Physicians should never write a prescription for themselves or family members for narcotics, controlled drugs, psychotropic drugs, or any drugs that are addicting or habituating, even when another physician is in charge of managing those medications.

Physicians who prescribe narcotics or controlled drugs to themselves or to family members may have their narcotic or controlled drug prescribing privileges revoked

by the federal government,⁶ and may also be subject to allegations of professional misconduct.⁷

Self-Treatment

A physician's clinical judgment and objectivity may be impeded when the physician is treating him or herself, in the same way it can be hindered when treating one's family member(s). Consequently, physicians should not self-treat, except for minor conditions or emergency situations where there is no other qualified health care professional readily available.

Evaluating a Relationship

It can sometimes be difficult to determine whether or not a particular individual is a "family member" as defined in this policy. In these situations, the physician should think about what impact, if any, the personal relationship might have on the quality of care that can be provided. Appendix 1 to this policy sets out some questions physicians should consider when they are not sure if it is appropriate to provide treatment to a particular individual.

The College also recognizes that a friendship or emotional relationship can arise within an existing physician-patient relationship. If this occurs, the physician should consider the impact the personal relationship could have on the quality of care and, where necessary, take steps to mitigate the effects. This could include limiting the scope of treatment provided and referring the patient for particularly sensitive or complicated conditions. In certain circumstances, it may be prudent for the physician to stop providing care to that individual.

Appendix 1

Considerations in determining whether an individual is a "family member" as defined in the policy

Generally, the following people are considered "family members":

- The physician's spouse or partner, parents, children,

³ The Canadian Medical Association advises physicians to "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." (CMA Code of Ethics, section 11).

⁴ Pursuant to O. Reg. 856/93, made under the *Medicine Act, 1991*, the following acts are professional misconduct: An act or omission relevant to the practice of medicine that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional, s. 1(1) 33.

⁵ If a member is found guilty of sexually abusing a patient, the member must be reprimanded, and may have his or her certificate of registration revoked or suspended, or have specified terms, conditions and limitations imposed, s. 51(2)-(5).

⁶ This is in accordance with the Benzodiazepines and Other Targeted Substances Regulations. For further information, please refer to the CPSO's policy Regulations Concerning Benzodiazepines and Other Targeted Substances.

⁷ Pursuant to O. Reg. 856/93 made under the *Medicine Act, 1991*, the following acts are professional misconduct: Prescribing, dispensing or selling drugs for an improper purpose, (s.1(1) 6); Being subjected to the withdrawal or restriction of rights or privileges under the *Narcotic Control Act (Canada)* [now the *Controlled Drug and Substances Act*] or the *Food and Drugs Act (Canada)* or the regulations under either of those Acts, unless by the member's own request., (s. 1(1) 32).

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siblings, grandparents, and grandchildren;

- The parents, children, siblings, grandparents, and grandchildren of the physician's spouse or partner.

For other relationships, it can be difficult to determine whether the individual should be considered a "family member".

The following are questions physicians should ask themselves, to help evaluate the emotional nature of a relationship and the impact that emotional involvement may have on the quality of care that can be provided. If the physician can answer "yes" to any of the questions, the individual probably falls within the definition of "family member" and the physician should refrain from treating.

If this individual were my patient, could the personal relationship affect my ability to recognize and act in his/her best interests?

When a physician has an emotional relationship with a patient, the physician's own needs and interests may undermine the physician's capacity to focus on the patient's best interests. As a result, the physician may be more inclined to over-treat or under-treat, or may not present all available treatment options to the patient. The physician may also be more inclined to accede to inappropriate patient requests, such as demands for medically unnecessary tests or habituating drugs.

Would I be too uncomfortable to ask the questions necessary to make a proper diagnosis, particularly on sensitive topics?

A personal relationship can give rise to unconscious, preconceived notions about an individual's health and behaviour. These preconceptions can affect quality of care, because physicians may not ask questions or seek information that could inform or even alter the diagnosis or subsequent care. Similarly, patients may intentionally or unintentionally leave out sensitive but important information when discussing their medical history, activities or symptoms.

Would I be unable to allow this individual to make a decision about his/her own care that I disagree with?

Respect for a patient's autonomy is central to the provision of ethically sound patient care. In order to be

autonomous, patients must be able to make free and informed decisions about their health care. When there is an underlying personal relationship between the physician and the patient, the physician's opinion may unduly influence the patient's decisions. In addition, the patient may be reluctant to seek a second opinion or decline a recommendation for fear of offending the physician.

Could the personal relationship affect my ability to be clinically objective?

When a physician treats a family member, professional boundaries are at risk of being blurred or crossed. This can influence the physician's ability to make objective clinical decisions and provide advice unaffected by the physician's own feelings. The physician may also fail to recognize conditions or patient needs that are outside of his or her area of knowledge or expertise, or neglect to refer where appropriate.

Could the personal relationship with this individual make it more difficult for me to maintain patient confidentiality or make a mandatory report?

Confidentiality may be harder to maintain and may be at greater risk of being breached because of the physician's personal interest in the patient's well-being, or because other family members insist on knowing 'what is going on.'

Conversely, a physician may be more reluctant to make a mandatory report (e.g., of an impairment affecting the patient's ability to drive) when they have a personal relationship with the patient.

Could I establish and maintain a proper physician-patient relationship if I were to treat this individual?

When treating family members, there may be an expectation that care will be provided outside the context of an established physician-patient relationship and outside the physician's regular place of work. This can affect the physician's ability to obtain informed consent, conduct a complete and proper assessment, and maintain proper medical records.



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