



POLICY ON TREATING SELF AND FAMILY MEMBERS

1. Purpose

Registered medical and dental practitioners in Zimbabwe often find themselves in a position where they are requested to treat family members. This may be a spouse, or partner, parent, brother, sister, grandparent, grandchild, or any other individual they are emotionally or relationally attached to. Furthermore the practitioner might want to treat himself for a particular condition. It is generally unethical to treat oneself or people whom the practitioner has a personal relationship with. The Medical and Dental Practitioners Council of Zimbabwe however recognizes very limited situations where a practitioner may treat those close to themselves. This Policy will assist Medical and Dental Practitioners in identifying situations where personal and non professional relationship makes it inappropriate to treat an individual.

2. Introduction

It is generally unwise for Medical and Dental Practitioners to treat people whom they have a personal relationship rather than a professional relationship. This is neither prudent nor practical due to the lack of objectivity and discontinuity of care. All patients are entitled to good standards of care from a physician. Doctors have a duty to provide care that meets acceptable clinical and ethical standards of the profession. An objective assessment of the patient and medical condition is necessary for good practice and care. Every doctor should have their own general practitioner as it is impossible to provide one's own objective assessment. It must also be noted that the fundamental ethical principle of doctor patient relationship is the foundation of the practice of medicine. The quality of this relationship can be compromised where there is personal and emotional influence beyond that of a doctor patient relationship.

3. Policy

Doctors should not treat either themselves or family members, people they work with, and friends for any condition, other than in an extreme emergency situation, In particular doctors should not:

- Prescribe or administer drugs of dependence.
- Prescribe psychotropic medication.
- Undertake psychotherapy.
- Issue certificates.
- Perform surgery (unless an appropriate referral process has been followed).

It is inappropriate to provide care to yourself and those close to you.

4. Spouses and Sexual/Romantic Partners

Medical and Dental Practitioners must be mindful that treating a family member can create a biased doctor-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.

5. Prescribing

Medical and Dental Practitioners 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. Practitioners who prescribe narcotics or controlled drugs to themselves or to family members may have their narcotic or controlled drug prescription privileges revoked.

6. Self-Treatment

A practitioner's clinical judgment and objectivity may be impeded when he/she is treating him or herself, in the same way as it is hindered when treating one's family members. Consequently, practitioners should not self-treat.

7. QUESTIONS SHOULD GUIDE THE PRACTITIONER

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 practitioner can answer "yes" to any of the questions, the individual probably falls within the definition of "family member" and the practitioner should refrain from treating that person.

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

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

7.2. 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 behavior. These preconceptions can affect quality of care, because physicians may not ask questions or seek information that could inform or 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.

7.3. 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 patients must be able to make free and informed decisions about their health care. When there is an underlying personal relationship between the practitioner and the patient, the practitioner'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 practitioner.

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

When a practitioner treats a family member, professional boundaries are at risk of being blurred or crossed. This can influence the practitioner's ability to make objective clinical decisions and provide advice unaffected by the practitioner's own attitudes and feelings. The practitioner 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.

7.5. 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 practitioner's personal interest in the patient's wellbeing, or because other family members insist on knowing 'what is going on.' Conversely, a practitioner 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.

7.6. Could I establish and maintain a proper doctor –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 doctor-patient relationship and outside the doctor's regular place of work. This can affect the practitioner's ability to obtain informed consent, conduct a complete and proper assessment, and maintain proper medical records.

8. SITUATIONS WHERE A MEDICAL/DENTAL PRACTITIONER CAN PROVIDE CARE TO SELF OR THOSE CLOSE TO THE PRACTITIONER

The Council acknowledges that there are some exceptions where providing care to yourself or those close to you may be appropriate:

- When doctors prescribe for themselves and those close to them for a continuing condition, and there is a general practitioner who will monitor the treatment at regular agreed intervals.

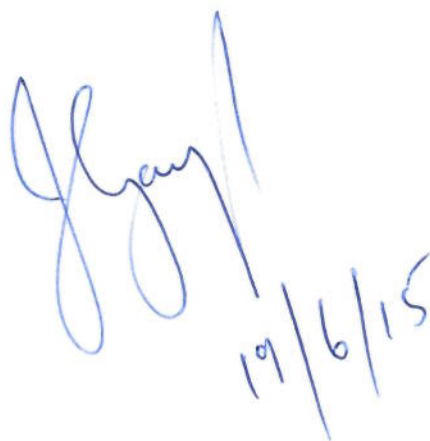
- In an emergency, doctors may provide treatment to themselves and those close to them until another doctor is available.
- If the doctor is employed in a small community where there are relatives close to them who are patients because of access issues. However, in this situation there may be additional pressures and doctors should be aware that objectivity may be compromised. The Council recommends a low threshold for referring these patients to an independent doctor for consultation.

9. Steps that should be taken when providing care to yourself or those close to you

When there is no reasonable alternative to providing care to yourself or someone close to you, you should take extra care to ensure that:

- The care involves an adequate assessment of the patient's condition, based on the history and clinical symptoms and an appropriate examination.
- You refer the patient to another doctor, when indicated.
- The details of the consultation are recorded in clear, accurate and contemporaneous patient records that report the relevant clinical findings, the decisions made, the information given to the patient and any drugs or other treatment prescribed.
- The care is monitored by another doctor.

Approved by Council 28 August 2012

A handwritten signature in blue ink, followed by the date 19/6/15 written vertically.