



Standard of Practice

Physician Treatment of Self, Family Members, or Others Close to Them (2022)

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

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, their clinical objectivity might 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. Additionally, physicians providing treatment in such circumstances may not have access to the patient's medical record to review or contribute to it, potentially compromising appropriate continuity of care.

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

Definitions

- **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.
- **Family Members** – individuals 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.
- **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.

- **Others Close to Them** – any individuals who have a personal or close relationship with the physician, where the relationship is of such a nature that it would reasonably affect the physician’s professional judgement.
- **Treatment** – anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic, or other health-related purpose. This includes, but is not limited to, ordering and performing tests and providing a course of treatment.

Standard of Practice

Physicians **must not** provide treatment for themselves, their Family Members, or Others Close to Them except:

- For a “*minor condition*” or “*emergency*” treatment, **and**
- When another qualified health-care professional is not readily available.

This obligation is codified in the Canadian Medical Association’s [Code of Ethics and Professionalism](#) which has been adopted by the College.

If a physician chooses to provide treatment, 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 addictive 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 their area of expertise.)
- Consider only providing treatment to address the immediate medical needs associated with treating a minor condition or emergency, and transfer care of the individual to another health care professional at the earliest opportunity.
- Advise the individual to notify their 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 their 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 they provided.

- Maintain the confidentiality of the personal health information of any individual they treat.

Assessing Professional Objectivity

The College recognizes that not every familial or personal relationship will reasonably affect a physician's objectivity. A physician must evaluate each relationship and the specific context to determine whether their professional judgement could reasonably be affected.

If the physician answers "yes" to any of the following questions, the physician should assume that their professional objectivity might reasonably be affected when providing medical care and only proceed with providing care in the limited circumstances detailed above:

- 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 providing truthful answers to my questions or undergoing the examinations that are necessary for a diagnosis?
- c) Could I have difficulty allowing this individual to make a decision about their 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 their relationship with another individual is not of such a nature where it could reasonably affect professional judgment, the physician should document that they have considered the relationship, the specific context, and the reasons why they do 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 their relationships to determine whether they can still maintain their professional objectivity. 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 health care professional at the earliest opportunity.

Exceptions

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, and Others Close to Them may not have alternative options for treatment. If faced with these circumstances, the physician should document the circumstances in the medical chart of the patient, including why treatment was provided, and make every reasonable effort to transfer care to another health care professional at the earliest opportunity.

Acknowledgements

CPSBC (2022) Treatment of Self, Family Members and Others Close to You
CPSO (2018) Physician Treatment of Self, Family Members, or Others Close to Them
CMPA (2022) Know the Rules, Avoid the Risks: Treating Family and Friends

Related Documents

CMA (2018) [Code of Ethics and Professionalism](#)

Document History

Effective Date:	December 12, 2022
Last Revised:	December 10, 2022
Expected Review Date:	December 10, 2027