TREATMENT OF SELF, FAMILY MEMBERS, AND OTHERS CLOSE TO YOU

Policies of the College of Physicians and Surgeons of Ontario ("CPSO") set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms 'must' and 'advised' are used to articulate CPSO's expectations. When 'advised' is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

Definitions

Treatment: Anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic, or other health-related purpose. This includes but is not limited to performing any controlled act[1]; ordering and performing tests (including blood tests and diagnostic imaging); providing a course of treatment, plan of treatment, or community treatment plan.[2]

Family member: An individual with whom the physician has a familial connection. This includes but is not limited to the physician's spouse or partner, parent, child, sibling, members of the physician's extended family, or those of the physician's spouse or partner (e.g., in-laws).

Others Close to Them: Individuals who have a close or personal relationship with the physician where the nature of the relationship could reasonably affect the physician's professional judgment as set out in Provision 1a.

Policy

1. When their professional judgment is considered reasonably affected, physicians **must only** provide treatment to themselves, family members, and others close to them in accordance with the exceptions set out in this policy.

    a. If any of the following factors apply, a physician's professional judgment is considered reasonably affected, even if the physician believes they would provide objective care:

    - There are barriers to or discomfort in sharing or hearing sensitive information;
    - There are factors that may affect the decision-making of the physician or the individual receiving treatment, for example, an individual receiving treatment feeling obligated to accept a physician's recommendations about treatment decisions;

[1] Controlled acts for physicians, as set out in s. 4 of the *Medicine Act,* S.O. 1991, c. 30.
[2] This definition is adapted from the *Health Care Consent Act.*

- The physician may be hesitant to make mandatory reports about the individual receiving care;
- The individual receiving treatment may be hesitant to voice concerns about the treatment provided or pursue legal options; or
- Any other factors that could cause a physician to lose objectivity or fail to meet the standard of care.[3]

Emergency Treatment

In this policy, "emergency treatment" is treatment that is necessary in a timely manner to prevent significant harm, suffering and/or deterioration.

2. Physicians **must only** provide emergency treatment to themselves, family members, and others close to them when no other qualified health-care professional is readily available.

   a. Where additional or ongoing treatment is necessary, physicians **must** transfer treatment of the individual to another qualified health-care professional as soon as is practical.[4]

Treatment for Minor Conditions[5]

A "minor condition" is a health condition that can be managed with minimal, short-term treatment and usually does not require ongoing care or monitoring. In addition, the treatment of the condition is unlikely to mask a more significant underlying condition.

3. Physicians **must only** provide treatment for minor conditions to themselves, family members, and others close to them when no other qualified health-care professional is readily available.

   a. Where additional or ongoing treatment is necessary, physicians **must** transfer treatment of the individual to another qualified health-care professional as soon as is practical.[6]

Treatment of Sexual or Romantic Partners

Ontario law defines who is a patient for the purpose of determining whether sexual abuse has occurred between a physician and a patient.[7] For the purposes of determining sexual abuse, a person is defined as a patient when:

1. the physician charges or receives a payment for health care services provided;
2. the physician contributes to a health record or file for the person;
3. the person has consented to a health care service recommended by the physician; or,
4. the physician prescribes a drug for which a prescription is needed to the person.

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[3] For more information about other factors which determine whether individuals may be considered close to you, see the *Advice to the Profession: Treatment of Self, Family members, and Others Close to You* document.
[4] This also includes virtual care options, where appropriate.
[5] For the purposes of this policy, "minor condition" does not include providing sick notes or completing insurance claims for themselves, family members, or others close to them.
[6] This also includes virtual care options, where appropriate.
[7] S. 1(6) of the *Health Professions Procedural Code* (*Code*) under the *Regulated Health Professions Act, 1991* (*RHPA*) and O. Reg. 260/18 under the *RHPA* provide a definition of who is a patient for the purpose of determining whether sexual abuse has occurred between a physician and a patient. The *Code* also specifies that a person continues to be considered a patient for the purposes of findings of sexual abuse for one year after the conclusion of the physician-patient relationship.

4. Providing treatment to someone with whom a physician is sexually or romantically involved, including a spouse or partner, may result in a finding that the physician engaged in sexual abuse of a patient[8], if the treatment exceeds what is permissible in the legislation and as set out in this policy (emergency treatment or treatment of a minor condition). Physicians **must not** provide treatment to a spouse, partner, or anyone else with whom they are sexually or romantically involved beyond emergency treatment and treatment of minor conditions as set out in this policy.

Practising in Communities with Limited Treatment Options

5. CPSO recognizes that in some small communities, there may be family members or others close to the physician who do not have alternative options for treatment. If faced with these circumstances, the physician may provide treatment beyond emergency treatment or treatment for minor conditions to people other than a sexual or romantic partner and **must** document the circumstances in the patient's medical record, including why treatment was provided.

    a. Where additional or ongoing treatment is necessary, physicians **must** make every reasonable effort to transfer care to another qualified health-care professional as soon as is practical.

6. When determining if a person does not have alternative options for treatment, physicians **must** consider:

    a. Whether the treatment is within another available qualified health-care professional's scope of practice;
    b. The geographical distance and/or the person's ability to travel to other treatment options;
    c. Whether virtual care can be used to provide treatment; and,
    d. Any personal factors that would present a significant barrier to obtaining treatment[9] from another available qualified health-care professional, **and** which could not be managed through community supports or reasonable accommodations.

7. Despite Provision 5, physicians **must not:**

    a. Provide treatment outside of an emergency or minor condition to an individual with whom they have a sexual or romantic relationship.[10]
    b. Provide intimate examinations[11] outside of emergency treatment to family members; and/or,
    c. Provide psychotherapy to family members.

Prescribing or Administering Drugs

8. Physicians **must not** prescribe or administer the following for themselves, family members, or others close to them:

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[8] See footnote 7.
[9] For examples of personal factors that would present a significant barrier to obtaining treatment, please see the *Advice to the Profession: Treatment of Self, Family Members, and Others Close to You* document.
[10] Please see footnote 7.
[11] Intimate examinations include breast, pelvic, genital, perineal, perianal and rectal examinations of patients.

- narcotics,[12,13]
- controlled drugs or substances,[14,15] or
- monitored drugs.[16]

Facilitating Continuity of Care

9. If a physician provides treatment under this policy, they **must** take reasonable steps to facilitate continuity of care where necessary.

[12] Narcotics are defined in s. 2 of the *Narcotic Control Regulations*, C.R.C. c. 1041, enacted under the *Controlled Drugs and Substances Act,* S.C. 1996, c. 19 (hereafter the *CDSA*) *CDSA*: the term 'narcotics' includes opioids.
[13] Regulations under the *CDSA* prohibit physicians from prescribing or administering narcotics, or controlled drugs or substances for anyone other than a patient whom the physician is treating in a professional capacity, for example, in an Emergency Department. There are no exceptions under the *CDSA* for prescribing or administering these drugs or substances to non-patients. See s. 53(2) of the *Narcotic Control Regulations* C.R.C. c. 1041, and s. 58 of the *Benzodiazepines and Other Targeted Substances Regulations*, SOR/2000-217, under the *CDSA*.
[14] Controlled drugs and substances are defined in s. 2(1) of the *CDSA* and mean a drug or substance included in Schedule I, II, III, IV or V of the Act.
[15] Please see footnote 13.
[16] The Ontario Ministry of Health (Ministry) monitors a number of prescription narcotics and other controlled substance medications as part of its Narcotics Strategy. A list of monitored drugs is available on the Ministry's website http://health.gov.on.ca/en/pro/programs/drugs/monitored_productlist.aspx. See also s. 2 of the *Narcotics Safety and Awareness Act*, 2010, S.O. 2010, c. 22 for a definition of 'monitored drug'.