ADVICE TO THE PROFESSION: TREATMENT OF SELF, FAMILY MEMBERS, AND OTHERS CLOSE TO YOU

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

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, including friends, colleagues, and staff.

While physicians may have a genuine desire to deliver the best possible treatment, research suggests that a physician's ability to maintain emotional and clinical objectivity may be compromised when treating themselves or others close to them. This can impact the physician's ability to meet the standard of care and compromise the quality of treatment provided to the individual.

This document is intended to help physicians interpret the expectations set out in the *Treatment of Self, Family Members, and Others Close to You* policy and provide guidance about how these expectations can be met.

How can objectivity and professional judgment be compromised when providing treatment for myself, family members or others close to me?

Research demonstrates that your objectivity and the quality of care you provide can be compromised when treating yourself or people close to you[1].

[1] See for example:

- Francisca Beigel, et al. "A systematic review documenting reasons whether physicians should provide treatment to their family and friends" (2022) Family Practice, cmac142, Oxford Academic (3 January 2023), online: https://doi.org/10.1093/fampra/cmac142.
- Vijayalakshmi S, Ramkumar S, Rajsri T, et al. "A Doctor in the House, An Ethical Consideration on Treating Their Family Members: A Mixed-Method Study" (August 27, 2023). Cureus 15(8): e44230. DOI 10.7759/cureus.44230.
- Bernard Dickens, "Ethical issues in treating family members and close friends" (2016) International Journal of Gynecology and Obstetrics 133, 247-248 (2016), online: https://obgyn.onlinelibrary.wiley.com/doi/10.1016/j.ijgo.2016.02.002
- Joseph J. Fins, "Family Portrait" (2018) Narrative Inquiry in Bioethics, Vol. 8 N. 1, p. 4-6 (Spring 2018), online: https://muse.jhu.edu/article/690189

Quality of care can be impacted in a number of different ways by compromised objectivity, including but not limited to the physician:

- feeling uncomfortable discussing sensitive issues, including the individual's personal medical history. This can also apply to the individual being treated. This is particularly relevant when the issue involves sexual health and behaviour, drug use, mental health issues, or abuse or neglect.
- feeling obligated or pressured to treat problems that are beyond their expertise or training, or to prescribe drugs that are addicting/habituating, including narcotics or controlled substances.
- having difficulty recognizing the need to obtain informed consent and to respect the individual's decision-making autonomy.
- having difficulty recognizing that the duty of confidentiality applies the same way it would for a patient. For example, the physician may experience pressure to disclose confidential information if others close to the physician insist on knowing 'what is going on' in relation to an individual's health.
- being reluctant to make a mandatory report (e.g., an impairment affecting the individual's ability to drive, or a suspicion of child abuse).

How do I know if there are other factors that could cause someone to be considered someone close to me?

Physicians need to use their professional judgment when determining whether there are other factors not set out in the policy that may affect the quality of care an individual receives. If you think that, for any reason, your objectivity may be reasonably affected, you should consider the person close to you.

Some common examples of other factors include:

- A physician being hesitant to have a frank and open consent discussion or propose specific treatment options;
- External pressure, either from the person receiving care or mutual acquaintances, to practise outside of a physician's scope or expertise or provide care beyond what they would normally provide to a patient in the same situation;
- Pressure to disclose confidential information to third parties; or,

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- Solomiya Grushchak, Jane M. Grant-Kels, "Sweetheart, you should have that looked at: Ethical implications of treating family members" (February 2019). J Am Acad Dermatol Vol. 90, N. 2. (2019). DOI: 10.1016/j.jaad.2017.12.067
- Helene Hill, Matthew Hill, "When your mother wants a script: The ethics of treating family members" (2011). JAAPA 24(2) p. 59-60 (February 2011). DOI: 10.1097/01720610-201102000-00012
- Katherine J. Gold, et al. "No Appointment Necessary? Ethical Challenges in Treating Friends and Family" (2014) N Engl J Med 2014; 371:1254-1258.
- Kathy Oxtoby, "Doctors' Self Prescribing" BMJ Careers (10 January 2012), online: BMJ Careers.

- Property or financial ties to an individual.

Why am I limited in the type of treatment I can provide to someone with whom I am sexually or romantically involved, including my spouse or partner?

If a physician provides care or treatment to a sexual or romantic partner beyond what is set out in legislation and the *Treatment of Self, Family Members and Others Close to You* policy, a physician may be found to have committed an act of professional misconduct, specifically, a finding of sexual abuse.[2] The permitted care is limited to emergency treatment or treatment of a minor condition and when no other qualified health-care professional is readily available, requiring the transfer of treatment to another qualified health-care professional as soon as is practical.

The *RHPA* also contains mandatory penalties, including the revocation of a physician's certificate of registration, for several forms of sexual abuse. At an Ontario Physicians and Surgeons Discipline Tribunal hearing, the Tribunal is required to impose these mandatory penalties (up to and including revocation or a significant period of suspension, in some cases) even if there are mitigating circumstances.

What are some examples of minor conditions under this policy?

Depending on patient-specific factors, a few examples of minor conditions may include:

- Minor skin conditions (e.g., eczema, contact dermatitis, insect bites);
- Minor uncomplicated infections (e.g., conjunctivitis, otitis media, pharyngitis, cystitis); and,
- Minor injuries (e.g., small lacerations, bruises, sprains)

Patient-specific factors include but are not limited to:

- Age;
- Past medical history; and,
- The severity of the symptoms.

For example, a laceration on an elderly person with a blood clotting disorder may not be considered a minor condition. In contrast, a similar laceration on a healthy young adult may be considered a minor condition.

Physicians are advised to use their professional judgment to determine whether a person has a minor condition, and whether treating the minor condition would be appropriate given their scope of practice.

[2] The *Regulated Health Professions Act, 1991* (*RHPA*) and its regulations prohibit the sexual abuse of patients and provide a definition of who is a patient for the purposes of determining whether sexual abuse has occurred.

What is emergency treatment under this policy?

Emergency treatment is the treatment of a condition which should be initiated in a timely manner (e.g., within 24 hours) to prevent significant harm, suffering and/or deterioration. A few examples of conditions which may require emergency treatment include severe asthma, heart failure, and fractures or dislocations.

When would a person be considered to have alternative treatment options?

Examples of when a person would have other treatment options include having:

- The ability to travel to another community within a reasonable distance where they could obtain care (even if less convenient);
- Access to virtual care options that meet their treatment needs; or,
- The ability to be treated by another qualified health-care professional provider despite personal preferences (e.g., religious, language, ethnicity, or gender preferences).

In contrast, a person may not have other treatment options if:

- They are not reasonably able to travel to another qualified health-care professional and cannot access virtual treatment options (e.g., people experiencing homelessness);
- The only available physicians are those with whom the person has had a significant breakdown in the physician-patient relationship; or,
- There are severe systemic or other issues affecting the person's trust in the health-care system that may reasonably prevent the person from seeking care elsewhere (e.g., Indigenous people or individuals with a history of sexual abuse).

How does this policy apply to physicians practising in Indigenous communities?

CPSO recognizes that physicians practising in Indigenous communities may be interconnected with or related to the entire community. Additionally, systemic inequality has deeply affected the trust many Indigenous people have in the health-care system.

Physicians practising in Indigenous communities can provide emergency treatment or treatment for minor conditions in accordance with the policy. They may also consider whether a broader scope of treatment would be appropriate because a person may have no other treatment options. One aspect that can be considered when determining if there are alternative treatment options is whether there are personal factors that would present a significant barrier to obtaining treatment from any other available qualified health-care professional which cannot be managed through community supports or reasonable accommodations.

In the case of Indigenous people, deep and pervasive mistrust of other qualified health-care providers may mean that they do not have any other viable alternative treatment options. Therefore, physicians who are trusted by Indigenous community members can provide care under this exception in the policy when appropriate.

Am I allowed to provide informal medical advice?

Yes, physicians may provide informal medical advice that does not fall under the definition of "treatment" in this policy. For example, a physician may advise a family member to see a health-care professional for a worrisome symptom or help them understand medical information they have been given by another health-care professional.

Can I prescribe narcotics, controlled drugs or substances, or monitored drugs to family members or someone close to me?

You can only prescribe these drugs if your family members or those who are close to you, become your patient, for example, if you are providing treatment in an Emergency Department. Factors to consider before prescribing include consideration of treatment options in the community and whether it is within the standard of care to prescribe these drugs/substances.