PRACTICE STANDARD

Treatment of Self, Family Members and Others Close to You

Effective: January 1, 2013
Last revised: May 6, 2022
Version: 3.2
Related topic(s): Conflict of Interest; Non-sexual Boundary Violations; Sexual Misconduct

A practice standard reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the Health Professions Act, RSBC 1996, c.183 (HPA) and College Bylaws under the HPA.
Preamble
This document is a standard of the Board of the College of Physicians and Surgeons of British Columbia. It must be read in conjunction with the standard on Conflict of Interest and the Canadian Medical Association’s CMA Code of Ethics and Professionalism.

Definitions

**medical treatment**  
All aspects of medical care such as history-taking, physical examination, ordering of diagnostic tests and provision of medical treatment including prescribing of medications. This does not include the routine monitoring of health conditions that can be performed by non-physicians.

**family member**  
An individual with whom the registrant has a familial connection and with whom the registrant has a personal or close relationship, where the relationship is of such a nature that it would reasonably affect the registrant’s professional judgment. This includes but is not limited to the registrant’s spouse or partner, parent, child, sibling, members of the registrant’s extended family, or those of the registrant’s spouse or partner (for example: in-laws).

Note: For billing purposes, the Medical Services Commission of BC does not provide payment for services to a registrant’s family/household members, who are defined as: the spouse, child (step-child), parent (step-parent or parent-in-law), grandparent, grandchild, sibling or spouses of any of these, or any person who is a member of the registrant’s household.

**others close to them**  
Any other individuals who have a personal or close relationship with the registrant, whether familial or not, where the relationship is of such a nature that it would reasonably affect the registrant’s professional judgment. This may include, but is not limited to, friends, colleagues, and staff.

**minor condition**  
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 condition, or a condition which requires ongoing clinical care or monitoring.

**urgent condition**  
An urgent condition 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.

Background
Most registrants will, at some time in their career, be asked to provide medical treatment to an individual with whom they have a personal or non-professional relationship. This may be in the context of treating one’s self, a family member or others close to them.

Providing appropriate medical care in the context of a personal or non-professional relationship may be problematic due to the difficulty in defining and maintaining clear
boundaries. Without an appropriate therapeutic relationship, it may be difficult to obtain a sufficiently detailed history, conduct sensitive examinations or fully explain treatment options. Registrants providing treatment in such circumstances typically do so without consulting the medical record or contributing to it, compromising appropriate continuity of care. Conversely, patients accepting treatment from a registrant with whom they have another relationship may not give an accurate history, pursue alternate treatments, or obtain second opinions, on account of that other relationship.

The College acknowledges that registrants practising in rural or remote settings face unique circumstances. Although registrants in small communities may not be able to avoid all social interactions with their patients, the College expects that registrants always use their best judgement to manage relationships appropriately so that patient care is not compromised, even unintentionally. The responsibility lies entirely with the registrant to be aware of the increased risk associated with managing a dual relationship with a patient.

**College’s position**

Registrants must:

- exercise sound professional judgement when deciding to provide medical treatment to anyone with whom they have another relationship, reflecting on how this relationship may affect the objectivity of their care.
- **not** provide medical treatment to themselves, family members or others close to them unless the medical condition is minor or urgent and no other physician is readily available.
- **not** provide recurring episodic treatment to themselves or family members for the same disease or condition, or provide ongoing management of a disease or condition, even where the disease or condition is minor.
- **not** prescribe narcotic or psychoactive medications to themselves, family member or others close to them.
- re-evaluate their relationship with family members or others close to them when the nature of the relationship has changed to determine whether they can still be objective.
  - If the registrant’s professional judgment has been reasonably affected by changes in the relationship, registrants **must** transfer care of the individual to another qualified health-care professional as soon as is practical.

Registrants may seek advice on this issue by contacting the College and asking to speak with a member of the registrar staff.
References


