

## **SELF-TREATMENT OR TREATMENT OF IMMEDIATE FAMILY MEMBERS**

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### **POLICY:**

The following ethical guideline developed by the AMA in 1993 and reaffirmed in 2005 forms the basis of the Providence Urban Hospitals' Medical Staff's position on medical treatment for immediate family members.

### **Self-Treatment or Treatment of Immediate Family Members**

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a

primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems.

Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members. (I, II, IV)

The Medical Executive Committees of PHFH and PSHMC adopt these AMA professional standards. It is the policy of PHFH/PSHMC that physicians or allied health professionals will not treat immediate family members (defined as self, spouse, children or parents) within the hospital setting. Requests for any exception to this standard will be made by the physician or allied health professional to the appropriate Department Chair, Division Chief or Chief Medical Officer. Officers of the Medical Staff (President, President-Elect,) may assist in the determination, as needed, and may act in the absence of the Department Chair, Division Chief, or Chief Medical Officer.

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