

17 April 2024

**Consultation – *Treating yourself and those close to you***

As a doctor, you are responsible for ensuring that the treatment you provide meets acceptable clinical, professional and ethical standards for the profession. Treating yourself or someone close to you may affect your ability to meet these standards, and may result in you providing substandard treatment despite your best intentions.

Our draft statement on *Treating yourself and those close to you* outlines that, wherever possible, doctors should not treat themselves or those with whom they have a close relationship. It acknowledges that there are exceptional circumstances when doctors may have to treat themselves or people close to them, and outlines the measures to take to maintain best practice.

The content of the draft statement is very similar to the current statement, but we have revised the structure and wording, with the intention of making it clearer and easier to navigate. We have added a new section on managing evolving patient relationships.

We welcome your input on our draft statement.

* You will find the proposed draft statement on *Treating yourself and those close to you* [here](https://www.mcnz.org.nz/assets/News-and-Publications/Consultations/Treating-yourself-and-those-close-to-you-April-2024-draft-for-consultation.pdf).
* The existing statement *Providing care to yourself and those close to you* (June 2022) is available [here](https://www.mcnz.org.nz/assets/standards/b17273cc08/Disclosure-of-harm.pdf).

**Key points at the outset of the statement**

We have added a summary box containing the following key points:

* Wherever possible, you **should not** treat yourself or those close to you. Your clinical objectivity may be compromised, and patient outcomes and continuity of care may be adversely affected.
* In exceptional circumstances where there is no alternative, you may have to treat yourself or those close to you. You must provide best practice care that is consistent with the care you would provide to any other patient with the same condition and under similar circumstances.
* There are some situations where, even in exceptional circumstances, you **must not** treat yourself or those close to you. These are:
* issuing medical certificates, death certificates, and conducting medical assessments for third parties.
* prescribing medication with a risk of addiction or misuse, psychotropic medication, and controlled drugs.
* providing psychotherapy, performing invasive procedures/intimate examinations, and providing episodic treatment or ongoing management of an illness or condition of those close to you.

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| 1. **Do these key points provide an accurate overview of the statement? Are there any changes we should make?**
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**Terms we use in this statement**

We define the following terms in our statement:

* Those close to you
* Treatment.

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| 1. **Are there any changes we should make to these definitions?**
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**Your practice may be affected when you treat yourself or those close to you**

The draft statement provides common examples of how a doctor’s practice may be negatively impacted when they treat themselves or someone close. These are grouped under three categories: Clinical judgement, Professional boundaries, and Outcomes for the patient. We have also included additional examples to those in the existing statement:

* The risk of treating outside the doctor’s scope of practice and beyond the doctor’s level of skill and competence.
* A patient may be unduly influenced by the doctor’s opinion.
* A patient may be reluctant to seek a second opinion or decline a recommendation because they do not want to offend the doctor.

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| 1. **Is the section ‘Your practice may be affected when you treat yourself or those close to you’ clear and tenable? Are there any changes we should make?**

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**Managing evolving patient relationships**

This section is new. It acknowledges that relationships with patients evolve over time, and highlights the importance of being alert to changes in the relationship such as if a friendship or emotional relationship develops. It includes guidance on steps to take where a doctor believes their objectivity may be compromised including being open and transparent with the patient.

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| 1. **Is the guidance in ‘Managing evolving patient relationships’ informative and practical? What changes (if any) should we make?**
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**Exceptional circumstances**

The draft statement discusses two exceptional circumstances when a doctor may have to treat themselves or those they are close to:

* In a medical emergency
* Working in a community where there are very limited alternatives for care.

It lists several measures to take and discusses additional considerations in each situation. For example, social interactions with patients may be unavoidable in rural or remote settings so doctors should use their best judgement continuously and have a low threshold for seeking advice and referring patients to another doctor.

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| 1. **Is the guidance in ‘There are exceptional circumstances when you may have to treat yourself or someone close’ viable? What changes (if any) should we make?**
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**When you must not treat yourself or those close to you**

We list some situations where, even in exceptional circumstances, doctors must not treat themselves or those they are close to. These are:

1. Issue any medical certificates, such as for time off work or school, assessments of fitness to drive, or death certificates.
2. Conduct medical assessments for third parties such as ACC and private insurers.
3. Prescribe or administer medication with a risk of addiction or misuse.
4. Prescribe controlled drugs, specified in the Misuse of Drugs Act 1975.
5. Prescribe psychotropic medication.
6. Provide psychotherapy.
7. Provide episodic treatment or ongoing management of an illness or condition, irrespective of severity.
8. Perform invasive procedures/intimate examinations.

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| 1. **Are there any changes we should make to ‘When you must not treat yourself or those close to you’?**
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**Any other feedback**

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| 1. **Please provide any other comments you may have about *Treating yourself and those close to you* that you would like us to consider.**
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**Consultation process**

Your input and feedback are important to us. We invite you to review the draft statement and give us your views on our proposed changes. Please use the online form provided. Alternatively, you can email your submission to consultation@mcnz.org.nz.

The consultation closes on **24 May 2024**.