



Treating yourself and those close to you

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.

Introduction

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.

Terms we use in this statement

Those close to you

Any individual with whom you have a personal connection or close relationship that could reasonably be expected to affect your clinical objectivity and professional judgement. ‘Those close to you’ will differ for each doctor and includes, but is not limited to, family/whānau members with whom you have a close relationship.

Treatment

Any medical care provided for a diagnostic, preventive, palliative, cosmetic, therapeutic or other health-related

purpose. This includes but is not limited to: prescribing medication and other substances, ordering and performing tests, conducting physical examinations, and providing care or management of an illness or condition.

You should not treat yourself or those close to you

1. Wherever possible, you should not treat yourself or those close to you. Providing treatment in the context of a personal relationship can negatively affect your practice and the standard of care you provide. This is also true when you self-diagnose or prescribe for yourself.
2. Council expects you to have your own general practitioner to provide ongoing care and objective treatment of any health conditions.¹ Your GP is also best placed to ensure your clinical records reflect your long-term health needs and management.

Your practice may be affected when you treat yourself or those close to you

3. These are common examples of aspects of your practice that may be negatively impacted when you treat yourself or those close to you. This list is not exhaustive.

Clinical judgement

- a. If you assess or treat yourself or those close to you, you may lack the objectivity needed to make sound clinical decisions.
- b. You may wrongly assume that you are aware of all relevant information about those close to you, or make assumptions about their medical history.
- c. You may have preconceptions or make assumptions about the health, behaviour, or personal circumstances of someone close to you. This could skew your judgement, leading you to minimise their concern or, conversely, over-treat them.
- d. Your intention to give ‘the best care’ to those close to you may undermine your capacity to determine best practice, causing you to provide treatment beyond what would be usual in similar circumstances.

Professional boundaries

- e. You may be inclined to provide treatment outside your scope of practice, and beyond your level of skill and competence. This could be driven by feeling pressured by someone close to you.
- f. Others may come to expect treatment from you, should you treat someone close to you. They may also expect you to share confidential patient information.

Outcomes for the patient

- g. You or those close to you may be reluctant to discuss personal and sensitive issues, which could affect your clinical decisions and their care.
- h. The patient’s decisions may be unduly influenced by your opinion.
- i. The patient may be reluctant to seek a second opinion or to decline your recommendation because they do not want to offend you.

¹ Our webpage on ‘Doctors’ health’ explains further why a doctor should have their own general practitioner.

- j. You may not have access to the patient's notes to record the consultation or treatment provided, therefore disrupting continuity of care.

Managing evolving patient relationships

- 4. Relationships with patients evolve over time. You should be alert to changes in the relationship, such as if a friendship or emotional relationship develops. In these cases, you should assess whether you can still maintain clinical objectivity.²
- 5. If you believe your objectivity may be compromised, you should take steps to mitigate the effects. This could include:
 - a. limiting the scope or extent of the treatment you provide to the patient
 - b. referring the patient to another health care professional for intimate examinations or complex conditions
 - c. ending the treating relationship altogether and transferring your patient's care to another doctor or health care professional.³
- 6. You should explain your rationale to the patient. You should be open and transparent about the challenges of navigating a personal relationship alongside a professional relationship, so that you can clarify expectations and boundaries with the patient. Ensure that you document the factors you have considered and the basis for any decisions you have made. It may also be wise to consult a trusted colleague, your medical indemnity insurer, or your professional college or association.

There are exceptional circumstances when you may have to treat yourself or those close to you

- 7. Wherever possible, you **should not** treat yourself or those close to you. In exceptional circumstances where there is no alternative to treating yourself or those close to you, you must:
 - a. Conduct an appropriate and adequate assessment of the patient's condition, based on medical history, and examination.
 - b. Provide best practice care, consistent with what you would provide to any other patient with the same condition and under similar circumstances.
 - c. Work within the boundaries of your skills and competence.
 - d. Maintain patient confidentiality, and only disclose information in line with health information privacy rules.
 - e. Facilitate continuity of care by maintaining accurate and timely patient records, and sharing those with the patient's principal health provider.

Exceptional circumstances

- 8. There are two main exceptional circumstances where there may be no alternative to treating yourself or those close to you. These are medical emergencies and when working in a community with very limited alternatives for care, such as a rural or remote setting.

² See also Council's statements on *Sexual boundaries in the doctor-patient relationship* and *Professional boundaries in the doctor-patient relationship*.

³ See also Council's statement on *Ending a doctor-patient relationship*.

In a medical emergency

9. A medical emergency is a sudden, unforeseen injury, illness or complication that requires immediate attention to save life or prevent further injury, pain or distress, and no other doctor is available.⁴
10. If you treat yourself or those close to you in a medical emergency, you must document the clinical encounter clearly and accurately as soon as practicable after the event. This must include the relevant clinical findings, clinical decision-making and treatment including medication prescribed or dispensed, the advice or information you gave to the patient, and which doctor or health care professional will be responsible for follow-up or ongoing care.⁵
11. You must refer the patient, or transfer their care back to their GP, as soon as practicable. You must ensure that all relevant information about the patient is provided to that doctor.

Working in a community where there are very limited alternatives for care

12. In communities such as rural or remote settings, there may be a greater level of inter-connectedness and inter-dependence, and social interaction with patients may be unavoidable. In these settings with limited alternatives, you may be responsible for providing ongoing treatment to yourself or those close to you.
13. You should use your best judgement to continuously manage personal and professional relationships. This is to avoid compromising your clinical decisions, the patient's care, and your professional relationships.
14. You must have a low threshold for referring these patients to another doctor for consultation, and for seeking advice from colleagues. Consider whether telehealth could be used to access referrals or seek advice when working in rural or remote settings.⁶

When you must not treat yourself or those close to you

15. There are some situations where, even in exceptional circumstances, you must not treat yourself or those close to you. These are:
 - a. Issue any medical certificates, such as for time off work or school, assessments of fitness to drive, or death certificates.
 - b. Conduct medical assessments for third parties such as ACC and private insurers.
 - c. Prescribe or administer medication with a risk of addiction or misuse.
 - d. Prescribe controlled drugs, specified in the Misuse of Drugs Act 1975.
 - e. Prescribe psychotropic medication.
 - f. Provide psychotherapy.
 - g. Provide episodic treatment or ongoing management of an illness or condition, irrespective of severity.
 - h. Perform invasive procedures/intimate examinations.

⁴ See also Council's statement on *A doctor's duty to help in a medical emergency*.

⁵ See also Council's statements on *Good medical practice* and *Managing patient records*.

⁶ See also Council's statement on *Telehealth*.