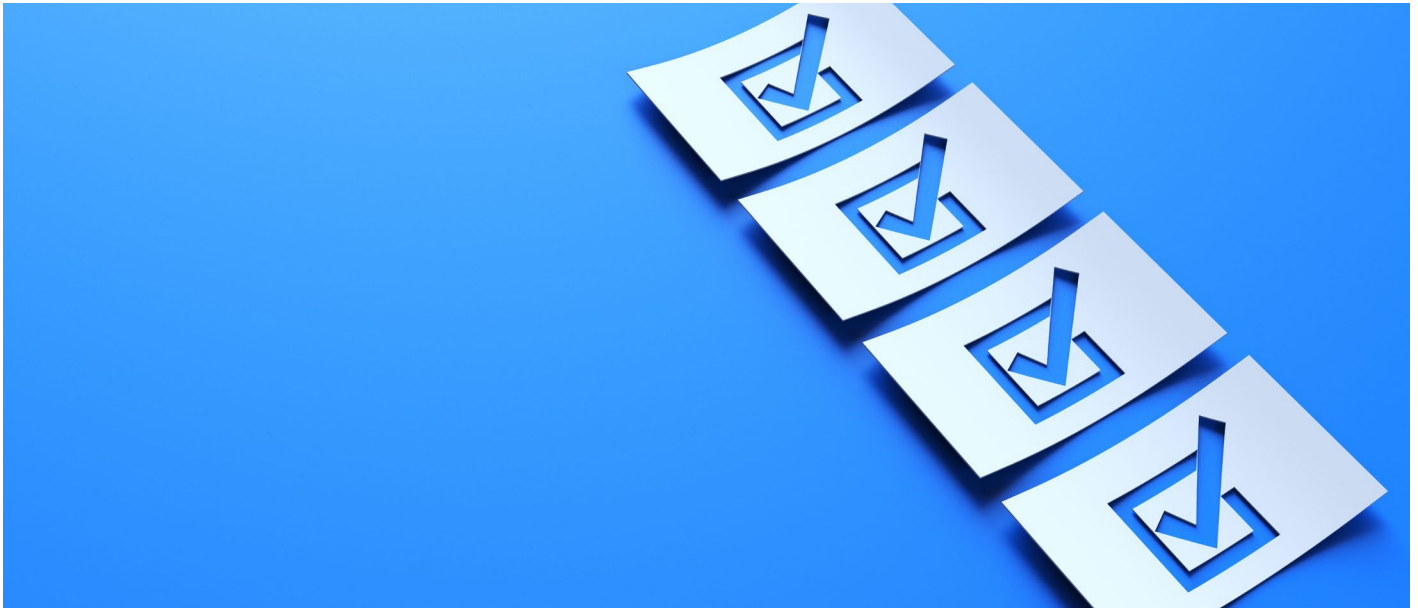


Doctor's inappropriate relationship with patient leads to breaches of prescribing practice and professional conduct



Key messages from the case

Doctors who commence a treating relationship with partners, family members or close friends can find their professional judgment compromised. They risk providing inappropriate treatment and putting patients, others and themselves at risk.

Details of the decision

Four notifications were made to Ahpra about Dr D's treatment and management, including the prescription of S4 and S8 medications, to SB with whom she had an intimate relationship. The Medical Board took immediate action against Dr D due to concerns that she posed a serious risk.

Treating family and friends

After Dr D met SB online, they began a sexual relationship, and SB moved into Dr D's home. The sexual relationship lasted for two months, but SB stayed living in the house until he was arrested by police after a serious domestic violence incident.

Dr D said that she had at first only prescribed SB an antibiotic for a minor skin irritation. However he began to manipulate and verbally and physically coerce her into prescribing drugs of dependence. Over the course of a year she prescribed medications including Oxycodone, Buprenorphine, Tramadol, Diazepam and Methylphenidate. Dr D said she was unaware of SB's history of violence as well as drug and alcohol use when he moved into her house.

She said that SB had deliberately written off his car so he could claim compensation and that he coerced her into writing referrals to specialists to support the compensation claim. She did not provide them with SB's clinical or medication history.

After SB was arrested, Dr D twice contacted the custodial health services claiming to be SB's GP and requesting information about his mental health assessment and plan. She also contacted the police after SB's arrest and advised that she had been asked to write a report as SB's treating practitioner and that in her opinion he was unfit to be in custody and should be released.

She did not disclose their relationship.

Dr D acknowledged that she should have terminated the relationship but had believed that she could "save" him.

Inappropriate prescribing

The tribunal agreed with expert evidence that Dr D's prescribing had been inappropriate.

She had breached professional guidelines that state doctors must not prescribe S8s or psychotropic medications to anyone with whom they have a close personal relationship.

The prescriptions were not clinically justified, and had been prescribed in unreasonable quantities and contrary to prescribing regulations. The quantities of medication had potentially exposed SB to significant harm.

Dr D conceded she had also begun to suspect SB may have been selling some of the medications she prescribed. She also accepted that the medications may have contributed to his mental illness and violence, including an attack on his elderly mother that led to his arrest.

Sexual boundary violation

In treating SB while she was in a relationship with him, Dr D had breached the sexual boundary guidelines. It was not relevant that the intimate relationship had commenced before the treating relationship.

Medical record-keeping and Medicare

The tribunal also agreed with expert evidence that Dr D's medical record-keeping was below the expected standard. She had billed Medicare without documenting the consultation, her referrals to specialists were poor and did not provide information about SB's medication history, or alcohol dependence. This could have posed a significant risk to SB's health.

Outcome

The Medical Board took immediate action to suspend Dr D's registration.

The tribunal upheld the Medical Board's decision.

Even if Dr D had been acting under duress, her prescribing and treatment had put the patient and others at significant risk.

She had shown significant lack of judgment over an extended period. Despite opportunities to do so, she had failed to seek support to end the treating relationship. It was not an appropriate justification to say that she was too embarrassed to seek help.

The tribunal was also concerned that Dr D's professional breaches had continued after SB was removed from her home, and there was no evidence she had taken any steps to remedy the issues of concern.

Key lessons

It is never appropriate to engage in a sexual relationship with a current patient.

Do not enter a doctor-patient relationship with a family member or close friend and wherever possible refer family members to another practitioner for ongoing care.

If you do need to provide care for a friend or someone with whom you have a relationship, avoid informal consultations - try to ensure they see you in a clinical context and ensure that you keep appropriate records.

Never prescribe Schedule 8 medications, drugs of dependence or psychotropic medications to anyone with whom you have a close personal relationship.

If you do find yourself in a situation where you realise your professional judgment has been compromised, seek help from Avant or from one of the doctors' support services.

References and further reading

- Avant factsheet - [Boundary issues 2020](#)
- Medical Board of Australia Guidelines: [Sexual boundaries in the doctor-patient relationship](#)
- Avant factsheet - [Treating family members, friends or staff](#)
- Medical Council of NSW - [Guideline for self-treatment and treating family members](#)
- Avant key support services - [avant.org.au/WorkArea/DownloadAsset.aspx?id=23622326971](#)

For more information or immediate medico-legal advice, call us on 1800 128 268, 24/7 in emergencies. [avant.org.au/mlas](#)



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