

# Treating family, friends or those you work with



## Quick guide

- Avoid treating anyone with whom you have a close personal relationship, except in an emergency.
- Avoid treating those with whom you work and their families wherever possible.
- Never prescribe Schedule 8, psychotropic medication and/or drugs of dependence or perform elective surgery or procedures, to anyone with whom you have a close personal relationship.
- If you do need to provide treatment, document your treatment carefully and refer to another practitioner as soon as possible.

The Medical Board of Australia's code of conduct says that whenever possible, doctors should avoid providing medical care to anyone with whom they have a close personal relationship. The code also says doctors must not provide the following types of care to anyone they are close to:

- prescribing Schedule 8, psychotropic medication and/or drugs of dependence
- performing elective surgery, including cosmetic surgery.

The code recognises that it may be unavoidable to provide care in some situations, such as emergencies. If you do provide such treatment, you may be called on to justify your actions to the regulatory body in your state or territory.

## Why should I avoid treating family and friends?

There are a number of reasons why providing care to close friends, family members, or those with whom you work can be unsafe and inappropriate.

### Lack of objectivity and professional distance

Taking and/or providing a complete history or full physical examination may be uncomfortable for you and/or the patient and may result in you not completing a full assessment. You may find it awkward and/or refrain from asking sensitive questions. Conversely it may be difficult for the patient to disclose sensitive information to you, so you may miss vital information.

It can be very challenging to maintain objectivity. For example, you may feel pressured to provide a particular treatment that you would not otherwise provide. And what you know about the person outside of the consultation room might influence your management of them, for example if they are non-compliant with medication.

### Inaccurate/incorrect diagnosis

Lack of objectivity and professional distance means you may not gather full or accurate information, which in turn can lead to missed or inappropriate investigations, referrals, treatments or diagnosis.

## Inappropriate prescribing

Doctors may find themselves facing disciplinary action if they are persuaded to prescribe medication to family members or friends. Read the following case studies.

[GP misconduct: long-term prescribing for family](#)

[Emergency physician reprimanded for providing intravenous anaesthetic to partner](#)

In some cases, prescribing has occurred over long periods. However, one-off requests for inappropriate prescriptions may also occur in informal situations outside the doctor-patient relationship.

In South Australia it is illegal to prescribe Schedule 8 drugs for family members unless it is a verifiable emergency. In other states and territories, even though there is no legislation prohibiting medical practitioners from prescribing Schedule 8 medication or other drugs for family and friends, all doctors are expected to comply with the code of conduct which says to never prescribe Schedule 8, psychotropic medication and/or drugs of dependence to such people.

Every prescription you write comes with clinical, ethical and legal responsibilities including the obligation to prescribe only where there is clinical justification, and to make appropriate records of prescriptions.

### Discontinuity of care

A significant risk is a lack of continuity of care, particularly where a doctor is persuaded to just write up a script or referral or conduct a 'corridor consultation'.

In these circumstances, documentation may be informal or non-existent and there may be no proper handover or follow up. Patient care can be severely compromised if other treating practitioners are unaware of previous treatment or medication, or of differential diagnoses that have already been considered.

### Damage to personal relationships

During a consultation, you may find out something about the individual's medical history or circumstances that you would rather not know.

An unforeseen outcome may result in conflict within the family or other relationships.

Your treatment may also lead to conflict within your personal relationship with the patient if they experience an unexpected outcome.

### **Why is treating those with whom you work problematic?**

Many of the above issues also apply to treating those with whom you work and their families, and there are some additional issues to consider in this situation.

### **Privacy**

A colleague or staff member with whom you work with may access the medical record of another colleagues, staff members or a family member/friend without a clinical need to do so. This may be a breach of privacy and a notifiable data breach. The situation could escalate if the colleague or staff member who accessed the medical record discusses it with other people.

### **Complete and accurate clinical records**

You might be tempted to mask a record (for example, by using a false name) or not include sensitive information in the medical record (for example, excluding information about the colleague or staff member's mental or sexual health to protect their privacy). This would be an inaccurate and incomplete medical record, and put any other treating doctor at risk of making treatment decisions without a full picture of the patient's care.

### **Conflict of interest**

If you gain knowledge about a staff member or colleague's medical condition because they are a patient, you cannot use that knowledge for employment issues such as fitness for work. You might be asked to write a worker's compensation certificate arising from an injury at work, which could create a conflict of interest between you as a practice owner/doctor and you as a treating practitioner.

### **Damage to employment relationships**

Your knowledge of a staff member or colleague's medical history or personal circumstances may impact your management of the employer-employee relationship and could potentially lead to concerns about discrimination.

If your employment relationship breaks down, this could also compromise the treating relationship.

### **Billing**

A staff member, colleague or family of the staff member or colleague may expect a discounted or free service.

### **Is it ever appropriate to treat family, friends or those with whom you work?**

It is important to be aware of the risks and carefully manage treatment requests from those close to you.

If you practise in an isolated or rural community it is not uncommon for your professional and private lives to intersect. It can be harder to maintain boundaries, particularly if there is no other doctor you can refer patients to.

While you should not serve as a primary or regular treating practitioner for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Take care to avoid a situation where you become a primary or regular treating practitioner for anyone close to you.

If you do have patients in your practice who are staff members, colleagues or who are known to staff or colleagues, make sure you have formal structures and policies in place to manage the situation. This would include details about who can access the medical records, guidelines about staff and colleagues who request a script or an opinion for a family member or themselves. Having policies in place can assist doctors to say no if they are concerned about a request for treatment.

In emergency settings or isolated settings where there is no other qualified doctor available, it is appropriate to treat family members, friends or those you work with until another doctor becomes available.

### **If you do choose to treat family, friends, those with whom you work and their family:**

- Set boundaries and expectations about the treatment you will provide including that you will:
  - inform their treating practitioner about your treatment
  - only prescribe medications you are legally and professionally authorised to prescribe.
- Avoid engaging in 'corridor consultations' – ensure that consultations are formal and appropriate time is set aside for you to make considered clinical decisions.

- Consider objectively whether a reasonable standard of care requires a full history, medications list, examination or other investigations before you prescribe any medication.
- Keep detailed medical records.
- Arrange follow-up if required.
- Communicate any treatment and advice you've given to their treating practitioner.
- Ensure there are appropriate systems in your practice to protect against privacy breaches.

### **What about treating yourself?**

Self-prescribing is inappropriate and a breach of the code of conduct. The code states that good medical practice involves:

- having a general practitioner
- seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment
- not self-prescribing.

Self-prescribing and self-administering medication may also be illegal except in emergency situations. Most states and territories prohibit self-prescribing Schedule 8 medications such as opioids. Some also prohibit self-prescribing or self-administering other medications such as schedule 4 medications, anabolic steroids, benzodiazepines, pregabalin or barbiturates.

Interns are only permitted to work in accredited intern positions and are not permitted to carry out any clinical work outside their allocated intern position including self-prescribing.

## Additional resources

Medical Board of Australia, [Good medical practice: a code of conduct for doctors in Australia](#)

Medical Council of NSW, [Guideline for self-treatment and treating family members](#)

Avant webpage, [Prescribing safely](#)

Avant case study, [Doctor disqualification: self-prescribing case](#)

Avant case study, [GP's misconduct: long-term prescribing for family](#)

Avant case study, [Emergency physician reprimanded for providing intravenous anaesthetic to partner](#)

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