

**Department of Health
Medical Quality Assurance Commission**

Policy and Procedure

Title:	Self-Treatment or Treatment of Immediate Family Members	MD2013-03
References:	American Medical Association Code of Ethics, E-8.19 Self-Treatment of Immediate Family Members.	
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POLICY

The Medical Quality Assurance Commission believes that practitioners generally should not treat themselves or members of their immediate families.¹ Professional objectivity may be compromised when an immediate family member or the practitioner is the patient; the practitioner's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.

Practitioners 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 practitioner 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, practitioners may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a practitioner'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 practitioner.

¹ This policy is taken largely from the statement of the American Medical Association, E-8.19 Self-Treatment of Immediate Family Members.

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 practitioner or decline a recommendation for fear of offending the practitioner. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, practitioner 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 practitioner available, practitioners should not hesitate to treat themselves or family members until another practitioner becomes available. In addition, while practitioners 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. Documentation of these encounters should be included in the patient's medical records.

Practitioners should be aware that RCW 18.130.180 (6) prohibits a practitioner from prescribing controlled substances to him or herself. The Commission strongly discourages prescribing controlled substances to family members.