



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.

If circumstances exist where there is no practical alternative but to treat yourself or those close to you, you must provide best practice care consistent with what you would provide to any other patient with the same condition and under similar circumstances.

In those circumstances when treatment is provided, you must inform the patient's usual general practitioner or healthcare provider (with the patient's consent).

There are some situations where you must not treat yourself or those close to you. These are:

- issuing medical certificates, death certificates, and conducting medical assessments for third parties
- providing psychotherapy
- providing recurring treatment or ongoing management of an illness or condition
- performing complex procedures
- performing sensitive¹ examinations
- prescribing medication with a risk of addiction or misuse, controlled drugs, and psychotropic medication (the only exception is in an emergency).

Introduction

As a doctor, you are responsible for ensuring that the treatment you provide meets acceptable clinical, professional and ethical standards.

Council recognises that doctors generally exercise good clinical and professional judgement when faced with situations where they have to decide whether to treat themselves or someone close to them.

Self-treatment or treating those close to you can compromise objectivity, impair clinical decision-making, and may not align with the patient's best interests, resulting in you providing substandard treatment despite your best intentions. Impartiality and transparency are essential to safeguard patient welfare and your professional responsibilities.

¹ 'Sensitive' is used here as a preferred term for 'intimate'.

Terms we use in this statement

Minor condition/minor ailment

A non-urgent, non-serious condition that requires only short-term, episodic, routine care, and is not likely to be an indication of, or lead to, a more serious, complex or chronic condition, or to a condition that requires ongoing clinical care and monitoring. Complex or chronic conditions are not considered minor conditions, even where their management may be episodic in nature.

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. They may include family/whānau members, friends and/or colleagues 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 may include prescribing medication and other substances, ordering and performing tests, conducting physical examinations, and providing care or management of an illness or condition.

Avoid treating 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 close personal relationship can adversely affect 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 (GP) to provide ongoing care and objective treatment of any health conditions². Your GP is also best placed to ensure your clinical records reflect your long-term health needs and management.
3. Those close to you may change over time. You should be alert to changes in relationships, such as if a friendship or emotional connection develops. This applies to any relationship including with your patients, and your family/whānau members, friends and/or colleagues.³

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

4. Think carefully before you treat yourself or someone close. Some aspects of your practice that may be impacted are listed below. 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 affect your judgement, leading you to refrain from asking questions, minimise their concern or, conversely, over-treat them.

² Our webpage on 'Doctors' health' explains further why a doctor should have their own general practitioner.

³ See also Council's statements on *Professional boundaries in the doctor-patient relationship*, *Sexual boundaries in the doctor-patient relationship* and *Ending a doctor-patient relationship*.

- d. Your intention to give 'the best care' to those close to you may result in you providing treatment beyond what would be considered best practice.

Professional boundaries

- e. You may be inclined, or feel pressured, to provide treatment outside your scope of practice, and beyond your level of skill and competence.
- 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.
- g. You may learn of sensitive information about people close to you which could affect your relationship with them or, put you in a difficult or compromising situation with respect to others close to you.

Patient care and outcomes

- h. You or those close to you may be reluctant to discuss personal and sensitive issues, which could affect your clinical decisions and their care.
- i. The patient's decisions may be unduly influenced by your opinion.
- j. The patient may be reluctant to seek a second opinion or to decline your recommendation because they do not want to offend you.
- k. You may not have access to the patient's notes to record the consultation or treatment provided, therefore disrupting continuity of care.
- l. Your relationship with those close to you may be impacted by unsuccessful treatment or by failure to meet the patient's expectations.

Where there is no practical alternative but to treat yourself or those close to you

- 5. Wherever possible, you should not treat yourself or those close to you. In circumstances where there are no practical alternatives, you may have to treat yourself or those close to you. In those instances, you must:
 - a. Conduct an appropriate and adequate assessment of the patient's condition.
 - 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 documenting the clinical encounter at the time of treatment, or as soon as possible afterwards, and sharing it with the patient's GP or specialist (with the patient's consent).
 - 6. Exercise your professional and clinical judgement when managing one-off minor ailments that you or those close to you may have. However, the management of long-term conditions must always be initiated and maintained by your, or the patient's, GP or specialist.
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Additional measures in circumstances where you may have to treat yourself or those close to you

In a medical emergency

7. A medical emergency is a sudden, unforeseen injury, illness or complication that requires immediate or urgent attention to save life or prevent further injury, pain or distress. You may be required to treat yourself or those close to you if no other appropriate health professional is available.⁴
8. 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
9. If you treat yourself, contact your GP to update your medical history, and to seek ongoing care if required. If you treat someone close in an emergency, 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, with the patient's consent.

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

10. In some communities, such as in remote settings, there may be a significant degree of community inter-connectedness and inter-dependence, so that social interaction with patients may be unavoidable. In these settings with very limited alternatives for care, you may be responsible for providing ongoing treatment to those close to you. Where practicable, ensure that any treatment you provide occurs in a professional/clinical setting.
11. You should use your best judgement to continuously manage personal and professional relationships, including being alert to relationships evolving over time. This is to avoid compromising your clinical decisions, the patient's care, and your professional relationships.
12. You must adopt a low threshold for referring these patients to another doctor for consultation, whether in person or by telehealth, and for seeking advice from colleagues.⁶

When you must not treat yourself or those close to you

13. Some situations pose a higher risk of compromising your integrity as a doctor. In these situations, you must not treat yourself or those close to you, even in exceptional circumstances.

You must not:

- 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. provide psychotherapy

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*.

- d. provide recurring treatment or ongoing management of an illness or condition
- e. perform complex procedures
- f. perform sensitive examinations
- g. prescribe or administer medication with a risk of addiction or misuse
- h. prescribe controlled drugs, as specified in the Misuse of Drugs Act 1975
- i. prescribe psychotropic medication.

Exception to paragraphs 13g-i

14. The only exception to prescribing or administering the types of medications listed at paragraph 13g-i is in an emergency. For example, you may need to prescribe medications such as antipsychotics or antidepressants to a patient who may come to harm if they miss a dose, or administer morphine to a patient with a fracture. In those instances, you should only prescribe or administer enough medication to meet any immediate needs. Ensure that you maintain continuity of care by documenting the care provided and briefing the health professional responsible for the patient's ongoing care.

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