

Treating family and staff members in General Practice

Treating family members and staff at the practice can be problematic for a GP and requires careful consideration of the potential risks and challenges that may arise. Having a close personal relationship with a patient may make it difficult to maintain clinical objectivity, and could impact the normal doctor-patient relationship.

When considering whether to treat those with whom you have a personal relationship with, doctors should be aware of the relevant section of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners (available on the Medical Council website).

Treatment of relatives

60.1 You should not treat or prescribe for members of your family or others with whom you have a close personal relationship except in emergencies. You must not prescribe controlled substances for them or issue sick certificates or reports for them except in emergencies.

Treating family members and staff should be discouraged unless absolutely necessary, i.e., no other GP practice in the area.

Challenges

Challenges can arise when treating staff and family members as patients at the practice. The following are some examples of potential issues that may arise:

- It may be challenging for GPs to maintain clinical objectivity when treating a family member or colleague, which may, in turn, undermine the normal doctor-patient relationship and cause concerns about confidentiality.
- There may be clinical scenarios that put the doctor in a very difficult position. If, for example, a staff member sought advice regarding drug or alcohol abuse, the GP would be in a very difficult position of having to care for the patient while also taking into account their responsibilities as an employer and their duty to ensure patient safety.
- Staff may have difficulty in talking openly and discussing personal issues with the doctor, knowing that they are also their employer thus hampering the doctor-patient relationship.
- Problems may arise where the GP becomes aware of confidential information affecting performance e.g. (health conditions or social/ family circumstances) by virtue of having treated the staff member.
- If a doctor declines to issue a sick certificate to a member of staff on clinical grounds, they could be criticised as not acting in the patient's best interests but instead suiting the needs of the practice.

Informal prescribing to family and staff

GPs who prescribe medication for their family members or practice staff on an informal basis are also putting themselves at significant professional risk and may be subject to criticism. In addition, doing so may have implications for patient safety and continuity of care of the patient. If you decide to prescribe for family

members or others with whom you have a close personal relationship with you should make a clear record justifying why there was no alternative available at that time. Where possible, any such prescribing should be conditional upon the person agreeing to you notifying their own GP of the medication you prescribe.

No other alternative

Given the geographical location of some practices, in particular in remote rural communities, there will be occasions where staff do not have easy access to an alternative GP for medical care. In such scenarios, treating staff is unavoidable. Consequently, the practice needs to be aware that in such situations issues of objectivity and confidentiality may arise.

Confidentiality

All patients should expect their information to be kept confidential and this should extend to members of staff if they are patients of the practice. If it is necessary for the practice to have staff members as patients, special consideration should be given to ensuring their information is kept strictly confidential. It should be explained to the member of staff when accepting him / her as a patient that there is a risk that another member of staff may inadvertently see their records, although the practice will do as much as reasonably practicable to maintain confidentiality. It is important to ensure that all staff sign a confidentiality statement / agreement to safeguard against such issues.

Practices should draw up their own policy as to how they are going to deal with treating members of staff. If you have any specific queries in relation to treating staff and family members, please contact a member of the Medisec team.

“The contents of this publication are indicative of current developments and contain guidance on general medico-legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice”.