Treating family, friends and staff – be careful!

Suzanne Creed explores the risks and challenges in treating family, friends and staff members, highlighting practical strategies to navigate these scenarios

TREATING FAMILY, FRIENDS and staff members as a GP presents a unique set of risks and challenges. The consequences of such may impact the doctor-patient, work and personal relationships. While it may seem convenient and caring to provide medical care to those close to you, it can lead to ethical dilemmas, compromised objectivity, occupational and other conflicts of interest. It can be difficult to say 'no' to a family member, friend or staff member. However, this will be necessary on most occasions to comply with your ethical obligations.

As a starting point, when considering treating those with whom you have a close personal relationship, doctors should be aware of their ethical and professional obligations as outlined by the Irish Medical Council (IMC). The IMC's Guide to Professional Conduct and Ethics for Registered Medical Practitioners,[1] states at paragraph 48:

"In relation to people with whom you have a close personal relationship:

- You should not treat, prescribe or issue sick certificates or reports except in emergencies
- You must not prescribe controlled substances except in emergencies."

Hence, treating family members and staff should be strongly discouraged unless absolutely necessary, eg. in emergencies or if no other GP practice is in the area. The IMC guidance provides strong caution around this issue, while also giving the GP an irrefutable reason to politely decline.

Challenges with treating family and friends

Challenges may arise with any aspect of the consultation process when treating family and friends.

History taking: As the doctor, you may be reticent to ask sensitive detailed questions about the patient's history. Similarly, the patient may not divulge sensitive information. This omission of vital clinical information could be diagnostically misleading and seriously impact patient safety.

Examination: Undertaking the necessary clinical examination could be embarrassing for both parties, in particular where an intimate physical examination may be necessary. There may also be a tendency to overlook symptoms based on familiarity with the patient and thus make an incorrect diagnosis or result in a delay in diagnosis.

Investigations: When providing care to someone close to you, you may feel pressured to prioritise their requests, over or under investigating, diverging from your professional judgment. This could compromise the quality of care provided.

Diagnosis and follow-up plan: A key risk of treating family and friends is the potential for compromised clinical objectivity. Treating a family member or friend can pose a real challenge in applying the appropriate level of objectivity.

Personal biases, inside knowledge and preconceived ideas about that friend or family member's medical history could all impact your clinical judgment and potentially result in suboptimal care. The family member or friend may be reluctant to follow your advice or you may make a decision not to refer as quickly as you would a regular patient.

They may disagree with the advice provided or be hesitant to ask for another opinion for fear of offending you. Where the patient needs follow-up and ongoing treatment, what started as a once-off episode of care could result in you being entwined in their ongoing medical care.

In order to provide good medical care, the doctor-patient relationship should be built upon trust, confidentiality and professionalism. Issues such as patient consent, confidentiality, and maintaining good clinical records are all essential elements of high-quality patient care. It may be challenging to apply the same high standards of good medical practice as you would to a patient in the clinical setting of a general practice when providing care to a family member or friend, commonly in a non-clinical setting such as your own home.

Emotional burden: What happens if it all goes wrong? This can strain personal relationships while adversely impacting family dynamics. Providing medical care to family and friends can create emotional and psychological burdens for the doctor, as they may feel responsible for the health outcomes of their family members or friends.

Challenges with treating staff

While it may appear convenient for staff to receive medical care in the practice where they work, there are several ethical, legal and practical issues as to why this practice should be avoided where possible. Similar issues to treating family and friends may arise.

Treating staff as patients also blurs the lines of the employer/employee relationship and may lead to conflicts of interest. A clear example would be if the staff member ever suffered a workplace-related injury or work-related stress There are several barriers to providing safe care when treating staff as patients. These include:

- Absence of a complete medical history
- A risk of a 'corridor consultation' happening without a full history being taken or consultation notes being made
- Staff may have difficulty in talking openly and discussing personal issues with the doctor, knowing that they are also their employer, thus seriously compromising the doctor-patient relationship
- 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
- Problems may arise where the GP becomes aware of confidential information affecting performance, eg. (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
- If you have staff as patients, how can you ensure confidentiality of the clinical records? Most GP IT systems will allow you to seal the record to help protect confidentiality but difficulties can arise where inadvertent breaches of confidentiality could occur – eg. incoming post about the patient/employee being seen by their work colleagues.

When there is no alternative

Given the geographical location of some GP practices, in particular, in rural locations, there will be occasions when staff do not have timely access to an alternative GP for their healthcare. In such instances, treating staff is unavoidable, but it should be the exception rather than the norm. It is imperative in such situations that you and your colleagues are aware of the potential issues that may arise.

Prescribing in cases where there is a close personal relationship

The Medical Council's ethics guide is clear on this issue and states that where people with whom you have a close personal relationship are concerned: "You should not … prescribe …except in emergencies".[1] Failure to follow such guidance by prescribing for family members or friends poses a significant professional risk and could result in you being subjected to criticism. Prescribing in such a manner may also have implications for patient safety and continuity of care, in particular where you don't have access to their full medical history, including drug allergies and other medications they are on.

If you decide to prescribe for family or friends, 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.

Medical records and confidentiality

As with all clinical consultations, it is important to keep accurate clinical records that reflect the care provided. In the event of providing care to staff, or family members in emergencies, the same principles of good medical records apply. Obligations regarding secure storage of medical records remain even if a consultation did not take place in a clinical setting. In line with your ethical obligations, as outlined in the IMC ethics guide,[1] details of such consultations should be communicated to the patient's own GP with their explicit consent.

If you 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 them as a patient that there is a risk that another member of staff may inadvertently see their records.

The practice should do as much as reasonably practicable to maintain confidentiality. This would include ensuring all staff sign a confidentiality statement/agreement, and only accessing patient records in line with the duties of their role to safeguard against such issues.

Conclusion

Treating family, friends or staff members as a GP presents a myriad of risks and challenges with the potential to impact both the doctor-patient relationship and personal dynamics. Providing medical care in these situations requires careful navigation and proactive strategies.

Having open communication and candid discussions with family, friends and staff members can minimise the impact on personal relationships while upholding ethical and professional standards of care. Such conversations will inevitably be difficult, and you may encounter resistance. However, setting clear boundaries from the outset, and strongly advocating that they seek medical care from their own GP reduces your risk of encountering such dilemmas and provides safer care for your loved ones.

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References
1. The Irish Medical Council, Guide to Professional Conduct and Ethics for Registered Medical Practitioners. (9th Edition, 2024): guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf (medicalcouncil.ie)