



## Opinion Medico-Legal

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# Treating family members, friends, and staff: Ethical, clinical, and professional considerations

*Directing loved ones and staff to their own doctor is not only ethically indicated, but also promotes safer, more effective care, writes Ms Stephanie O'Connell*

**D**octors may be asked to provide medical care to individuals with whom they have close personal relationships, including family members, friends, or staff employed within their practice. While such requests may arise from convenience, trust, or perceived accessibility, they present a distinct set of ethical, professional, and medico-legal challenges. Having a close personal relationship with a patient may make it difficult to maintain clinical objectivity and could impact the normal doctor-patient relationship.

This article outlines the key ethical obligations relating to the treatment of family members, friends, and staff, highlights the clinical and professional risks involved, and explores practical strategies to navigate situations where treatment may be unavoidable.

### Regulatory and ethical framework

When considering whether to treat those with whom they have a close personal relationship, doctors should be aware of the relevant section of the Irish Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*, ninth edition, 2024 ('the Guide'). Paragraph 48 of the Guide states:

"48.1 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."

As such, treating family members, friends, or staff should be strongly discouraged and avoided wherever possible.

Exceptions may arise in emergencies or in settings where no reasonable alternative source of medical care is available, such as in isolated or rural communities. Even in such cases, treatment should be limited, carefully justified, and documented.

### Challenges in treating family members and friends

Treating family members or friends can affect every stage of the clinical consultation process, from history taking through to diagnosis, management, and follow-up. Some of the key challenges include:

#### ► History taking and disclosure

Both doctor and patient may find it difficult to engage fully in sensitive discussions. The doctor may feel reluctant to ask intrusive or personal questions, while the patient may withhold important information due to embarrassment or discomfort. Such omissions can result in incomplete

clinical information, increasing the risk of misdiagnosis or inappropriate management and potentially compromising patient safety.

#### ► Clinical examination

Physical examination, particularly if an intimate examination is required, can be uncomfortable for both parties. This discomfort may lead to avoidance or inadequacy of examination, again increasing the risk of missed or delayed diagnoses.

#### ► Investigations and management decisions

Doctors may feel pressured to prioritise the needs or preferences of a family member or friend. This may manifest as over-investigation, under-investigation, or deviation from standard clinical pathways. Such divergence from usual professional judgement can compromise the quality and consistency of care.

#### ► Diagnosis, follow-up, and referral

Maintaining appropriate clinical objectivity is particularly challenging when treating someone close. Personal knowledge, emotional involvement, or preconceived ideas may influence diagnostic reasoning and decision-making. Doctors may delay referral or escalation of care, while patients may be reluctant to seek second opinions or challenge advice for fear of damaging the personal relationship. What begins as a single episode of care may inadvertently evolve into ongoing medical responsibility, further entangling professional and personal roles.

#### ► Emotional and relational impact

If outcomes are poor, the emotional burden on the doctor can be significant. Adverse outcomes may strain personal relationships, alter family dynamics, and have lasting psychological consequences for both doctor and patient. These risks underscore the importance of avoiding such arrangements wherever possible.

### Challenges in treating staff members

Treating staff members introduces additional ethical, legal, and practical complexities. While it may appear convenient, this arrangement can blur the boundaries between the roles of doctor and employer, creating potential conflicts of interest and undermining trust on both sides. While similar concerns with regard to treating family and friends need to be considered, there is also potential for unique challenges to arise when treating staff members including:

#### ► Barriers to safe clinical care

Several factors can compromise care when treating staff, including absence of a complete and independently obtained medical history, the potential

for informal or 'corridor' consultations without proper documentation, and a reluctance by staff to disclose sensitive personal or psychological issues to their employer.

#### ► Employer-employee conflict

A fundamental concern is the overlap between clinical responsibilities and employment obligations. Situations involving work-related illness, occupational injury, stress, or performance issues are particularly problematic. If, for example, a staff member sought advice regarding drug or alcohol abuse, the doctor would be in the 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.

#### ► Confidentiality concerns

Confidentiality is a cornerstone of medical practice and must apply equally to staff who are patients. However, ensuring confidentiality within a shared workplace is inherently challenging. Risks include inadvertent access to electronic records, visibility of correspondence, or informal disclosure through workplace interactions. Although most IT systems allow records to be restricted or 'sealed', no system is entirely risk-free.

### Prescribing for those with close personal relationships

Prescribing medication for family members, friends or staff, particularly on an informal basis, poses significant professional risk. The Guide is clear that prescribing should not occur and expressly prohibits the prescription of controlled drugs other than in emergencies. Such prescribing may compromise patient safety, especially where the doctor lacks access to a full medical history, including allergies and medications.

Where emergency prescribing is unavoidable, the doctor should:

► Clearly document the clinical rationale and the absence of reasonable alternatives.

► Limit prescribing to what is strictly necessary.

► Seek the patient's consent to notify their own doctor of the medication prescribed.

### Situations where no alternative exists

There may be scenarios where treating staff is unavoidable, for example in remote or rural communities where staff do not have easy access to an alternative doctor for medical care. In such situations, issues of objectivity and confidentiality may arise.

When treatment is necessary, doctors should:

► Be aware of the additional risk to objec-

tivity and confidentiality.

► Ensure that consultations are conducted formally, with appropriate records.

► Communicate clearly with the patient regarding limitations and boundaries.

► Transfer care back to an independent doctor as soon as practicable.

### Medical records and confidentiality

The obligation to maintain accurate, contemporaneous medical records applies regardless of the setting in which care is provided. Consultations conducted outside the usual clinical environment, including emergency care for family or staff, must still be documented appropriately and securely.

With the patient's consent, details of such consultations should be communicated to their own doctor to ensure continuity of care. For staff members who are patients, additional safeguards should be implemented, including:

► Restricted access to their records.

► Clear confidentiality agreements signed by all staff.

► Education regarding appropriate access to patient information.

Staff members who are patients should be informed at the outset of the potential, albeit unintended, risks to confidentiality and the measures in place to mitigate them.

### Policies and boundary setting

Doctors are advised to develop clear policies regarding the treatment of staff and individuals with close personal relationships to them. Such policies provide consistency, transparency, and support for clinicians faced with difficult requests. They also reinforce ethical standards and reduce the likelihood of *ad hoc* or informal arrangements.

Open, honest communication with family members, friends, and staff is essential. While declining requests for care may be uncomfortable, setting boundaries early helps preserve personal relationships and ensures safer, higher-quality medical care for those involved.

### Conclusion

Treating family members, friends, or staff presents a complex array of ethical, clinical, and professional challenges for doctors, with the potential to impact patient safety, confidentiality, and personal relationships. While motivations may be compassionate, the risks associated with compromised objectivity, blurred boundaries, and conflicts of interest are significant.

Professional guidance from the Medical Council strongly discourages such practices except in emergencies or where no reasonable alternative exists. Adhering to this guidance, maintaining clear boundaries, and advocating for independent medical care are essential strategies for reducing risk. Doctors with specific queries in relation to treating staff and family members should contact their indemnifiers for advice. Ultimately, directing loved ones and staff to their own doctor is not only ethically indicated, but also promotes safer, more effective care for all involved.