

Treating Family and Staff Members in General Practice

Treating people close to you, including family and staff members at the practice, can be difficult for the GP. Having a close personal relationship with a patient may make it difficult to maintain clinical objectivity and could impact the normal dynamic of a doctor-patient relationship. Such situations require careful consideration by the GP, who should be mindful of the potential risks and challenges that may arise. We recommend that practices have a policy in place in respect of treating family and staff members, which will ensure there is no ambiguity and expectations are managed at the outset.

When considering whether to treat someone with whom you have a close personal relationship, doctors should be aware of the relevant section of the Medical Council's Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024 (available on the Medical Council website). Paragraph 48 provides:

48. Treating people close to you

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.*

Treating family members and staff should be discouraged unless absolutely necessary, i.e., in an urgent situation where they do not have access to their own GP.

Challenges

The following are just some examples of potential challenges that may arise if treating someone close to you:

- It may be challenging for a GP to maintain clinical objectivity when treating a family member, close personal friend or staff member. As mentioned above, this may impact the normal doctor-patient relationship.
- Staff or family members may feel uncomfortable discussing sensitive or personal issues openly, particularly when the doctor is also their employer or relative. They may also be reluctant to undergo necessary intimate examinations.
- 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 a staff member.

- There may be clinical scenarios that put the GP in a very difficult position. If, for example, a staff member sought advice regarding drug or alcohol misuse, the GP may be placed in a challenging predicament where they are conflicted. The GP will be faced with having to care for their patient and addressing their clinical concerns/needs, while also taking into account their responsibilities as an employer and their duty to ensure patient safety.
- If a GP 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.
- Staff or family members may also be reluctant to request a second opinion or seek care from another GP due to concerns around causing offence.

The above factors may inhibit open communication, affect the doctor–patient relationship, and ultimately compromise the quality of care provided.

Informal prescribing to family and staff

GPs who prescribe medication for those with whom they have a close personal relationship on an informal basis are also putting themselves at significant professional risk and may be subject to criticism. In addition, this may have implications in respect of continuity of care and patient safety.

If, in an emergency situation, a GP decides to prescribe for family members or others with whom they have a close personal relationship, they should make a clear record in a risk management file justifying their decision-making process and detailing why there was no alternative available to the person at that time. Where possible, any such prescribing should be conditional upon the person agreeing to notification to their own GP of the medication prescribed. Prior to issuing any prescription, the GP should be aware of all/any other medication the person is taking, any known drug allergies etc, and this conversation should be documented in the risk management file.

No other alternative

Given the geographical location of some GP practices, in particular in remote rural communities, in emergency situations, there will be occasions where staff members do not have easy access to an alternative GP for their medical care. In such scenarios, treating staff members may be unavoidable at some times, but should not remain the norm. Consequently, the GP should be aware that in such situations issues of objectivity and confidentiality may arise and they should ensure clear communication with the individual at the outset to manage expectations and explain that it may be necessary to refer them to a GP colleague in certain circumstances, for example, where there may be a clear conflict between the responsibilities of GP and employer.

Confidentiality

All patients should expect their information to be kept confidential, and this extends to members of staff if they are patients of the practice. If, in some emergency situations, it is absolutely necessary for the practice to have staff members as patients, special consideration should be given to ensuring their clinical information is kept strictly confidential and can only be accessed by other staff members who may appropriately need to do so. It should be explained; however, that there is a risk that another member of staff may inadvertently see their medical records, test

results, correspondence from secondary care etc, although the practice will do as much as reasonably practicable to maintain their confidentiality.

On joining the practice, it is important to ensure that all staff members sign a confidentiality statement / agreement to safeguard against such issues and to ensure that they fully appreciate the fundamental principle of patient confidentiality.

If you have any specific queries in relation to treating people with who you have a close relationship, to include staff and family members, please don't hesitate to contact a member of the Medisec team to discuss.

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.

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