

APPROVED CHANGES BY THE MEDICAL EXECUTIVE COMMITTEE:

2.B. GENERAL CONDITIONS OF APPOINTMENT AND REAPPOINTMENT

2.B.1. Basic Responsibilities and Requirements:

As a condition of consideration for appointment or reappointment, and as a condition of continued appointment, every applicant and member specifically agree to the following:

(t) to not admit, treat or perform any procedures on themselves or members of their immediate family members¹ within a Hartford Hospital facility, except in emergency situations or with prior approval of the CMO or their designee in isolated circumstances where there is no other credentialed medical personnel available;

(u) to not, write prescriptions for controlled substances for themselves at any time or for their immediate family members except in an emergency situation, and in such situation only one prescription for no more than thirty doses of the controlled substance should be written.

American Medical Association Ethical Opinion 8.19: *Self-Treatment or Treatment of Immediate Family Members*

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members. (I, II, IV)

¹ Immediate family members are spouse or civil union partner; natural, adoptive or step parent, child or sibling; father-in-law, mother-in-law, son-in-law, daughter-in-law, sister-in-law and brother-in-law; grandparent and grandchild; and spouse of grandparent or grandchild.