

Policy Title	Providers Caring for Themselves and Family Members Policy	Policy ID	26740
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I. Purpose of Policy

To clearly delineate the expectations for physicians and advanced practice providers related to the care and treatment of themselves or family members.

II. Policy Scope

All physicians and advanced practice providers at Dartmouth Health.

III. Definitions

Care: Services rendered by a licensed independent practitioner for the benefit of a patient that include the diagnosis and management of an illness and its related symptoms.

Family Member: Includes spouse, partner, children, siblings, step-siblings, parents, stepparents, grandparents, step-grandparents or any person living in the same household.

Advanced Practice Provider: An individual licensed as an Advanced Practice Registered Nurse Practitioner, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, or a Physician Assistant who has been granted clinical privileges/scope of practice to provide health services.

Treatment: The specific processes related to providing care to a patient, including the ordering and/or interpretation of laboratory or radiologic tests, the prescribing and/or administration of pharmaceuticals, the ordering and/or administration of non-drug therapies (e.g. supplemental oxygen, ventilation, etc.) and psychotherapy or other condition-specific counseling.

IV. Policy Statement

In keeping with the American Medical Association's (AMA's) Code of Ethics and related advisory opinions, a Dartmouth Health provider should not serve as a primary or regular care provider or otherwise provide medical treatment for themselves or a member of their family.

The concerns of such practice include, but are not limited to, the following:

- Professional objectivity may be compromised.
- The provider's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.
- Practitioners 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 practitioner is an immediate family member.

- When treating themselves or immediate family members, practitioners may be inclined to treat problems that are beyond their expertise or training.
- Providing care could potentially lead to damage in the provider's relationship with that family member, possibly as a result of a negative outcome and absent any fault on the part of the provider.
- Concerns regarding patient autonomy and informed consent are also relevant when providers attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another practitioner or decline a recommendation for fear of offending the practitioner. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, practitioner may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

Exceptions

While in general, providers should not treat themselves or members of their families, it may be acceptable to do so in limited circumstances such as:

- In an emergent situation where there is no other qualified provider available and failing to provide immediate care could lead to increased morbidity or even death. In such situations, providers should not hesitate to treat themselves or family members until another provider becomes available.
- In limited non-emergent situations, and only for only the minimum duration required, in which providing basic routine care (consistent with the provider's authorized scope of practice) can provide some type of symptom relief or enhance the patient's comfort until they can be seen by another provider, especially when not providing that care could lead to a more serious issue.
 - Examples include, but are not limited to, the cleaning and dressing of a wound or the prescription of a broad-spectrum antibiotic to prevent infection, assisting with medication management, demonstrating the proper use of an assistive device, or the administration of a non-prescription analgesic for pain relief.

Prescribing Medications

- Dartmouth Health providers may write prescriptions for themselves or family members (except for their adolescents who are 12-17 years of age) to be filled at the D-H Pharmacy (Outpatient), D-H Pharmacy at Centerra, Cheshire Medical Center Pharmacy, or Dick Hall's House Pharmacy only if the prescription:
 - Is for acute, short-term use (no more than a 30-day supply with no refills).
 - Is charted in the electronic medical record.
 - Is not a controlled substance in schedule I, II, III, IV, or V.
 - Is within the scope of practice of the prescribing provider.

V. References

American Medical Association, Code of Ethics, <https://www.ama-assn.org/delivering-care/ethics/treating-self-or-family>

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