

Case 6.4: Treatment of Family Members and Significant Others—All in the Family

Case Presentation

Dr. Green is completing her internship year at a major teaching hospital. Her brother, Michael, who lives 100 miles away in a rural setting in the same state, has been seeing a psychiatrist for anxiety disorder and depression and has been taking medication for his illness. Without the medication, he suffers from severe panic attacks that force him to avoid most social situations, and he experiences episodic bouts of severe depression. Michael is almost at the end of his medication and has just learned that his psychiatrist is unreachable in the Canadian wilderness on vacation for the next two weeks. He telephones his sister and asks her to call in a prescription refill.

What should Dr. Green do about Michael's prescription? (select an option)

- A. [Tell Michael she can take over writing the prescription for him now that he knows what he should be taking.](#)
- B. [Tell Michael she will write the prescription this time only because it is an emergency.](#)
- C. [Ask a staff psychiatrist at the hospital to write the prescription.](#)
- D. [Tell Michael to find another way to get the prescription filled.](#)

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Option Assessment

- Telling Michael she can take over writing the prescription for him now that he knows what he should be taking should be **avoided**. *Code* Opinion 8.19 states that "Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for...immediate family members."
- Telling Michael she will write the prescription this time only because it is an emergency may be an **acceptable** alternative that does not violate the *Code*. Opinion 8.19, "Self-Treatment or Treatment of Immediate Family Members" states: "Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for...immediate family members."
- Asking a staff psychiatrist at the hospital to write the prescription is **preferable** because there is another physician available who will be in a better position to judge this request by Michael, and because this would remove Dr. Green from a potential conflict of interest. Indeed, the *Code* (in Opinion 8.19, "Self-Treatment or Treatment of Immediate Family Members") allows treatment of family only "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."
- Telling Michael to find another way to get the prescription filled is an **acceptable** alternative that is supported by the *Code* in Opinion 8.19, "Self-Treatment or Treatment of Immediate Family Members" when it admonishes physicians to avoid the role of primary physician for family members because: "physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care."

[Compare these options](#)

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Option Comparison

It is in the best interests of both patients and physicians to avoid having a family member act as the primary physician. Although this may be necessary at times, it should be avoided whenever possible. Accordingly, it is acceptable for Dr. Green to refuse to write the prescription for her brother (option D). Because this is short-term, however, and the failure to fill the prescription has significant risks, option B is also acceptable. Option C (consulting the staff psychiatrist) is preferable to both options B and D because it provides Michael with an alternative means of procuring the refill. Finally, option A, taking on the responsibility of writing Michael's prescription for the foreseeable future, should be avoided.

Preferable: Option C

Acceptable: Options B and D

Avoid: Option A

[Additional discussion and information](#)

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Additional Information

Objectivity plays an important part in good clinical judgment. Previous sections of this chapter have identified how financial considerations can compromise physician objectivity; personal relationships may also undermine physician objectivity and, consequently, diminish the quality of patient care. Clinical relationships with family members and romantic and/or sexual relationships with patients are especially likely to jeopardize patient care. The *Code* addresses both of these:

Opinion 8.19, "Self-Treatment or Treatment of Immediate Family Members"

...Professional objectivity may be compromised when an immediate family member of the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment...Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member....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.

...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.

Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

Opinion 8.14, "Sexual Misconduct in the Practice of Medicine"

Sexual contact that occurs concurrent with the patient-physician relationship constitutes sexual misconduct. Sexual or romantic interactions between physicians and patients detract from the goals of the patient-physician relationship, may exploit the vulnerability of the patient, may obscure the physician's objective judgment concerning the patient's health care, and ultimately may be detrimental to the patient's well-being.

...At a minimum, a physician's ethical duties include terminating the physician-patient relationship before initiating a dating, romantic, or sexual relationship with a patient.

...Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship.

See also Opinion 8.145, "Sexual or Romantic Relations between Physicians and Key Third Parties."

Physician expertise and collaborative decision making are cornerstones of contemporary medical practice. Strong emotional connections to family members or significant others can alter physician judgment in ways the physician may be unable to recognize.

A second concern is that the power imbalance of the patient-physician relationship may be intensified in close personal relationships, inhibiting the family member or significant other from challenging, questioning, or disagreeing with the physician.

The ethical prohibition against romantic relationships or sexual contact with patients is not meant to be a bar to other kinds of non-sexual touching of patients by physicians. In addition to its role in physical examination, non-sexual touching may be therapeutic or comforting to patients. However, even non sexual contact with patients (beyond the appropriate touching of the physical examination) should be approached with caution.

It is of course possible for a physician and a patient to be genuinely attracted to or have genuine romantic affection for each other. However, any relationship in which a physician is (or risks) taking advantage of the patient's emotional or psychological vulnerability is unethical. Therefore, before initiating a dating, romantic, or sexual relationship with a patient, a physician's *minimum* duty is to terminate his or her professional relationship with the patient. These restrictions are more strict for psychiatrists, but all physicians should be aware of possible problems that can arise from these relationships.

[Module 6 Feedback](#)

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Module 6: Conflicts of Interest

Feedback Questionnaire

In Module 6 on conflict of interest, how would you rate the relevance of the cases?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate the explanation of the courses of action?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate the overall coverage of the topic?

- Excellent
- Very good
- Good
- Fair
- Poor

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