

Risk Matters - Physicians Treating Oneself and Family



By Jeffrey A. Woods, JD

A recent article in the Tennessee Medical Association Legal News was entitled, “[Featured Legal News: Medical Licensing boards seeking to “make an example” out of prescribing to self/family.”](#)^[1] The article identifies three physicians who had reported investigations or formal charges brought against them by the medical licensing boards for prescribing to self/family members. One physician reported to the TMA, according to the article, that the licensing board’s medical consultant “wanted to make an example” out of the prescriber. This information is consistent with reports SVMIC has received from its policyholders concerning recent board investigations in several states. Accordingly, we thought this might be a good time to revisit the ethical rules relating to the treatment of self/family.

Driven by their training, expertise, and emotional connection, it is natural for a physician to feel compelled to provide care to a family member. It can also be driven by the belief that no other provider can deliver the level of care that they can provide or by pressure from a

family member who doesn't have the time to be seen by another provider or may not have insurance to cover the visit. Similarly, physicians who treat themselves often do so because of a perceived lack of time to be seen by a colleague. Regardless of the reason(s), both situations raise ethical issues that must be considered.

One of the primary concerns surrounding self-treatment and treatment of family members is the inherent conflict of interest. A physician's judgement may be clouded by personal emotions or familial relationships, potentially compromising objectivity and quality of care delivered and leading to decisions influenced by personal biases rather than strictly clinical considerations.

Patient autonomy, the principle that individuals have the right to make informed decisions about their own medical care, is another critical factor. When a physician treats family, the autonomy of the patient can be compromised because the patient may feel pressured to accept the physician's recommendations due to the inherent power dynamics and personal relationships involved. Additionally, the patient may be reluctant to provide the physician family member with sensitive or embarrassing information while at the same time, the physician may be reluctant to perform sensitive or intimate exams or ask embarrassing questions. Both can lead to inaccurate diagnosis/treatment.

Central to the practice of medicine is the expectation of professionalism and accountability. Physicians are held to high standards of ethical conduct, including putting the patient's best interests above their own. Treating oneself or a family member challenges these principles, raising concerns about whether the physician can maintain the same level of detached, objective care that is expected in professional settings. Similarly, in treating oneself or family, physicians are more likely to treat or prescribe outside their normal area of practice, specialty, and/or training. Whereas, in treating unrelated patients in a normal setting, the physician would recognize the need to "stay in their own lane" and refer the patient to another physician.

To address these complexities, professional governing bodies have developed guidelines to provide clarity on the issue. For instance, the American Medical Association (AMA) states, "In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances..." such as short-term, minor problems or emergency situations. Ongoing care or complex treatments should involve another qualified physician as soon as one is available.^[2] Many state boards have adopted the [AMA Code of Ethics \(Op. 1.2.1\)](#).

State licensing boards also have formal policies addressing self and family member prescribing. For example, in Tennessee, both the [State Board of Medical Examiners](#)^[3] and the [Board of Osteopathic Examination](#)^[4] have adopted formal policies which provide the following language:

Self-Prescribing

- 1) A physician cannot have a bona fide doctor/patient relationship with

oneself. Therefore, except in emergency situations, a physician shall not prescribe, dispense, administer, or otherwise treat oneself.

2) Prescribing, providing, or administering of any scheduled drug to oneself is prohibited.

Immediate Family

1) Treatment of immediate family members should be reserved only for minor, self-limited illnesses or emergency situations.

2) No scheduled drugs should be dispensed or prescribed except in emergency situations.

Some state legislatures have proposed laws to codify the prohibition against prescribing scheduled drugs to oneself or family members except in acute, emergency situations.^[5]

It is important to note that in the AMA Code of Ethics as well as the Policy statements of the state boards identified above, it is mandatory that proper records/documentation of the treatment or care be maintained and provided to the patient's primary care physician on a timely basis even if the patient was only seen for emergency care or for short-term, minor problems. As the TMA article notes, the technical "gotcha" violation for physicians is the failure to keep medical records on family member patients.^[6]

The primary area of focus currently, at least in Tennessee, relates to prescribing to oneself or family members. State licensing boards are sometimes notified by pharmacists when a prescription is presented to be filled which indicates a familial relationship between the patient and prescriber. The TMA article states, "At this time, the TMA legal department cautions physicians NOT to prescribe medications to immediate family members for minor, self-limited, short duration illnesses; only for emergencies, and to keep a medical record on the encounter." At SVMIC, we believe this to be a sound recommendation that should be followed not only by our Tennessee policyholders, but those who practice in other states as well.

Should you have any questions or concerns relating to this article, please contact an SVMIC Claims Attorney or a member of the Risk and Practice Management Department by emailing us at ContactSVMIC@svmic.com or calling us at 800-342-2238.

[1] TMA News May 21, 2024. <https://www.tnmed.org/news/what-you-need-to-know-about-the-medical-licensing-boards-seeking-to-make-an-example-out-of-prescribing-to-self-family/>

[2] AMA Code of Ethics 1.2.1. <https://code-medical-ethics.ama-assn.org/ethics-opinions/treating-self-or-family>

[3] Policy Statement Tennessee State Board of Medical Examiners (*revised* May 24, 2017).
https://www.tn.gov/content/dam/tn/health/healthprofboards/medicalexaminers/Self_Prescribing_Policy.pdf

[4] Policy Statement Tennessee Board of Osteopathic Examination (*adopted* March 2, 2022).
https://www.tn.gov/content/dam/tn/health/healthprofboards/osteo/Prescribing_for_oneself_and_one's_family.pdf

[5] Tennessee HB2907 – a proposed bill that has not yet passed. The latest tracking update dated April 1, 2024, lists the bill as “held on desk.”

[6] A component of proposed Tennessee HB2907 (referenced in previous footnote) is the requirement that a physician shall maintain records of all treatment provided under that section.

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