

# Treating Self, Family or Others Close to You

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support regulated members in implementing the CPSA *Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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## Preamble

There may be times you will have to determine if it is appropriate to provide treatment for yourself, family members or others close to you. Despite the best of intentions, your ability to remain objective may be compromised due to the relationship, which puts the individual at risk of not receiving the best quality care.

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This document is intended to provide guidance for regulated members when navigating these situations. All laws, legislation, regulations and CPSA [Standards of Practice](#) apply as they would with a patient in a clinical setting.

## What constitutes “treatment”?

The Canadian Medical Association’s (CMA) [Code of Ethics & Professionalism](#) prohibits the treatment of self, immediate family or anyone with whom a regulated member has a similarly close relationship to unless it is a:

- **Minor** or **emergency** interventions; **and**
- **Only** when another regulated health professional is not available.

The [Code of Ethics & Professionalism](#) specifies there should be no fee for such treatment: regulated members may not claim for services provided to their children, grandchildren, siblings, parents, grandparents, spouse/adult interdependent partner or any person who is dependent on the physician for support.<sup>1</sup>

For the purpose of this document, “treatment” includes all aspects of medical care, such as history-taking, physical examination, ordering of diagnostic tests, making referrals and provision of medical treatment, including prescribing of medications.<sup>2</sup>

Regulated members should not provide recurring episodic treatment for the same disease/condition or ongoing management of a disease/condition, even when the disease/condition is minor. Where additional ongoing care is needed, you are expected to transfer care to another qualified health professional as soon as possible (see the [Transfer of Care](#) standard of practice for more information).<sup>3</sup>

Regulated members must always act within the limits of their knowledge, skill and judgement.

<sup>1</sup> See “Services Not Claimable from the AHCIP” in Alberta Health’s [“Physician Resource Guide”](#) (Aug. 2020).

<sup>2</sup> From CPSBC’s [Treatment of Self, Family Members and Others Close to You](#) Practice Standard (May 2022).

<sup>3</sup> From CPSO’s [Physician Treatment of Self, Family Members, or Others Close to Them](#) Policy (May 2018).

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## PRESCRIBING

If prescribing is required, you must comply with all relevant legislation and prescribing [standards of practice](#).

It is important to be aware that, under the [Controlled Drugs and Substances Act](#) (CDSA), you cannot prescribe or administer narcotics, or controlled drugs or substances for anyone other than a *patient* you are treating in a *professional capacity*. There are no exceptions under the CDSA for prescribing or administering these drugs or substances to non-patients, even in emergencies.<sup>4</sup>

## Evaluating the nature of the relationship

It can be hard to determine if there is a personal relationship with an individual. When this happens, you should consider the potential impact of knowing the individual personally on the quality of the treatment you provide. CMPA has developed [a few questions to help assess the nature of your relationship with individuals](#):

- Could the relationship impact acting in this individual's best interests?
- Could treating this person be difficult because it would be too uncomfortable to ask the questions or perform the examinations required to make a proper diagnosis?
- Could this person feel uncomfortable providing truthful answers or undergoing the examinations that are necessary for the diagnosis?
- Would the relationship with this person make it difficult to maintain patient confidentiality or make a mandatory report?
- Would it be difficult to allow this person to make a personal healthcare decision that does not adhere to the medical advice given?

If you are uncertain about a relationship or providing treatment to someone close to you, you may wish to consider [contacting CMPA](#) for additional guidance.

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<sup>4</sup> See the [Narcotic Control Regulations](#) C.R.C. c. 1041, and the [Benzodiazepines and Other Targeted Substances Regulations](#), SOR/2000-217, under the CDSA.

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## Risks associated with treating self, family or others close to you

Due to the challenges in remaining objective when treating yourself or someone close to you, there may be challenges in maintaining the necessary amount of emotional and clinical objectivity required to exercise professional judgment. This places the treated individual at risk of compromised care and the healthcare provider at risk of not meeting the standard of care. Additionally, close relationships may cause the individual to be uncomfortable revealing personal details you need to provide appropriate care.

For example, you may assume you are already aware of all the relevant information about the individual and feel that taking a full history or conducting a medically indicated examination is unnecessary. This situation could lead to not considering all possible clinical indications for treatment.

### TREATING SELF

While it may seem like ordering and/or reviewing your own investigations, prescribing yourself antibiotics or any other medically indicated therapeutic modality is a reasonable way to relieve some burden on the health system, the same issues of compromised objectivity and not meeting the standard of care exist when you treat yourself.

There are very few instances in which treating yourself is appropriate, and doing so comes at a risk of unprofessional conduct. Again, treating yourself should only occur in accordance with the [Code of Ethics & Professionalism](#).

### TREATING SPOUSES OR SEXUAL/ROMANTIC PARTNERS

In Alberta, a regulated health professional who is found to have committed unprofessional conduct related to sexual abuse of a patient faces the permanent loss of their practice permit, making it vitally important to ensure you are aware of the requirements when treating a spouse or sexual/romantic partner.

In accordance with the [Boundary Violations: Sexual](#) standard of practice and for the purposes of the sexual abuse provisions in the [Health Professions Act](#), a person receiving medical treatment from a regulated member is not considered a patient if the regulated member is their spouse or adult interdependent partner or if they are in an ongoing pre-existing sexual relationship with the regulated member.

However, it is considered unprofessional conduct for a regulated member to provide medical treatment to a spouse, adult interdependent partner or person with whom they

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are in an ongoing preexisting sexual relationship **unless** all the conditions specified in the [Code of Ethics & Professionalism](#) are met:

1. The treatment is limited to a “minor condition” or an “emergency”; and
2. Another physician is not readily available or the individual receiving treatment could reasonably and foreseeably suffer harm from a delay in obtaining the services of another physician.

**Note:** This differs from engaging in a sexual or emotional relationship with a pre-existing patient. Please refer to the [Boundary Violations: Sexual](#) standard of practice and accompanying [Advice to the Profession](#) document.

“Minor condition” is considered a non-urgent, non-serious condition that requires only short-term, routine care and is not likely to be an indication of, or lead to, a more serious condition requiring medical expertise.

An “emergency” is considered to exist when an individual is experiencing severe suffering or is at risk of sustaining serious bodily harm if medical intervention is not promptly provided.<sup>5</sup>

## TREATING FAMILY

Individuals who are considered “family” will vary based on your circumstances and depends largely on the closeness of the relationship. Some examples include, but are not limited to, members of your immediate or extended family, or members of a non-traditional family unit.

When a relationship is personal or close enough that your feelings toward that individual (positive or negative) could reasonably affect your emotional or clinical objectivity and impair your professional judgment, you should refrain from treating them.<sup>2</sup>

## TREATING OTHERS CLOSE TO YOU

Not every relationship you have would necessarily impair your objectivity. However, when a relationship with an individual could reasonably affect your judgement, that individual would be considered “close to you.”

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<sup>5</sup> From CPSA’s [Boundary Violations: Sexual](#) standard of practice (Apr. 1, 2019).

# Treating Self, Family or Others Close to You

Is treating yourself, family or others close to you considered *preferential treatment*? Review the [Professional Courtesy Advice to the Profession](#) document for more information.

Personal or close relationships with other individuals, who are not family members, could also compromise your emotional and clinical objectivity in the same way. These individuals can include friends, colleagues and staff, among others.<sup>3</sup>

While you may have the best of intentions, there is also the possibility that someone close to you may begin to feel entitled to preferential treatment that could leave you open to crossing the line of professional boundaries. For more information, please see the [\*Boundary Violations: Personal\*](#)

standard of practice and accompanying [\*Advice to the Profession\*](#) document.

## Rural and geographically isolated<sup>6</sup> communities

The expectations set out in this document also apply in rural and isolated communities. While CPSA recognizes that regulated members in these communities often have relationships of varying degrees with many or all of the individuals seeking treatment, the risks associated with compromised objectivity and professional judgment still apply.

The care you can provide for an individual will depend on the nature of your personal relationship. If the personal relationship between you is not close and does not fit either the definition of “family member” or “others close to you,” you should reasonably be able to act as that individual’s treating physician.<sup>6</sup>

## Communicating treatment provided

If you provide treatment to a family member or someone close to you, it is important to explain the importance of sharing information about the treatment with their primary care provider.<sup>6</sup>

Documentation of medical treatment is essential for providing safe, high-quality health care. Complete and accurate medical records improve communication in collaborative care models, support [\*continuity of care\*](#) and help identify patterns or issues that can

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<sup>6</sup> From CPSO’s [\*Physician Treatment of Self, Family Members, or Others Close to Them\*](#) Advice to the Profession: isolation could be based on geography, culture, language, etc.

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influence the course of health care.

## Resources

CPSA team members are available to speak with regulated members who have questions or concerns. Please contact 1-800-561-3899 or [support@cpsa.ca](mailto:support@cpsa.ca).

## GLOSSARY

**Emergency:** an “emergency” exists where an individual is apparently experiencing severe suffering or is at risk of sustaining serious bodily harm if medical intervention is not promptly provided.

**Family member:** an individual with whom the regulated member has a familial connection **and** with whom they have a personal or close relationship, where the relationship is of such a nature that it would *reasonably affect* the regulated member’s professional judgment. This includes but is not limited to: the regulated member’s spouse or partner, parent, child, sibling, members of the physician’s extended family, or those of the physician’s spouse or partner (for example in-laws).

**Others close to you:** *any other* individuals who have a personal or close relationship with the regulated member, whether familial or not, where the relationship is of such a nature that it would *reasonably affect* the regulated member’s professional judgment. This may include, but is not limited to, friends, colleagues and staff.

**Minor condition:** A non-urgent, non-serious condition that requires only short-term, episodic, routine care and is not likely to be an indication of, or lead to, a more serious condition or a condition which requires ongoing clinical care or monitoring.<sup>6</sup>

## RELATED STANDARDS OF PRACTICE

- [Boundary Violations: Personal](#)
- [Boundary Violations: Sexual](#)
- [Cannabis For Medical Purposes](#)
- [Code of Ethics & Professionalism](#)
- [Continuity of Care](#)

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- [Patient Record Content](#)
- [Prescribing: Administration](#)
- [Prescribing: Drugs Associated with Substance Use Disorders or Substance-Related Harms](#)
- [Safe Prescribing for Opioid Use Disorder](#)
- [Transfer of Care](#)

## COMPANION RESOURCES

- Advice to the Profession:
  - [Boundary Violations: Personal](#)
  - [Boundary Violations: Sexual](#)
  - [Cannabis for Medical Purposes](#)
  - [Continuity of Care](#)
  - [Prescribing: Administration](#)
  - [Prescribing: Drugs Associated with Substance Use Disorder or Substance-Related Harms](#)
  - [Professional Courtesy](#)
  - [Safe Prescribing for Opioid Use Disorder](#)