



Q2 2026 MD Snapshot-Prescribing Companion:

# **Prescribing to Self, Family or Others Close to You**

Prescribing Resource

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Physician Prescribing Practices (PPP) Program  
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## Introduction

CPSA's Physician Prescribing Practices (PPP) program provides physicians with resources and tools that support safe and informed prescribing practices.

The quarterly MD Snapshot-Prescribing reports allow physicians to review individualized summaries of their prescribing trends, and the prescribing companions offer additional prescribing guidance. **Questions?** For inquiries or feedback, please contact us at [AIR.Inquiries@cpsa.ab.ca](mailto:AIR.Inquiries@cpsa.ab.ca).

## Overview

Physicians are, at times, faced with situations where they need to decide whether it would be appropriate to prescribe medications to themselves, their family members or others with whom they have a personal relationship. When faced with such situations, physicians must carefully consider the ethical, legal, regulatory and professional implications of their decision.

This prescribing resource outlines key factors to consider when making prescribing decisions in these circumstances, with a focus on applicable CPSA *Standards of Practice* and the delivery of safe, high-quality patient care.

### Key considerations

- 1. With few exceptions, it is not advisable to prescribe to yourself, your family or individuals with whom you have a personal relationship.**
2. Exceptions may include emergencies or minor conditions; however, individual circumstances still need to be considered, such as patient factors and whether there is reasonable alternative care available.
3. There is a risk that your clinical objectivity and ability to provide appropriate professional care will be affected when treating your family or those you know personally.
4. Under the federal *Controlled Drugs and Substances Act (CDSA)*, practitioners cannot prescribe or administer narcotics or other controlled drugs to an individual who is not their current patient.

## What would you do? A self-reflection exercise

### Imagine the following three theoretical case scenarios:

1. Dr. Smith is a family physician who is at a family holiday dinner event when he is approached by his sister, who is from out-of-town, requesting a prescription for an antibiotic for her 18-month-old son. She is very worried that he has a recurrent urinary tract infection (UTI) and describes her son's urine as being foul-smelling and cloudy, which she noticed he had with his first UTI at age 1 year. They are visiting for a few more days, and she does not want to take her son to a walk-in clinic.
2. Dr. Doe is an emergency medicine physician who just finished playing a competitive soccer league game. While walking to the parking lot, they are met by a long-time teammate who asks whether they could prescribe a "strong pain medication" for his gout, which the teammate says he "knows" is starting to flare up again. The teammate relays that over-the-counter medications are not effective and his family physician, who is currently on holidays, would usually prescribe indomethacin to control the gout from getting "out-of-hand". He offers Dr. Doe to examine his foot and promises that he will see his family physician when she returns in two weeks.
3. Dr. Johnson is in the middle of her night shift as a Hospitalist when she runs into a specialist physician whom she has worked with for years. The specialist presents Dr. Johnson with a prescription for a salbutamol inhaler written on a hospital pad and explains that his current one has just expired. He would appreciate it if Dr. Johnson could please "do him a huge favour" and sign the prescription. He explains that he is still in the process of finding a family physician since his previous one retired last year, and he anticipates that he will need the inhaler for the upcoming winter season.

### Questions to consider for self-reflection:

- **Have you ever been in a situation similar to any of the above?** If yes, how did you feel at that moment? What was your initial reaction in terms of whether you should prescribe?
- **If you have previously prescribed to a family member or someone close to you, what were your reasons?** It may have been because you felt you were doing the right thing by helping a family member or a friend, especially if you felt their resources were limited or that timely access to medical care was an issue. Was the high level of trust placed in you as a physician a factor in your decision?
- **Further questions to consider about the above scenarios:**
  - What are the clinical risks to the individual?
  - What about issues such as patient confidentiality, informed consent and any threats to patient autonomy?
  - What about whether there would be any repercussions related to the physician's medical license?

## Code of Ethics and Professionalism

The Canadian Medical Association (CMA) *Code of Ethics and Professionalism* states that in the context of the patient-physician relationship, physicians should:

**“Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.”<sup>1</sup>**

Additionally, the CMA *Code of Ethics and Professionalism* specifies that, as a professional responsibility, physicians should “seek help from colleagues and appropriate medical care from qualified professionals for personal and professional problems that might adversely affect your health and your service to patients.”<sup>1</sup> This is consistent with the recommendation that, in general, physicians should not prescribe to themselves.

### Defining “emergency” and “minor conditions”

CPSA published a [Treating Self, Family or Others Close to You](#) Advice to the Profession (AtP) document in July 2024.<sup>2</sup>

Within this AtP, an **emergency** is defined as a situation where an individual is at risk of sustaining serious bodily harm if medical intervention is not provided urgently, or the individual is seemingly experiencing severe suffering.

At the other end of the spectrum, a **minor condition** is considered non-urgent, requires short-term routine care, and is not likely to require ongoing clinical care or monitoring.<sup>2</sup> Examples of minor conditions include minor skin infections and minor uncomplicated infections – although the individual factors and circumstances still need to be considered, and the physician must ensure that they practice within their scope of practice.

**Note:** These definitions are consistent with those laid out by the Canadian Medical Protective Association (CMPA).<sup>5</sup>

### Did you know?

CPSA has outlined our professionalism expectations for Alberta physicians in our **Code of Conduct**, which is consistent with the Canadian Medical Association’s *Code of Ethics & Professionalism* and complements CPSA’s *Standards of Practice*.<sup>3</sup>

Additionally, CPSA adopted the CMA *Code of Ethics & Professionalism* in our *Code of Ethics & Professionalism* Standard of Practice in accordance with section 133 of the Health Professions Act and CPSA bylaws.<sup>4</sup>

### Feeling pressured to prescribe to a family member or someone close to you?

A physician may feel obligated or pressured to provide a prescription to a family member or someone close to them and find it difficult to say “no” to a loved one.

If you know that it would not be appropriate or safe to provide such care, one suggestion is to be simply transparent with the individual.

Consider acknowledging their request, stating that you are obligated to follow professional standards set by your medical licensing body and explaining that it would be in their best interest to seek professional help from their primary care provider, as your objectivity may be affected by your personal relationship.

### Risks of prescribing to those “close” to us

CMPA’s article, [\*“Know the rules, avoid the risks: Treating family and friends”\*](#), offers questions that a physician may ask to determine the nature of their relationship with the individual, and to help explore whether knowing the individual personally could affect the quality of care that would be provided.<sup>5</sup>

#### Questions presented in the article include:

- “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?”<sup>5</sup>

When a physician has a “close,” personal and/or emotional relationship with an individual, their thoughts and feelings toward the individual – whether positive or negative – may affect their professional judgement and ability to be clinically

objective (this lack of objectivity may also be present when treating themselves or their family members). There would then be a risk of providing treatment, including prescribing, that is not in keeping with standards of care or the individual’s best interest. There is also the risk of crossing professional boundaries when the individual feels entitled to preferential treatment from the physician.

In Alberta, it is vital that a physician be certain of the requirements when treating a spouse or an individual with whom they have a sexual and/or romantic relationship. Regulated health professionals found to have committed unprofessional conduct related to sexual abuse of a patient face the permanent loss of their practice permit, as mandated by *Bill 21: An Act to Protect Patients*.<sup>6,7</sup>

Importantly, under the *Controlled Drugs and Substances Act* (CDSA) Subsection 56(1), practitioners, including physicians, must “only prescribe (including verbally prescribe), sell, or provide the controlled substance to a patient while that patient is under their professional treatment.”<sup>8</sup> As such, a regulated member cannot prescribe or administer narcotics or other controlled drugs/substances to an individual who is not their current patient.

## When prescribing to family members or those close to you

If a physician prescribes to a family member or an individual with whom they have a personal relationship, the physician is expected to make reasonable efforts to facilitate continuity of care, including relaying to the individual the importance of communicating information about the treatment to their primary care provider. Communicating with the primary physician will help promote continuity of care, ensure that the individual receives appropriate follow-up clinical care and allow for accurate and complete documentation in the patient's chart.

## Conclusion

Remember that prescribing to a family member or someone you have a personal relationship with carries the same ethical, legal and regulatory obligations as treating a patient in a clinical setting, and CPSA's *Standards of Practice* must be adhered to. CPSA's *Code of Conduct* guides physicians to "refrain from providing care to individuals where a dual relationship\* exists and objectivity may be challenged; in circumstances where refraining is not reasonably possible, ensure care provided is transparent, objective and defensible."<sup>3</sup>

The clinical focus of all physicians should be to provide safe, ethical, high-quality care to all individuals they treat and to commit to professional integrity and competence.

[\*A dual relationship, as defined by the *Code of Conduct*, refers to when multiple roles (personal, professional, business or social) exist between a physician and a patient.]

**Questions?** For inquiries or feedback, please contact us at [AIR.Inquiries@cpsa.ab.ca](mailto:AIR.Inquiries@cpsa.ab.ca).

## References

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