



New Mexico Medical Board

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Guidance and Strictures on Treating Self or Family Members

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The NMMB is concerned about proper medical care during the Covid-19 crisis and has received several reports regarding physician treatment of self or family members during the Covid-19 Pandemic. The intent of this letter is to clarify the Board's position on this issue: In general, physicians and other NMMB licensees should not treat themselves or family members.

The NMMB follows the AMA Code of Ethics which states that in general physicians should not treat themselves or family members. There are limited exceptions to this rule. Those exceptions include first, only in an emergency setting or isolated setting where there is no other qualified physician is available. In these circumstances, the physician is encouraged to treat the patient until another physician becomes available. Second the AMA Code of Ethics allows for medical treatment of self or other for short-term, minor problems. An example of this might be to treat a minor infection with a course of antibiotics.

Other strictures to keep in mind. Where a physician treats his/herself or a family member, documentation of the care provided must be maintained and conveyed to the patient's PCP. Except in emergencies, it would not be appropriate to write a controlled substance prescription for self or family members.

The following is from the Journal of Ethics, AMA. Please read it for more guidance as it explains the rationale behind this mandate more fully.

<https://journalofethics.ama-assn.org/article/ama-code-medical-ethics-opinion-physicians-treating-family-members/2012-05>

Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians 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 physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients. When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. 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. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. 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. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.