

# Treating yourself and those close to you

As a general rule, doctors should avoid treating themselves or people with whom they have a close personal relationship. Providing treatment in such circumstances may compromise clinical judgment and patient care, and lead to professional boundaries being crossed.

This factsheet provides an overview of the ways in which such risks can arise, as well as when care may be provided when treating yourself and those close to you, and when it must not.

## "Those close to you"

In its statement *Treating yourself and those close to you*, MCNZ has defined "Those close to you" as being:

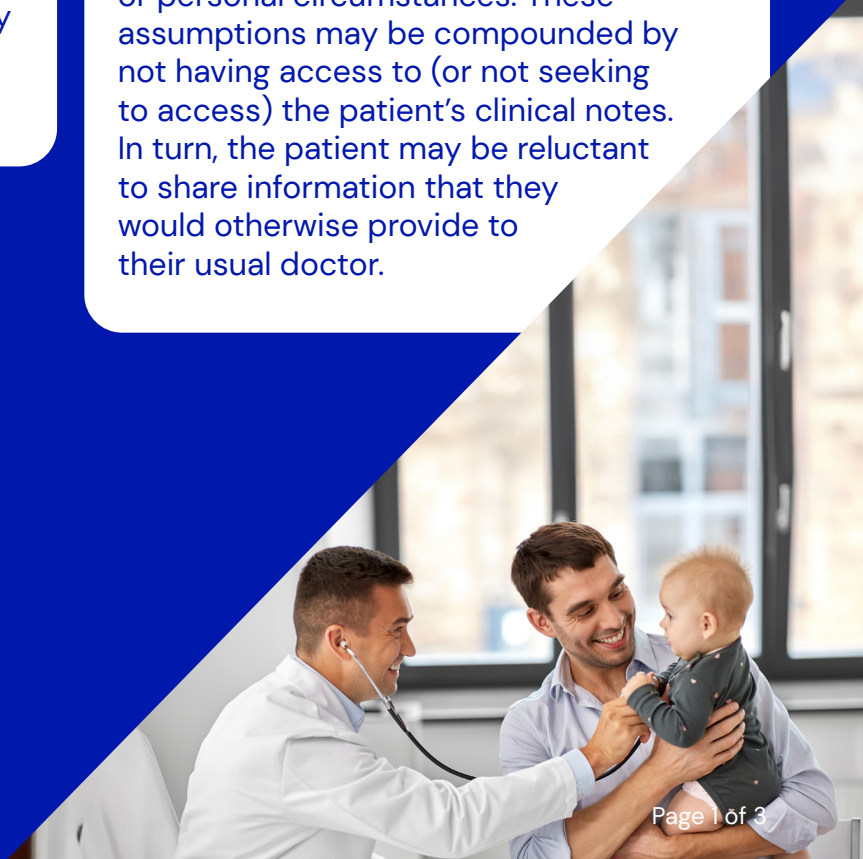
*"Any individual with whom you have a close personal connection or close relationship that could reasonably be expected to affect your clinical objectivity and professional judgement."*

This could include, for example, a family member or friend, or a close colleague. It may also be that a person not previously considered as "close", becomes that way over time, which is something doctors need to remain mindful of.

## Risks

Should a doctor provide treatment either to themselves or someone they are close to, their clinical judgment may (unknowingly) be compromised, and they may fail to provide treatment that is consistent with best practice and relevant standards.

For example, assumptions may be made by the treating doctor about relevant clinical information such as the patient's medical history, health, behaviour, or personal circumstances. These assumptions may be compounded by not having access to (or not seeking to access) the patient's clinical notes. In turn, the patient may be reluctant to share information that they would otherwise provide to their usual doctor.



# Treating yourself and those close to you

The closeness of the relationship may also mean the treating doctor is less able to be objective in their assessment and treatment of the patient. Or the patient may accept treatment without the usual consideration they would give to a decision about their care. Alternatively, the patient may be reluctant to decline treatment or to seek a second opinion, as they are concerned not to offend the doctor with whom they have a close relationship.

Further examples and information about risks that may arise when a doctor provides care to themselves or to someone they have a close relationship with can be found in MCNZ's statement [Treating yourself and those close to you](#).

## Limited circumstances when care may be provided

Only where there is no practical alternative but to treat yourself or a person close to you, may care be provided. For example, in a medical emergency where no other appropriate health professional is available, or in certain circumstances where a doctor works in a small community with limited alternatives for care.

It remains essential however that the care provided is consistent with best practice, and that the patient is treated in the same way as any other patient with the same condition and under similar circumstances. Broadly, the patient must be properly assessed, the care provided must be within the doctor's skills and competence, patient confidentiality must be maintained, and continuity of care facilitated.

Important steps for ensuring continuity of care include clearly and accurately documenting the clinical encounter and, with the patient's consent, informing the patient's usual GP or healthcare provider of the treatment provided. (Doctors are also expected to have their own GP, and so if a situation arises where a doctor has needed to provide treatment to themselves, they too will need to inform their GP of this).



# Treating yourself and those close to you

## When care must not be provided

There are certain circumstances where doctors are prohibited from providing care to themselves or people they are close to. These have been prescribed by MCNZ as follows:

1. Issuing medical certificates, death certificates, and conducting medical assessments for third parties;
2. Providing psychotherapy;
3. Providing recurring treatment or ongoing management of an illness or condition;
4. Performing complex procedures;
5. Performing sensitive examinations;
6. Prescribing or administering medication that has a risk of addiction or misuse, is a psychotropic medication, or is a controlled drug listed in Schedules 1, 2 or 3 to the Misuse of Drugs Act 1975 (unless it is an emergency).

Doctors should always consider carefully whether it is appropriate or necessary to provide care to themselves or to a person with whom they have a close personal relationship. As a general rule, doctors should avoid treating themselves or those close to them, wherever possible. And treatment should never be provided in the above circumstances '(1) – (6)' (with the exception for (6) of an emergency).

## Contact Us

**NZMII are here to help!**

[nzmii.co.nz](https://nzmii.co.nz)  
0800 102 220  
[general@nzmii.co.nz](mailto:general@nzmii.co.nz)



[@nzmedicalindemnityinsurance](https://www.instagram.com/nzmedicalindemnityinsurance)

