



## Doctoring Doctors and their Family Members: An Ethical Consideration from Healthcare Professional’s Perspective in Tamilnadu, India

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### Abstract

**Background:** Treating oneself and taking care of their families are aspects of the practice of medicine that are not often discussed in Indian Ethical Code. Despite these dilemmas, Health Care Professionals (HCPs) may feel compelled to become involved in the care of family members and reluctant to set standards for themselves. So, this study was done to assess the prevalence and experience on self-treatment and treatment of their families among HCPs.

**Methodology:** Web-Based Cross-Sectional Study was done among the HCPs in the Perambalur district during March to June 2019. A predesigned questionnaire was framed and sent to HCPs through WhatsApp and Emails. Out of 75, 72 (96%) HCPs responded for the survey. Percentages, rates, and ratios were calculated, and chi square test was done for association. p-value less than 0.05 was considered statistically significant.

**Results:** The prevalence of Self-treatment among HCPs was 89%. Around 86% of the HCPs received medical request from their family members. Nearly 77.8 % of the HCPs accepted and treated them as needed. There was significant association found between age and self-treatment with significant p-value (p<0.05).

**Conclusion:** More than three fourth of the doctors were treating self and their family members which is debatable ethics. It is time that medical colleges should incorporate in curriculum to address these issues. Further research is needed to lay clear cut medical ethics in our country to address these issues.

**Keywords:** Health Care Professionals, Self-treatment, Treating family members

### Introduction

Doctors doctoring themselves and their family members is a matter of concern as there are many factors influencing the quality of the treatment obtained. Health Care Professionals (HCPs) being selected to provide medical care to self and family members not only provides a gratifying professional recognition of competence, but it is also a challenge.

Though providing medical care to self and relatives is a perplexing issue, many professional bodies laid a strict guideline. General Medical Council in United Kingdom states “Wherever possible, you should avoid providing medical care to anyone with whom

*you have a close personal relationship*”.<sup>1</sup> Similarly American Medical Association states, “*physicians should not treat themselves or members of their immediate families*”, because it will affect the professional etiquette by compromising professional objectives. Mostly HCPs fail to probe and examine the sensitive information, similarly relative as patients may be uncomfortable in revealing sensitive information required for critical diagnosis.<sup>2,3</sup>

The College of Physicians and Surgeons of Ontario, Canada, also strongly advised HCPs not to treat themselves or their family members. Many studies in developed countries suggested that the act of treating

family members may prevent them from developing proper respectful and good relationship with their own family doctors.<sup>4</sup> The reason being that there is a free at-all-times physician available at home that can be reached easily.<sup>4</sup> In contrast to the other countries code of ethics, Indian Code of Ethics (IEC) only states that “a physician can treat another physician and their immediate family members without seeking monetary compensation” and failed to lay a rule on HCPs self-treatment and their family members.<sup>5,6</sup>

Treating oneself and taking care of their families are aspects of the practice of medicine that are not often discussed in IEC. Despite these dilemmas, HCPs may feel compelled to become involved in the care of family members and reluctant to set standards for themselves. There are vacuities in literature in India regarding ethical concerns raised in treating self and family members from HCPs perspectives. So this study aimed to assess the prevalence and experience of Health Care Professionals on self-treatment and to explore the experience of HCPs on treatment of their families

## Methodology

A Web Based Cross Sectional Study was done among the Health Care Professionals in the Perambalur district during March 2019 to June 2019. HCPs in Perambalur district were enlisted prior to the start of the study and informed consent were obtained. A predesigned and pretested questionnaire was framed using google forms and sent to 75 enlisted HCPs in Perambalur district through WhatsApp and Emails. The questionnaire consists of socio-demographic details, experience of doctors on self-treatment and treatment of their family members. Out of 75, 72 (96%) HCPs responded for the survey.

Data from google form were exported into Microsoft Excel sheet and analysis were done using SPSS version 18. The results were displayed using appropriate figures. Percentages, rates and ratios were calculated for descriptive data and chi square test was done for association. p-value less than 0.05 was considered statistically significant. Anonymity about the participants was maintained throughout the study period. Ethical clearance was obtained from Institute Ethical Committee.

## Result

Out of 75 HCPs, 96 % of them responded to the survey. Majority of the participants were Males (61%). The Mean age of the HCPs in our study was  $34 \pm 7.6$  years.

Table 1 shows the general characteristics of the HCPs. Around 69% of them were aged less than 35 years and majority of them were MBBS doctors (55%). Three fourth of them have experience less than 5 years. The prevalence of Self-treatment among HCPs was 89%. Among them 62 % of them having a frequency of self-treatment more than 5 times a year. Only 36% of them practice self-treatment for all conditions. (Table 2) Common conditions self-treated by HCPs are fever (58%) followed by URI (17.2%). (Figure 1) Surgical care (74.5%) was the most common condition preferred for other professional care followed by Diabetes Mellitus and Hypertension (Figure 2).

Among the study subjects 86% of the HCPs relatives seek medical advice from them with 66% of them receiving more than 5 times a year. Of these requests 77.8 % of the HCPs accepted their request and treated them as needed. Among the HCPs 66% of them received medical advice as a request while 40 to 45 % just sought them for consultations and second opinion. Figure 3 shows the type of services provided by HCPs for their family members. About 76% of the HCPs just prescribed medications for their family members wherein 58 % examined and diagnosed the diseases. 48% of them just acted as a primary physician and referred them to their respective specialists and the rest just provided them prescription samples. Study confirms that 70% of the HCPs don't accept treatment request from their relatives because their emotional attachment may complicate the decision-making process. 40 – 50 % of them avoid it because the confidentiality is lost, and they feel embarrassed in revealing the adverse outcomes.

Table 4 shows association between self-treatment among HCPs and their demographic data. HCPs less than 30 years were commonly practising self-treatment compared to other group with significant association (p-value 0.037). Table 5 shows no significant association between HCPs profile and treating their family members (p-value >0.05).

## Discussion

The present study was done to assess the experience of Health Care Professionals on self-treatment and to explore the experiences on treatment of their families in Perambalur district, Tamil Nādu. The majority of the participants were males and aged less than 35 years. Most of the HCPs were having experiences of less than 5 years in their field. This shows that the young HCPs were commonly involved in clinical practice in the study area.

In the present study more than three fourth of the HCPs were doing self-treatment frequently and among them 64% of them were treating themselves for all the conditions irrespective of the specialist needs. This finding was similar to the study conducted by La Puma et and Anyanwu et al.<sup>7,8</sup> Health Care Professionals treating themselves is a topic under query as the disadvantages overweigh the advantages when the complication and severity of disease increases, and the limitations faced by HCPs when the condition is out of their field of expertise.

Treating their family members is another paramount concern among HCPs. In the current study, more than 86% of the HCPs were received medical request from their family members, of these requests 74% of the requests were accepted and treatment by the HCPs. Only 22% of them elucidated history, examined and done investigation for prescribing medications whereas around 13% of the HCPs elucidated history and prescribed medications without any examination. In contrast to our findings study conducted by Puma et al reported that only 41% of the HCPs accepted for treating the family members and among them, more than 70% of them examined the family members and prescribed medications.<sup>7</sup> If HCPs treat the disease inadequately without proper examination and investigations, there may be a chance of getting relapse or deterioration of the patient's condition which would be serious ethical concerns to be

tackled.<sup>9,10</sup> Addressing these ethical concerns was very less in India compared to other developed countries.<sup>1-5</sup>

In the present study, around 26% of the HCPs did not accept the family members request for the treatment, there would be chance of missing the findings as they cannot examine them thoroughly as other patients because of emotional attachment which complicates the decision-making process, also most of them responded that they would be feel embarrassed to reveal the adverse outcomes to their family members. This raises the question whether the emotional bond and fear of losing the dear ones jeopardises the HCPs skills even in field of expertise. Similarly, the ethics code of UK, USA and Canada has now stopped doctors from operating on their family members but in India there is no written rule authenticating that an HCPs should not treat himself and his family member.<sup>1-6</sup> Lack of obtaining complete history and lack of complete physical examination acts as a major loophole in treating their family members.<sup>9-10</sup> Thus, the medical colleges and institutions in India must organize meetings to discuss and create an awareness on the drawbacks of HCPs treating themselves and their family members and workout a protocol to improvise this situation.

**Conclusion**

Present study more than three fourth of the doctors were treating self and their family members which is debatable ethics. Being a doctor treating self and family members can be a challenging and relevant issues should be considered before taking on such a role. It is time that medical colleges should incorporate in curriculum to address these issues to future doctors on how to decide whether to treat ailing family members in their time of need. Further research is needed to lay clear cut medical ethics in our country to address these issues.

**Ethical approval: the study was approved by institutional Human Ethics Committee.**

**Table 1: General Characteristics of the Health Care Professionals (n=72)**

CHARACTERISTICS	GROUPS	N (%)

<b>Age (in years)</b>	≤35	50 (69.4)
	>35	22 (30.6)
<b>Qualification</b>	MBBS	40(55)
	MD/MS and Super speciality	32(45)
<b>Speciality (n=32)</b>	Clinical	16(50)
	Pre and Para clinical	16(50.0)
<b>Years of Experience</b>	<5	58(80.6)
<b>(in years)</b>	≥5	14(19.4)

**Table 2: Characteristics of self-treatment among Health Care Professionals (n=72)**

<b>CHARACTERISTICS</b>	<b>N(%)</b>
<b>Self-treatment</b>	
<b>-Yes</b>	64(88.9)
<b>-No</b>	08(11.1)
<b>Frequency of self-treatment (in a year) (n=64)</b>	
<b>&lt;5</b>	24(37.5)
<b>≥5</b>	40(62.5)

<b>Self-treat all health conditions (n=64)</b>	
<b>-Yes</b>	23(36)
<b>-No</b>	51(64)

**Table 3: Characteristics of Health Care Professionals experience on Treating their Family Members**

CHARACTERISTICS	N(%)
<b>Frequency of medical request received from family members (n=72)</b>	62(86.1)
<b>Number of requests received in a year (n=62)</b>	
- <5	21(33.8)
- ≥5	41(66.2)
<b>Type of requests* (n=62)</b>	
-Asked advice	41 (66.1)
-Consultations	40 (64.5)
-Second opinion	22 (35.5)
-Others.	6 (9.7)
<b>Frequency of request accepted and treated (n=62)</b>	56(77.8)

\*Multiple options'

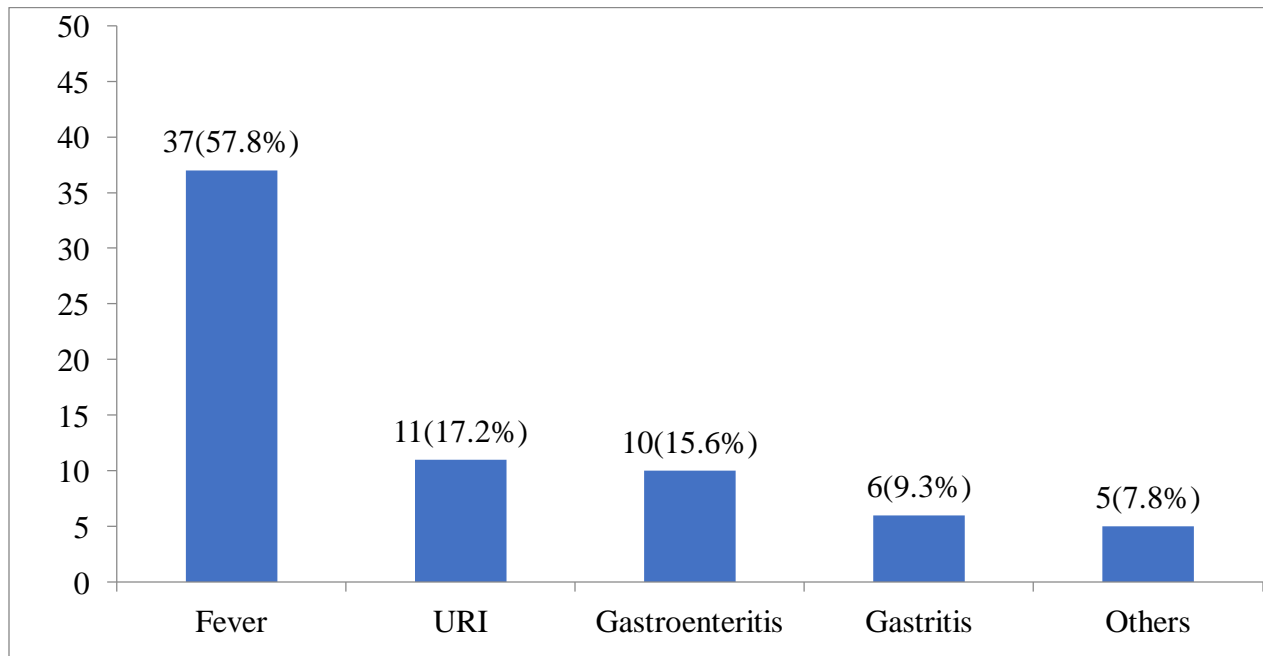
**Table 4: Association between Self- treatment and Health Care Professionals profile (n= 72)**

CHARACTERISTICS		Yes n(%)	No n(%)	P value
<b>Age (in years)</b>	≤30	46(92.0)	04(08.0)	<b>0.037</b>
	31-40	16(88.8)	02(11.2)	
	≥40	02(50.0)	02(50.0)	
<b>Gender</b>	Male	24(86.0)	04(14.0)	0.494
	Female	40(91.0)	04(09.0)	
<b>Qualification</b>	MBBS	36(90.0)	04(10.0)	0.937
	MD/MS and Super speciality	28(75)	04 (25)	

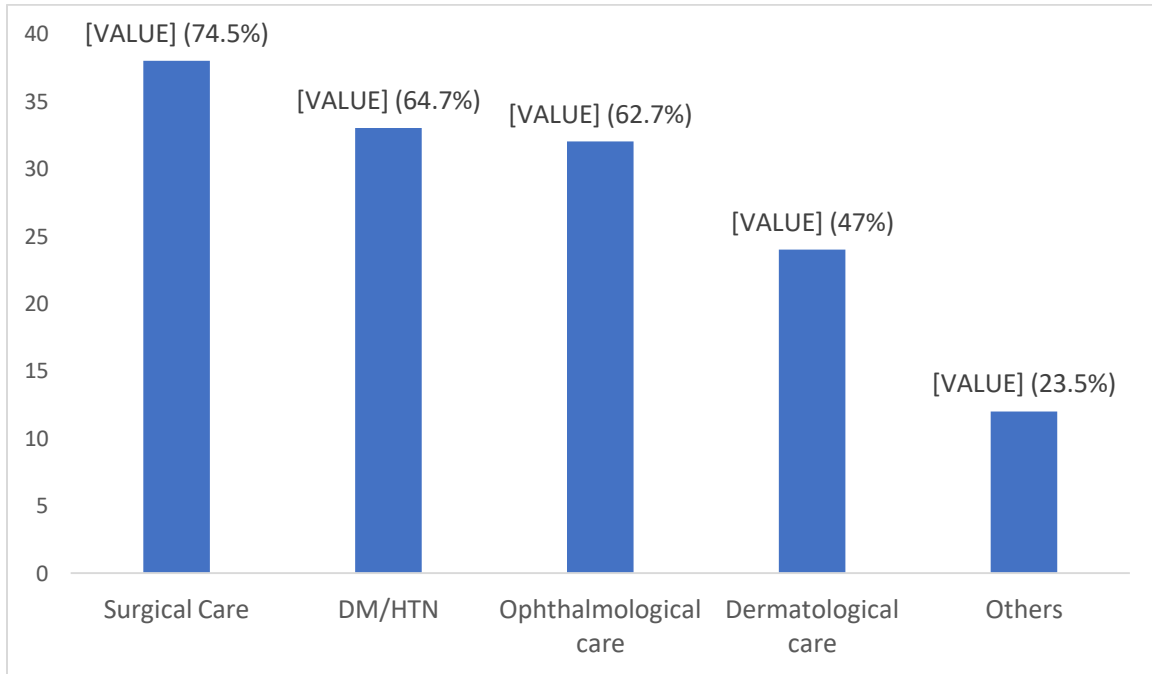
**Table 5: Association between Treating Family Members and Health Care Professionals profile (n=72)**

CHARACTERISTICS		Yes n(%)	No n(%)	p-Value
Age (in years)	≤30	44(88.0)	06(12.0)	0.399
	31-40	14(77.8)	04(22.2)	
	≥40	04(100)	00(00)	
Gender	Male	06(20.0)	22(80.0)	0.140
	Female	04(09.0)	40(91.0)	
Qualification	MBBS	34(85.0)	06(15.0)	0.960
	MD	26(86.7)	04(13.3)	
	SUPERSPECIALITY	02(100)	00(00)	
Years of experience (in years)	<5	50(89.3)	06(10.7)	0.145
	≥5	12(75.0)	04(25.0)	

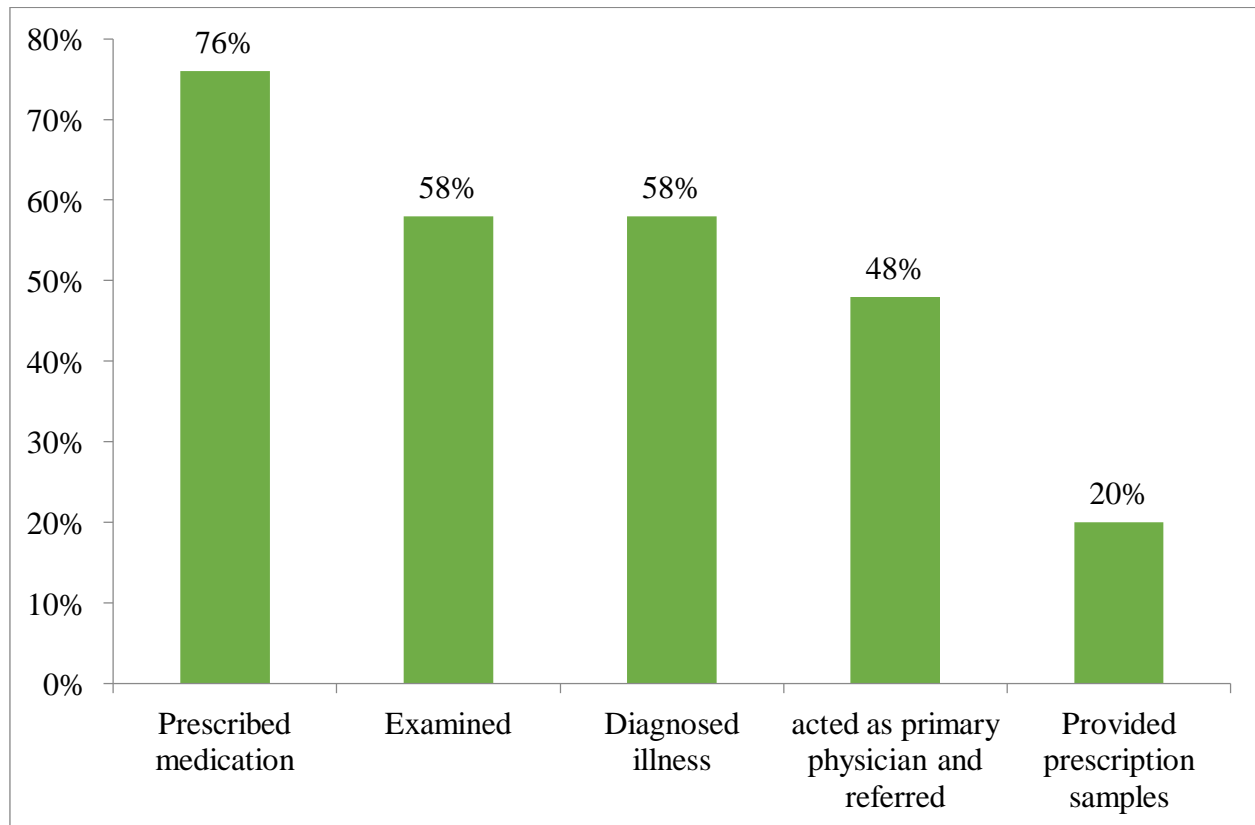
**Figure 1: List of common conditions self-treated by HCPs (n= 64)\* Multiple option**



**Figure 2: List of conditions preferred for other professional care by HCPs (n=51)\* Multiple option**

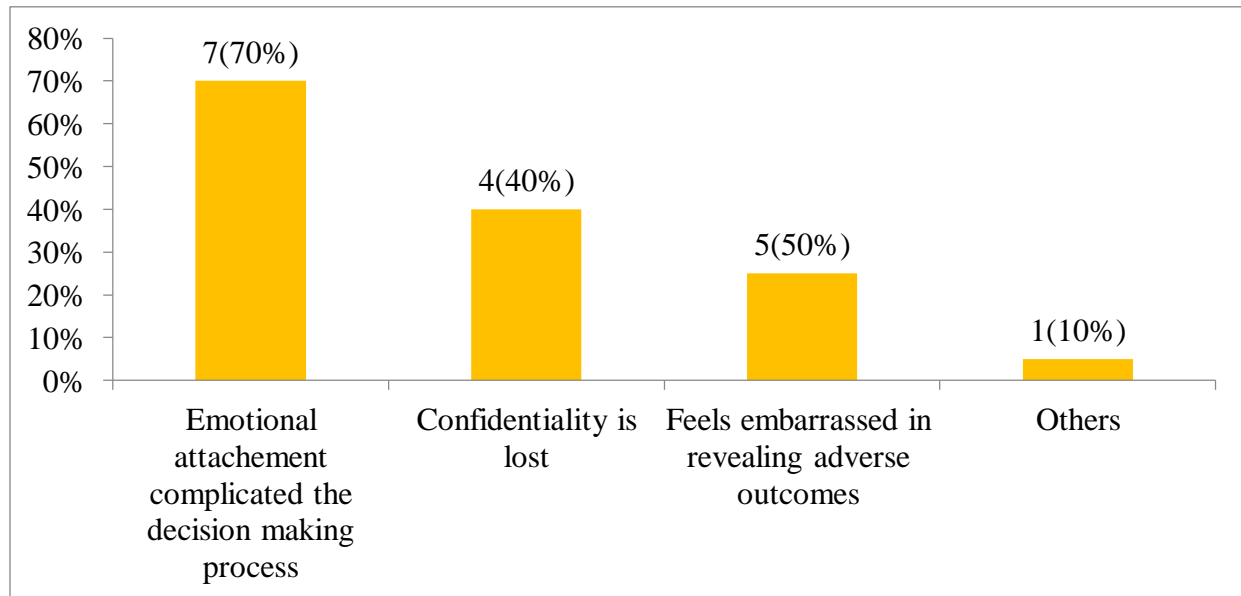


**Figure 3: Type of services provided by HCPs for their family members**





**Figure 4: Reasons for non-acceptance of requests from family members (n=10) \* multiple options**



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