



Editorial

Should doctors treat themselves or not?

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This month, Richer and Bereza debate this question: Should family physicians treat themselves or members of their own families or not? Richer (page 781) says no, recalling the many risks inherent in self-treatment and treatment of those close to you. Her argument rests essentially on the Quebec physicians' *Code of Ethics*¹, which says that physicians should, except in emergencies or when the illness is minor, abstain from treating themselves or anyone with whom they have a relationship that could compromise the quality of their services, notably their spouses and children.

To this Bereza (page 780) responds that, even if it is true that the rule is clear (that physicians should not be their own physicians),¹ its application is not always so clear. Telling the story of a doctor, competent and respected by her peers, who became ill, he raises many questions that lead us to ask ourselves whether this rule is really practical. Among his objections, one of the most pertinent is certainly this: "What is the physician morbidity and mortality associated with adhering to the rule as it stands? Interestingly, that question is rarely asked, and consequently, there are few data to help us answer it. Without these data, the ethical calculus is one-sided."

Without wishing to take sides in this debate, I have to admit that the question of self-treatment or treatment of those close to us gets a lot of reactions, particularly among physicians who don't have their own physicians or who cannot find a physician. For, even if the rule is justified and codes of ethics are explicit in this regard, the rule doesn't hold up in everyday life, as most physicians have already broken the rule at one time or another during their careers. Proof of this came in a survey³ conducted in 2006 among physicians in Montreal, which revealed that most of them had already prescribed laboratory tests (80%) and medications (60%) for themselves. And as it is unlikely that this was always only in emergencies or for minor illnesses, it is plausible that the phenomenon of self-treatment occurs much more frequently than we think and much more often than we admit.

Think about it. Who among us has not examined the ears of our own feverish child howling with pain in the night to discover whether the child has acute otitis media and to give him or her antibiotics? Who has not renewed a prescription for someone close to them, for

a mother-in-law or a friend, to help them out? Who has not at one time or another raided (oh the shame!) the store of medical samples for an anti-inflammatory to relieve nagging back pain, for a proton pump inhibitor for stomach upset (probably caused by the former!), for a sedative before a long flight, or even for suppositories for throbbing hemorrhoids? Let he who is without sin throw the first stone.

So, if the phenomenon is as widespread as it seems to be and the evidence of deleterious effects is not yet established as Bereza contends, how do we justify this rule? Why shouldn't physicians treat themselves and their families? After all, there are no rules against lawyers defending themselves in court, architects designing their own homes, accountants doing their own tax returns, or notaries preparing their own wills. What then is to prevent (the *Code of Ethics* is the rule in Quebec) physicians from treating themselves or their families if they believe they have the requisite skills? Are physicians less trustworthy than other professionals?

Advising physicians to abstain from treating themselves and their families is probably meant to control abuse. For, if most would agree that administering drops for an external inflammation is not too serious, it's another thing when physicians prescribe antidepressants for themselves, try to manage their risk of committing suicide or becoming dependent on narcotics, or take the chance of delivering their own babies. The risks inherent in these activities are much greater and the consequences much more disastrous.

Just like for codes of conduct, if we understand that certain limits are necessary, their application sometimes avoids problems. For example, the \$400 ticket recently given to a mother who had the misfortune(!) not to hold the handrail on an escalator in the Montreal metro is a case in point. But as we all know: *dura lex sed lex!*

Remember that, for your own sake and for the sake of those you are close to, you must act in good faith with prudence and discernment. 

Competing interests

Dr Ladouceur is responsible for the Self-Learning Plan for Continuing Professional Development at the Collège des médecins du Québec in Montreal.

References

1. Collège des médecins du Québec. *Code de déontologie des médecins du Québec*. Montréal, QC: Collège des médecins du Québec; 2002. p. 1213-2002; a. 70.
2. Association des médecins omnipraticiens de Montréal. La santé des médecins. *Bull méd omnipr Montréal* 2007;30(2):10.



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