Should family physicians treat themselves or not?

NO

Suzanne Richer MD LLB

To answer the question of whether physicians should or should not treat themselves, we need look no further than the *Code of Ethics of Physicians* (for Quebec). It expressly states, "A physician must, except in an emergency or in cases which are manifestly not serious, refrain from treating himself."[1]

This general rule has 2 clear exceptions. The first is an emergency, such as an acute and potentially fatal condition for which the physician must treat himself while awaiting the required assistance. Fortunately, it is rarely necessary to make this exception. The second exception applies to minor and commonplace conditions, which occur much more frequently. The classic example is tonsillitis. Apart from these exceptions, the prohibition on self-treatment is imperative; it applies to all physicians, even when the physicians requiring care have all the knowledge they would need to provide optimal treatment to patients consulting them for the same conditions.

There is also the spirit of the Code of Ethics, the spirit of objectivity that informs good medical practice. Merging the roles of physician and patient removes all professional distance and results in subjectivity. This provision is in the section of the Code of Ethics that deals with professional independence and impartiality, 2 aspects that contribute to the quality of medical services we deliver to patients.

Underlying risks

Self-treatment also involves the use of prescribing privileges for purposes other than those for which provision is made in the statutes, that is, to treat patients. Pharmacists' duty to fill prescriptions completes physicians' ability to prescribe, with both professionals acting in patients' best interests. A pharmacist, who is subject to his own code of ethics, cannot associate himself with self-prescribing, which alters the very nature of the medical act. Self-treatment can involve more than simply self-prescribing, and obtaining medication from a pharmacist. It can also involve dipping into drug samples or procuring them from a pharmaceutical representative. Another form of self-treatment consists of requiring a colleague to blindly sign-off on a prescription or writing one outside the context of a formal consultation.

With self-treatment, there is the risk of bypassing a medical workup and missing an important diagnosis and medical follow-up. It is the opposite of the old saying: "If you want something done well, do it yourself." Basically, a physician who self-prescribes is depriving himself of the optimal situation for reaching the proper diagnosis and receiving the best treatment. The medical process, the investigation, the examination, and the analysis of the results of the investigation must pass through the filter of knowledge but also of objectivity before any conclusions can be reached regarding diagnosis and treatment. It is acknowledged that the ethical ban on self-treatment extends to self-investigation.[2] In the field of mental health in particular, a physician who treats himself is depriving himself of the benefits of consultation and psychotherapy, which, in some cases, obviates the need for medication.

Naturally, physicians report that it is difficult to consult other physicians for a variety of reasons, such as lack of time, fear of being turned away, unwillingness to bother another physician, fear of potentially exposing their weaknesses, the challenge of asking for help, denial, and so on. But physicians must help each other. This is not only desirable; it is enshrined in the Code of Ethics as a supplementary requirement to the notification to the College of a physician deemed unfit to practise: any physician must come to the assistance of colleagues with health issues that could affect the quality of their practice.[1]

When it involves the treatment of pain, self-prescription carries another risk: that of developing a drug dependency, a condition that physicians must guard against continuously. The problem is that, when it hurts, physicians tend to start with a substance that is disproportionately strong: we use a cannon instead of a fly swatter. Many, if not most, physicians live with several risk factors for the development of drug addictions: access to medication, high levels of stress, the

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irrelevant. If disregard for the rule is as prevalent as some data suggest, is the problem with the large number of physicians who disregard it or with the way the rule itself is currently formulated?

Dr Bereza is an Associate Professor and Director of the Medical Ethics Program in the Department of Family Medicine at McGill University in Montreal, Que.

Competing interests
None declared

Correspondence
Dr Eugene Bereza, 2095 Grey Ave, Montreal, QC H4A 3N3;
e-mail **eugene.bereza@mcgill.ca**

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CLOSING ARGUMENTS

- Are the currently accepted exceptions to the rule that physicians should not treat themselves broad enough, nuanced enough, and clear enough to protect the interests of individual physician-patients adequately?
- Recent data suggest that a substantial number of physicians treat themselves. Are lower rates of physician morbidity and mortality associated with adhering to the rule against self-treatment as it stands? The question is rarely asked, and consequently, there are few data to help us answer it.
- If disregard for the rule is as prevalent as some data suggest, is the problem with the large number of physicians who disregard it or with the way the rule itself is currently formulated?

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desire for strong sensations, professional burnout, and self-treatment of pain.[3]

Bottom line

Based on my experience at the Collège des médecins du Québec, I can attest to the appropriateness of the rule against self-treatment. I have seen that, when it is not followed, physicians can get into terrible situations. While it does not occur too widely, thank goodness, the abuse of prescribing privileges can lead to fraud. One example is prescribing a medication for another person, such as a relative or patient, with the goal of obtaining the medication for oneself, either at a lower cost or to hide the self-prescription. The abuse of medications, whether benzodiazepines, analgesics, or other psychotropic substances, poses a very real and serious risk. Physicians who develop addictions are drawn into a downward spiral that affects every aspect of their lives: work, family, finances, and personal health, despite all their own efforts and those of their families and the other professionals involved.

To sum up, the medical community must take a clear stand on self-treatment. We need to say "No, we cannot!" rather than Barack Obama's slogan, "Yes, we can!" to what some consider an inherent right.

Dr Richer is a general practitioner and an Associate Syndic with the Collège des médecins du Québec in Montreal.

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Correspondence
Dr Suzanne Richer, e-mail **sricher@cmq.org**

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CLOSING ARGUMENTS

- Medical ethics prohibit self-treatment, with certain exceptions.
- Self-treatment deprives physician-patients of the objectivity crucial to a high-quality clinical process and of the empathy of a consulting physician.
- A physician who treats himself puts himself at risk, including at risk of drug addiction.