

AMA Attacks Physicians Caring for Their Families

Kenneth D. Christman, M.D.

The most important people in the lives of most physicians are their spouses, children, parents, and siblings—their immediate families. These are the very people who have every reason to benefit from the medical knowledge and expertise of their physician family member.

The position of the American Medical Association (AMA) clearly means: “Thou shalt NOT care for thy family member.” In actuality, the AMA does not state it so forcefully, but rather disguises its injunction as an “ethical position.”

The AMA’s Code of Medical Ethics Opinion 8.19, Self Treatment or Treatment of Immediate Family Members,¹ says: “Physicians generally should not treat themselves or members of their immediate families....” Let us examine each of the objections in this policy.

“Professional objectivity may be compromised...[and] the physician’s personal feelings may unduly influence his/her judgment...”

This is highly doubtful. Physicians are rigorously trained in the scientific method, which is indeed highly objective. Although physicians may not like the clinical picture they might see in their loved ones, their desire for the very best outcome is the overarching concern. Often, such care is best rendered by the physician family member, especially in circumstances requiring specialized care, and *nothing* should arbitrarily prevent the physician’s and the family’s freedom to choose their own medical care. However, if the physician feels his objectivity might be clouded, or for any reason might feel uncomfortable, that physician may easily seek another experienced physician’s assistance. The AMA’s position of “clouded objectivity” is simply not consistent with the vast majority of physicians I know, and the AMA’s position amounts to imposing a limitation on each physician’s medical degree and essentially dictates that “your license to practice medicine is valid for virtually everybody *except* for those most important to you.”

“Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination.”

Of course there can be intimate parts of medical care with which physicians and/or family members might be uncomfortable. If so, it is a simple matter to explain to the family members, as I once did, “You need this service or procedure that I’m not comfortable performing,” and assist in arranging for that

care. The vast majority of medical care, however, does not require such intimacy. Who is to say that a radiologist should be prohibited from interpreting an imaging study on any member of his family? Why should a pathologist be prevented from diagnosing a surgical pathology specimen belonging to a family member? How does the AMA leap to the conclusion that such a radiologist or pathologist is somehow going to suffer from clouded objectivity simply because his family member’s name is on the image or specimen? Such physicians, if viewing anything mildly questionable, would likely engage the assistance of another colleague, just as they would for any other patient.

“[P]atients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member.”

Of course! If such is the case, each patient’s concerns and wishes should be followed. Simply seek out the care of another trusted physician. Why shouldn’t the AMA allow physicians and their families to make this determination? While the AMA notes that “[t]his discomfort is particularly the case when the patient is a minor child,...” who is responsible for this minor child? Is it the AMA? The state? Some other “benevolent” entity? Or, is the child the responsibility of the parents? If so, would it be reasonable to allow the parents and their children to sort this out? The physicians I know would uniformly take their children’s wishes into consideration. As a matter of fact, more often than not, children will be much more comfortable with the physician family member. Is it not unethical for any organization, even the AMA, to indelicately intrude into family matters?

“When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training.”

I do not know of any physician who would compromise the well being of a loved one by rendering care outside his area of expertise. It is a very simple matter to explain to the family member that the care needed is outside one’s competence, and promptly arrange for appropriate care. Is it not unthinkable that the AMA would level this sort of blanket accusation at members of the medical profession? As for treating themselves, under what authority does the AMA mandate what physicians can do with their own bodies? I must confess to being guilty of suturing myself on two separate occasions. Does this constitute an ethical lapse?

Tensions possibly related to a “negative medical outcome ... may be carried over into the family member’s personal relationship with the physician.”

Yes, negative outcomes can occur, even with unrelated patients. Will negative outcomes be avoided if an unrelated physician renders care? Most definitely not. Physician family members have in fact often been able to avoid negative outcomes for their families. What is the role of the AMA ethics policy in personal relationships in a physician’s family?

“Concerns regarding patient autonomy and informed consent are also relevant....”

Obviously, any lack of consent, whether in a related or unrelated patient, should preclude treatment.

“Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.”

This seems doubtful, but if it is a problem, physicians and their families are quite capable of sorting it out without the AMA’s assistance.

“[P]hysicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.”

While physicians feel it is a right and privilege to provide their families with the medical care they need, the ethical injunction against treating patients when not qualified to do so applies to all patients. How utterly demeaning is this assumption that physicians will provide care to the most important people in their lives if they are uncomfortable doing so, or not properly trained, to provide such care! Obviously, the AMA does not hold physicians in high regard.

“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.”

It should be obvious that physicians should treat themselves and their family members in an emergency situation. Why, however, should the AMA stipulate that post-emergency care must be provided by another physician? Should this decision not be made by the physician and/or family member? Should the training and expertise of this second physician be a factor?

“[P]hysicians should not serve as a primary or regular care provider for immediate family members....”

Why not? By making this blanket determination, the AMA blatantly limits the physician’s license and unrestricted privilege to practice medicine. Furthermore, the AMA completely voids the wishes of the physician’s family members as being of no consequence. Physicians with years of medical school and

residency training are not considered by the AMA to be competent in determining what is in the best interests of their loved ones. While the AMA concedes that “there are situations in which routine care is acceptable for short term, minor problems,” these terms are not defined.

“Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.”

Here again, the AMA makes the universal assumption that physicians either don’t know better, or will purposely abuse themselves and/or their families by prescribing potentially harmful drugs that they can prescribe for everybody else but themselves. According to the AMA, physicians are never to be trusted with using medications for themselves that they are free to offer others.

Cost Concerns

While the charge of loss of professional objectivity being compromised is a common one, some claim that “the influence of a physician-family member may result in increased diagnostic testing and costs,”² though this is not part of the AMA ethical policy. This seems to refute the AMA’s concern that clouded physician judgment might result in insufficient care. But why should increased cost be a concern of the AMA or other organizations?

Results of Physicians Caring for Family Members

A survey of physicians providing care for family members uncovered situations in which disasters were averted because of the physician family member’s diligence. A general practitioner’s daughter was reassured she had a benign breast lump. After her father checked it out, though, it was ultimately diagnosed as a carcinoma, and not a benign lesion. Another family physician helped family members with serious problems such as melanoma and a pathological heart murmur. One physician performed two of his wife’s deliveries, partially due to medical philosophy, partially for economic and convenience reasons. An internist reported his standard of care being higher for family members.³

The Influence of the AMA’s Position

Unfortunately, the AMA’s “ethical” position condemning physicians for offering medical care to their families is not merely confined to an obscure AMA document. Rather, it is increasingly quoted by hospitals as the basis for strict prohibition of physicians caring for their families. State medical boards also quote the AMA as grounds for prohibiting care to family members. The New Hampshire Board of Medicine is somewhat vague in saying “The NH Board of Medicine supports the AMA Ethical Guidelines prescribing for family members.”⁴

The State Medical Board of Ohio, however, threatens revocation of a license to practice medicine “subject to section 4731.226 of the Revised Code, for violation of any provision of a

code of ethics of the American Medical"[emphasis added].⁵

Medicare's position is that it simply will not pay for medical care rendered to an immediate relative. The reason? "The intent of this exclusion is to bar Medicare payment for items and services that would ordinarily be furnished gratuitously because of the relationship of the beneficiary to the person imposing the charge."⁶

Nevertheless, according to a 1991 study, "99% of 465 physicians surveyed had requests from family members for medical advice, diagnosis, and treatment."⁷ According to this study, 83 percent of these physicians admitted to prescribing for family members, 80% diagnosed illnesses, 72% performed physical examinations, 15% had acted as family doctor, and 9% had performed surgeries on family members.

Other studies confirm that the vast majority of physicians do indeed care for their family members. A Malaysian study of 22 primary care practitioners revealed that every one of them had treated their family members.⁸

A resolution was submitted to the Ohio State Medical Association (OSMA) in 2011, calling for both OSMA and AMA to advocate a position of non-interference with patient care, regardless of whether a patient or potential patient is a family member. Regrettably, AMA leaders refused to consider this resolution, staunchly supporting the AMA's limitation of physician licensure and overlooking physicians' and their families' freedom of choice.

Reportedly, physicians on the reference committee discussed how they themselves cared for their own family members, thus violating the AMA's Code of Ethics. Sadly, these physicians recommended rejection of this resolution, choosing duplicitously to allow the AMA to continue the status quo and to label them as "unethical physicians."

Conclusion

AMA ethics policy on physicians caring for themselves and family members conflicts with common sense and common practice. It is nonetheless accepted by licensure boards and other authoritative bodies, even though virtually all physicians are in violation. It is time to change this policy, and to recognize the right of patients to choose their own physician, even a physician who is a family member.

Kenneth D. Christman, M.D., practices plastic surgery in Dayton, Ohio, and is a past president and current director of AAPS.

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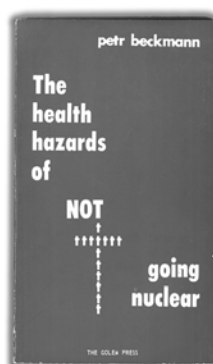
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