

Risk Management Tip #19 – Treating Patients with Whom You Have a Close Relationship

The Risk:

Physicians are often asked by close friends, relatives, or colleagues for medical advice, treatment, or prescriptions both inside and outside of the office. At times, these individuals may be seen at no charge as a courtesy. Although the American Medical Association advises physicians not to treat immediate family members except in cases of emergency or when no one else is available, this practice continues to exist.

Unfortunately, over the years, we have seen a number of lawsuits filed against physicians by close friends, colleagues, and even their own family members because of care provided by our insureds. The defense of these suits is frequently hampered by the fact that there are often sparse or entirely non-existent medical records for the patient. The failure to maintain a medical record for every patient is defined as professional medical misconduct in Education Law § 6530(32). Providing care under these circumstances may pose unique risks. Here are some suggestions on how to handle these situations:

Recommendations:

1. Always create a medical record for friends, relatives, and colleagues for whom you provide care of any kind.
2. All patient encounters must be documented in the medical record, including those that occur outside the medical office.
3. A thorough medication history should be obtained to avoid potential drug interactions and identify any contraindications.
4. Take a complete history when seeing friends, relatives, or colleagues as patients. If indicated, this should include issues that may be uncomfortable to discuss such as the use of psychotropic medications and sexual history.

5. Perform a thorough physical examination. Sensitive portions of a physical examination should not be deferred when pertinent to the patient's complaints. These may include a breast, pelvic, or rectal examination. A chaperone may be necessary for those portions of the exam.
6. Do not write prescriptions for individuals with whom you do not have an established professional relationship and always document the reasons for prescribing the medication and dose. If narcotics are prescribed, the Prescription Monitoring Program (I-STOP) must be checked.
7. If a surgical procedure is to be performed, a signed informed consent must be present in the record, with accompanying documentation that the requisite risks, benefits, and alternatives to the treatment have been discussed with the patient.