## POLICY STATEMENT

Approved April 2020

## Treatment of Family, Friends, Colleagues, and Self

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Emergency physicians may be asked to provide medical treatment for people with whom they have significant personal relationships, including family members, close friends, and professional colleagues. They may also consider treating their own illnesses or injuries. Multiple commentators advise against providing treatment in these circumstances, arguing that combining personal and therapeutic relationships can undermine the quality of care and pose significant risks of harm to both patients and physicians. Commonly cited concerns include:

- Compromised objectivity in diagnosis and treatment when physicians have a strong personal or emotional stake in patient outcomes.
- Reluctance of physicians to inquire about, and of patients to disclose, sensitive or embarrassing health information to family, friends, or colleagues.
- Reluctance of physicians to disclose bad news to family, friends, or colleagues.
- Patient discomfort with the loss of personal privacy during physical examinations and treatment by a family member, close friend, or professional colleague, and physician reluctance to perform a thorough physical examination in order to protect the patient's privacy.
- Reduced autonomy, when physicians are reluctant to decline to treat a family member, friend, or colleague, and when patients are reluctant to refuse treatment by a family member, friend, or colleague.
- Damage to valuable personal relationships as a consequence of a difficult course of treatment or a poor treatment outcome.

In view of these important concerns, the American College of Emergency Physicians (ACEP) recommends that emergency physicians refrain from providing medical treatment for family members, close friends, professional colleagues, and themselves, except in several limited and specific circumstances. Circumstances in which emergency physicians may or should treat family members, close friends, professional colleagues, and themselves include:



- Medical care for emergency conditions or in isolated geographic settings, when no other qualified physician is available.
- Short-term treatment of minor illnesses or injuries.
- Situations in which health care professionals present to an emergency department or other treatment setting with a request for treatment from emergency physicians who are their colleagues (provided that the requested treatment is within the emergency physician's skill set).

ACEP recognizes that statutes and medical licensure board policies in many US states restrict or prohibit some forms of treatment of family members, friends, or self. Emergency physicians should, therefore, familiarize themselves with the applicable laws and policies on this issue in their own jurisdictions.