Providing care to yourself, family members or those close to you

INTRODUCTION

The Royal Australasian College of Surgeons is committed to ensuring the highest standards of safe and comprehensive surgical care for the community. In all cases the surgeon-patient relationship must be underpinned by the objective opinion of the surgeon, in a manner that meets accepted clinical and ethical standards. Performing a procedure on a family member is a breach of the RACS Code of Conduct (except where the situation is a life-threatening emergency and where no other appropriately trained surgeon is available).

RACS believes that it is inappropriate and poor medical practice for surgeons to provide surgical care to family members and/or those with whom they have a close relationship (see definitions below). Providing care under these circumstances may mean that surgeons are unduly influenced by social and emotional attachments, potentially leading to inadequate assessment and compromised treatment.

Operating on family members or persons with whom you have a close relationship may also impact upon patient autonomy and the ability of the patient to give informed consent. The situation may become significantly more problematic if there are complications from surgery, if an adverse event occurs, or if the outcome is less than expected.

TREATING OTHERS

In relation to family members and persons with whom they have a close relationship, it is inappropriate for surgeons to:

- perform any invasive or non-invasive operative procedure
- prescribe or administer drugs of dependence
- prescribe psychotropic medication
- undertake psychotherapy
- issue medical certificates

SELF TREATMENT

The College believes that surgeons should not treat themselves and instead have their own general practitioner and/or other relevant medical practitioner(s).

EMERGENCY SITUATIONS

Operating on family members or persons with whom you have a close relationship must only occur in emergencies or other exceptional circumstance, when no other surgeon is available to provide care at the required level. Should a Fellow of the College be required to operate on a close family member, it is essential that they ensure the treatment offered is appropriate, at the expected standard and, where possible, that it takes place in an accredited environment.
As soon as practicable, care should be handed over to an appropriate surgeon for any postoperative care and follow-up.

CONCLUSION

RACS asserts that surgeons must avoid providing any surgical care to family members and/or those with whom they have a close relationship. Surgeons who undertake procedures on family members in non-life threatening circumstances are liable to be found in breach of RACS Code of Conduct and subject to sanctions under relevant College policies.

DEFINITIONS

Family member: An individual with whom you have both a familial connection and a personal or close relationship such that the relationship could reasonably be expected to affect your professional and objective judgement. Family member includes, but is not limited to, your spouse or partner, parent, child, sibling, members of your extended family or whānau, or your spouse or partner’s extended family or whānau.¹

Those close to you: Any other individuals who have a personal or close relationship with you, whether familial or not, where the relationship is of such a nature that it could reasonably be expected to affect your professional and objective judgement. Council recognises that those close to you will vary for each doctor²

Surgical Emergency: Treatment of illnesses or injuries that require immediate surgical attention.

KEY WORDS

Family members

RESOURCES

Royal Australasian College of Surgeons, Code of Conduct, 2016
Medical Board of Australia, Good medical practice: a code of conduct for medical practitioners, 2014.
Medical Council of New Zealand, Statement on providing care to yourself or those close to you, 2016

² Ibid.