

Prescribing for yourself, family and friends

UK medical schools devote a significant amount of time to ensuring their students are well versed in pharmacology, safe prescribing, drug interactions and monitoring, before they begin their foundation year. However, they may not specifically address the important issue of whether to prescribe for self or family.

Historical considerations

Many new doctors today, at graduation, recite the Hippocratic Oath or a modernised version of this. In the original version, written around 2500 years ago, doctors swore by the gods of healing to uphold certain ethical standards including 'I will do no harm or injustice to... my patients'.

Beauchamp and Childress (1979) described four key principles of medical ethics, one of which is non-maleficence, i.e. to do no harm. This principle reminds doctors that sometimes it is better not to prescribe medication, rather than to do so and potentially cause more harm than good. This applies to self-prescribing, and prescribing for family and friends, as much as it does to prescribing for patients.

Historically prescribing for family members appears to have been more commonplace. Many doctors may recall their GP parents prescribing them antibiotics for recurrent tonsillitis, rather than contacting their own GP at the weekend.

In 2006 the General Medical Council first addressed the issue in its guidance, advising that doctors should avoid self-prescribing and treating those close to them (General Medical Council, 2006).

In 2013 the General Medical Council (2013a) considerably strengthened their advice.

Why may doctors be tempted to self-prescribe or prescribe for family or friends?

From a legal viewpoint, once doctors obtain full registration and a licence to practise, they are permitted to prescribe any medication listed in the British National Formulary and may also write private prescriptions. This does not apply to doctors in their first foundation year, who are working under approved practice setting restrictions. While a legal right does not translate into an ethical argument for doing so, nevertheless some doctors may believe that they would be doing little wrong by prescribing for themselves, family or friends.

There is no doubt that doctors have worked hard at medical school and beyond to get where they are. Some may feel that they have the skills and experience to be able to prescribe in this way; others may face pressure from family members to prescribe for them.

Doctors under work pressure may feel that they cannot spare the time to go to their own GP. They may believe that writing themselves a prescription could be cost effective, in that it allows them to continue seeing their own patients, while saving their own GP an appointment. Some doctors may not like being a patient or may be in denial about being unwell, causing them to avoid seeing their GP and instead treat themselves.

General Medical Council guidance

The General Medical Council's current guidance came into effect 25 February 2013 (General Medical Council, 2013a). It strengthened considerably the previous advice from 2006, now using the word 'must' in its advice to doctors rather than the less compulsory 'should'.

Good Medical Practice (General Medical Council, 2013a) states:

'In providing clinical care you must, wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship.'

The General Medical Council provides further specific guidance in *Good practice in prescribing and managing medicines and devices* (General Medical Council, 2013b).

If doctors prescribe for themselves or someone close to them, they must take two actions:

1. They must make a clear contemporaneous record or as soon as possible afterwards, documenting their relationship to the patient and the reason it was necessary for them to prescribe
2. They must tell their own or the patient's GP and other treating doctors what they have prescribed and any other information necessary for continuing care, unless (in the case of prescribing for somebody else) the patient objects.

The General Medical Council (2013b) emphasizes the particular dangers of prescribing controlled medications, including possible risk of drug misuse, addiction and misconduct.

Doctors must not prescribe a controlled medicine for themselves or someone close to them unless strict conditions are met:

1. There is no one else available to assess and prescribe the medication, without a delay which could put the doctor's, or the patient's, life or health at risk or cause unacceptable pain or distress, and
2. Treatment is immediately necessary to save life, to avoid serious deterioration in health, or to alleviate otherwise uncontrollable pain or distress.

What are the risks of self-prescribing?

Doctors considering self-prescribing may lack objectivity about the extent of their own condition, believing their health to be better than it really is and that medication will solve the whole problem. They may be tempted to prescribe routine repeat medication for themselves if they run out, but they then would not have the appropriate follow up by their treating clinician. They may deny themselves support and follow up from their own GP,

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which is of particular concern if the doctor has a mental health illness or an addiction.

Patients could be put at risk if the doctor's health affects his/her ability to treat patients, either by affecting his/her concentration or by causing the doctor to be too unwell to treat patients. Medication may sometimes cause side effects that affect a doctor's fitness for work. Colleagues may then be placed in the difficult position of having to raise concerns about the doctor's health, for the benefit of patient safety. The effect of self-prescribing on patient safety cannot be fully evaluated because of the practical and ethical issues in conducting such a study, but this is likely to be the biggest risk of self-prescribing.

What does the General Medical Council say about the health of doctors?

Good Medical Practice (General Medical Council, 2013a) advises doctors: 'If you know or suspect that you have a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague.'

The General Medical Council advises doctors that they must follow their own doctor's advice about any necessary changes to their practice. This could include taking time off as sick leave. Doctors must not rely on their own assessment of the risk they may pose to patients. Doctors should be registered with GPs outside of their families.

There is specific General Medical Council (2018) guidance for doctors on reducing their risk to patients by seeking help for health concerns (*Table 1*).

The British Medical Association (2018) also provides helpful support and advice for doctors and medical students.

Table 1. General Medical Council (2018) guidance for doctors on seeking help for health concerns
Pay attention to early warning signs of illness
Consult with own GP when unwell
Avoid 'corridor consultations' with colleagues
Maintain a healthy work–life balance
Avoid self-diagnosis and self-management for anything other than minor ailments

“ Doctors must not prescribe for themselves or those close to them in situations when more appropriate sources of medical care are available. ”

What are the risks of prescribing for family or friends?

A significant potential risk is lack of objectivity, and not being able to separate one's relationship with the person from the clinical assessment made. There is a risk of misdiagnosis and consequent erroneous treatment; in the worst-case scenario this could result in harm or even death.

Even if the prescription is appropriate and the medical condition resolves, the mere fact of having treated the person could adversely affect the doctor's personal relationship with the person, or result in an expectation that the doctor will treat that person whenever he/she is unwell.

If the person's own GP is not informed of the treatment, the GP may not be aware of it, risking potential concurrent drug interactions.

Are there situations where prescribing for self, family or friends is appropriate?

Such situations are likely to be very rare, and General Medical Council guidance should be heeded. The General Medical Council (2013a,b) advises doctors to avoid providing medical care for themselves or those close to them 'wherever possible'.

With regard to controlled medicines, the General Medical Council (2013b) is clear that doctors must not prescribe controlled medicines unless no other clinician is available and the treatment is needed to save life, avoid serious deterioration, or alleviate uncontrollable pain or distress.

Occasionally doctors may encounter emergency situations. Doctors are expected to assist in emergencies, taking account of their own safety, their competence and the availability of other options for care (General Medical Council, 2013a).

In very rural areas with only one local GP practice, GPs may not be able to avoid their friends and family members being registered at their practice. Wherever possible, they should ask other GP members of the practice to treat their family members.

Doctors must not prescribe for themselves or those close to them in situations when more appropriate sources of medical care

are available. For example, on a Sunday afternoon, rather than prescribing their child an antibiotic for tonsillitis, doctors should contact the GP out of hours service; if they themselves have run out of repeat medication they should speak to their pharmacist to see if they could be dispensed a short supply.

All decisions should be made on a case-by-case basis and doctors should be prepared to justify their actions.

Professional risk

The greatest potential professional risk is an adverse finding by the regulator. General Medical Council (2016) guidance for their decision makers outlines that doctors who seriously or persistently fail to follow their guidance may have their fitness to practise called into question. In isolated cases of prescribing for themselves or those close to them, factors taken into consideration will be whether the prescribing is for controlled drugs, and whether prescribing is appropriate, excessive or repeated. Prescribing under a false name is a criminal offence and a probity issue, and will affect a doctor's registration.

Being referred to the General Medical Council for investigation may be stressful for doctors. Investigation may take several months; the uncertainty of the outcome can take its toll on doctors' health. Doctors should contact their medical defence organization as soon as possible if a complaint is made about them to the General Medical Council.

An analysis of General Medical Council cases of 119 doctors suspended or erased from the register revealed that 10 cases involved a probity issue relating to prescriptions (Harris and Slater, 2015).

Many UK hospitals have specific policies for prescribing for self, family members and colleagues, highlighting that responsibility for care lies with the patient's GP, or in emergency situations the accident and emergency department. Doctors should familiarise themselves with such policies, remembering that failure to follow the policy could result in disciplinary action.

Pharmacists, like doctors, have ethical obligations. The General Pharmaceutical Council has published standards for pharmacy professionals (General

KEY POINTS

- Although doctors may experience pressures to do so, they should avoid prescribing for themselves or family or friends.
- The General Medical Council guidance is clear that doctors must avoid prescribing for themselves or those close to them wherever possible.
- Doctors and their families should obtain medical care in the same way as anyone else, by attending their GP or, where appropriate, their local accident and emergency department.
- It may be appropriate for doctors to prescribe for themselves or those close to them in genuine emergency situations.
- Doctors who self-prescribe or prescribe for family or friends may put themselves, others or patients at risk, and this could affect their registration.
- Being a doctor can be stressful and doctors should be aware of their own health.
- All doctors should be registered with a GP.

Pharmaceutical Council, 2017a) and also guidance on what they should do if they have concerns about other health professionals (General Pharmaceutical Council, 2017b). Pharmacists may well challenge or refuse to dispense self-prescriptions and in occasional circumstances, might even refer the doctor to the General Medical Council – in fact some large pharmacy companies have advised their pharmacists to do just that. Chapman

(2013) sought the views of UK pharmacists on the dilemma of a self-prescribing GP, demonstrating a range of views on self-prescribing.

International practice

Many doctors aspire to work abroad. Prescribing for self and loved ones remains a concern worldwide. The British Medical Association (2013) reported the findings of a research seminar at the International Conference on Physician Health in Montreal, Canada. In the north American and European countries discussed, the consensus seemed to be that doctors should only be prescribing for themselves or family in urgent situations, when access to emergency care is unavailable.

Doctors planning to work abroad should familiarise themselves with that country's medical council ethical guidance.

Conclusions

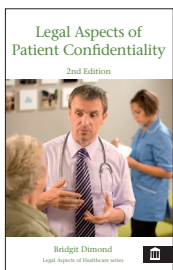
While opinion may be divided, it is clear that there are pitfalls and risks to self-prescribing or prescribing for those close to you. It should be avoided in all but emergency situations. The General Medical Council has published clear guidance with which all doctors should be familiar. It is also important for doctors to maintain an awareness of their own health, for their own sake as well as that of their patients. **BJHM**

Conflict of interest: none.

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