

10 March 2025

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Sent via email: [REDACTED]

Dear Mr McLoughlin

Thank you for sending the Rule 28 report arising from the investigation into the death of Mrs Fahmida Khanam. May I offer our sincere condolences to the family for their loss. You draw attention to the fact that Mrs Khanam's husband, [REDACTED], had been treating her. While you concluded that Mrs Khanam died of natural causes and do not suggest any suspicious conduct on the part of [REDACTED], you have referred the matter to us based on your understanding that 'it is a cardinal principle that a doctor should not treat a close relative'. As the independent statutory regulator of doctors, physician associates (PAs) and anaesthesia associates (AAs) in the UK, our focus is to support good, safe patient care. One of our key functions is to set and maintain the [professional standards](#) expected of our registrants.

In the introduction to [Good Medical Practice](#), we say:

*"... it isn't a set of rules. You must use your professional judgement to apply the standards in Good medical practice to your day to day practice. This means working out which of the professional standards are relevant to the specific circumstances you are facing, and using your knowledge, skills and experience to follow them in that context."*

On the specific concern that you highlight, in paragraph 97 of that guidance, we say 'You must, wherever possible, avoid providing medical care to yourself or anyone with whom you have a close personal relationship'. You go on to point registrants to the more detailed guidance on [Good practice in proposing, prescribing, providing and managing medicines and devices](#) and in particular paragraphs 66 to 68 regarding record keeping and the issues around prescribing controlled drugs.

So, our guidance does not forbid doctors from treating those close to them - there may be circumstances where no other doctor is available, for example when they live in remote rural areas. However, best practice would be to avoid doing so wherever possible because of the potential pitfalls. For example, it may be difficult to be objective when treating a family member (including issuing prescriptions): the family member may feel constrained in being open and honest about their condition.

And not every departure from our standards will be considered serious enough to justify action affecting a registrant's registration and licence to practice.

When a concern is raised with us about a registrant, we must assess whether that individual poses any current and ongoing risk in line with our regulatory responsibilities:

- protecting, promoting and maintaining the health, safety and wellbeing of the public
- promoting and maintaining public confidence in the medical professions, and
- promoting and maintaining proper professional standards and conduct for members of those professions.

Further information about our processes and the types of action we might need to take can be found on our [fitness to practise webpages](#).

Thank you for highlighting this matter with us.

Yours sincerely

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Medical Director and Director of Education and Standards