

Organisation Name: Savile Town Medical Centre

GP Treatment of Immediate Family Members

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Position	Named individual
Practice Manager	██████████
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1 Introduction

1.1 PURPOSE

The purpose of this policy is to establish clear guidelines for GPs to follow regarding the treatment of immediate family members (i.e., spouse, children, parents, siblings) to maintain ethical medical practice and ensure patient safety, confidentiality, and professional boundaries.

1.2 SCOPE

This policy applies to all General Practitioners (GPs) and healthcare providers working within the practice, including locum doctors, nurses, and allied health professionals.

1.3 POLICY STATEMENT

GPs should **avoid treating immediate family members** due to potential conflicts of interest, emotional bias, and challenges in maintaining professional boundaries. Exceptions may be made in urgent or emergency situations, but these should be documented and reviewed in accordance with ethical and legal guidelines.

1.4 Status

In accordance with the [Equality Act 2010](#), we have considered how provisions within this policy might impact on different groups and individuals. This document and any procedures contained within it are non-contractual, which means they may be modified or withdrawn at any time. They apply to all employees and contractors working for the organisation.

2 Policy

2.1 Definitions

- **Immediate Family Member:** A family member who is related by blood, marriage, or domestic partnership, including parents, children, siblings, and spouses.
- **Treatment:** Any medical intervention, including but not limited to diagnosis, prescription of medications, surgery, or counselling.

2.2 General Guidelines

1. **Avoidance of Direct Treatment:**
GPs are advised not to treat their immediate family members directly unless in an emergency where no other healthcare provider is available.
2. **Referral Requirement:**
If a GP's immediate family member seeks treatment, the GP should refer them to another qualified healthcare professional or GP within the practice, ensuring continuity of care while maintaining professional objectivity.
3. **Emergency Situations:**
In the case of an emergency, where treatment is necessary to prevent harm or injury and no other healthcare provider is available, the GP may provide initial treatment. However, this should be followed by referral to an external healthcare provider as soon as possible.

4. **Clear Documentation:**
All decisions regarding the treatment of family members must be clearly documented in the patient's medical record, including any referrals made, the reason for the GP's involvement, and any risks or conflicts of interest identified.
5. **Patient Consent:**
If a GP must treat a family member in an emergency or unavoidable situation, informed consent should be obtained, acknowledging the potential conflict of interest. The GP should explain the reasons for their involvement and the limitations this might impose.

2.3 Ethical Considerations

1. **Impartiality:** Treatment of family members could be compromised by emotional involvement, which may impair the GP's ability to offer impartial and objective care.
2. **Confidentiality:** The GP should ensure that patient confidentiality is upheld at all times, even with immediate family members. GPs must avoid sharing any medical information about the family member with others, unless consent is provided.
3. **Professional Boundaries:** Clear professional boundaries should be maintained between the GP and their family member to avoid inappropriate dynamics and ensure effective care.

2.4 Exceptions

While it is generally discouraged for GPs to treat family members, exceptions may include:

- **Emergencies:** If immediate treatment is necessary to preserve life or prevent significant harm.
- **Geographic/Access Limitations:** In areas with limited healthcare providers, a GP may need to treat a family member, but this should be a temporary solution until a referral to an external provider is possible.

2.5 Procedure

1. **Family Member Requests Treatment:**
 - The GP should first assess whether they can provide appropriate care without compromising ethical guidelines.
 - If possible, refer the family member to another GP or healthcare provider within the practice or externally.
2. **In the Case of an Emergency:**
 - Provide immediate care to the family member if no other healthcare provider is available.
 - After providing emergency care, make a formal referral to an external healthcare provider.
 - Ensure that all steps taken are thoroughly documented in the patient's record.
3. **Referral Process:**

- For non-emergency situations, if the GP is unable or unwilling to treat a family member, they should refer the family member to another GP or specialist in a timely manner.
- The GP must ensure a smooth transition and provide any necessary medical information to the treating physician with the family member's consent.

4. Documentation:

- Record all details of the decision-making process, including the rationale for any deviation from standard practice, consent obtained, and referrals made.

5. Review:

- Periodically review the appropriateness of the policy and make adjustments as necessary based on patient feedback, staff input, and regulatory changes.

2.6 Responsibility

All GPs and clinical staff within the practice are responsible for adhering to this policy and ensuring that immediate family members are treated with the highest standards of care while respecting professional boundaries.

2.7 Enforcement

Failure to adhere to this policy may result in disciplinary action, including but not limited to formal warnings or review of clinical practice.

2.8 References

GMC Good Medical Practice Guideline, 2024