



Treatment of Self, Family, and other Close Relations

Recommendation: No physical therapist or physical therapist assistant should treat themselves, family members, friends, colleagues, or other close relations except in extraordinary circumstances.

There are many reasons a physical therapist (PT) may consider providing treatment to themselves, their family members, or other close relations such as finances, convenience, kindness, or a desire to be helpful. In social and community situations, friends may ask a licensee for informal advice or attendees may ask PTs to assist someone who is injured or ill. Although it may seem harmless, there are challenges and ethical concerns to the licensee, clinic, management, and the patient when treating oneself; immediate family members such as a child, sibling, spouse, parent; or other close personal contacts.

For example, people may ask the licensee to evaluate another provider's treatment plan or diagnosis or for advice and treatment beyond the PT's skill or expertise. The pressure from a family member or friend to provide treatment or advice—or a practitioner's own internal drive to provide help—may be difficult to resist. PTs should exercise restraint and act as a patient advocate, rather than provide informal care to friends and family members.¹

Physical therapy best-practice standards require that the licensee be able to treat objectively. A personal relationship with a patient establishes a significant likelihood that objectivity may be compromised, and the licensee may not treat the patient fairly. It is incumbent upon the licensee to evaluate the relationship considering these concerns and make every reasonable effort to refer the patient to another physical therapist.

Dual Relationships

When a licensee has both a provider relationship and a significantly different personal or professional relationship with the same individual, this is known as a "dual relationship":

- familial (practitioner who is also the parent, spouse/partner, sibling, grandparent/grandchild, or child of the patient)
- social (friend)
- professional (colleague, employee)
- communal (member of the same small community where interaction is likely outside of professional contact)
- self (practitioner self-treatment)

Dual relationships create challenges for both the licensee and the patient. Licensees must be sensitive to the inherent imbalance of power created in a provider/patient interaction and the need for trust and truthfulness between the two parties. Treating individuals with whom there is a dual relationship may potentially compromise the practitioner's ability to deliver the same level of care and attention to the individual as to any other patient. Many of a practitioner's responsibilities cannot be carried out effectively or completely in the presence of competing responsibilities or within relationships where an emotional connection exists.² For example, it may be difficult for the provider to obtain a sufficiently detailed history, conduct sensitive examinations, or fully explain treatment options.³ Patients in a dual relationship with a licensee may not feel empowered to ask questions or challenge the knowledge or expertise of the licensee for fear of damaging the personal relationship. The patient may be hesitant to communicate with the licensee

¹ Gold, Katherine & Goldman, Edward & Moseley, Kathryn. (2014). Ethical Challenges in Treating Friends and Family REPLY. The New England journal of medicine. 371. 2437. 10.1056/NEJMc1412844.

² Federation of State Medical Boards. Position Statement: Treatment of Self, Family Members and Close Relations.

<https://www.fsmb.org/siteassets/advocacy/policies/position-statement-treatment-of-self-and-family-members-and-close-relations.pdf>. Published May 11, 2021. Accessed September 9, 2021.

³ College of Physicians and Surgeons of British Columbia. 2021. *Practice Standard Treatment of Self, Family Members and Others Close to You*. [online] Available at: <<https://www.cpsbc.ca/files/pdf/PSG-Treating-Self-and-Family-Members.pdf>> [Accessed 18 November 2021].

in a way that leads to full understanding and granting permission for care, potentially compromising the patient's ability to give informed consent. Because of the difficulty in defining the boundary between the two relationships, both the PT and the patient may become confused in their roles resulting in compromised care and damaged relationships.

When To Provide Treatment

It is always preferable to have another licensee provide care to those with whom there is a dual relationship; however, in some circumstances, it may be necessary to provide treatment:

- Emergency situations
- Required care cannot be reasonably accessed from another provider
- Licensee is the only health care provider available⁴

When a PT chooses to provide care to an individual with whom there is a dual relationship, best practices include the following actions:

- Follow accepted standards and protocols.
- Complete a history and physical examination.
- Notify the patient's other health care team members.
- Limit care to the shortest course of treatment possible.
- Seek out and document the search for an alternate health care provider to whom to transfer care.
- Consider telehealth as an appropriate means to access an alternative provider.
- Consult with other health care professionals when treating close relations.
- Maintain a formal medical record.⁵

Physical Therapist Assistants

Physical therapist assistants (PTAs) should communicate with the supervising PT when they have a dual relationship with a potential patient. PTs should not require a PTA they supervise to provide treatment to individuals with whom the PTA has such a relationship. As PTAs should always be working under supervision, if they were approached to provide treatment independently of a PT evaluation, they would be compelled to decline by the laws and regulations governing their role as a licensed PTA.

Conclusion

No known professional organizations, including the American Physical Therapy Association, condone care for self or family other than in exceptional situations. Although not all health care organizations have published guidelines, those that do have recommended against providing care for close relations.⁶ Many payors will deny services when the provider treats a family member. One influential and significant payor, Medicare, under the General Exclusions from Coverage states no payment will be made for items or services for a family member when the charge is from an immediately related provider, any of their associates, or their professional corporations.⁷ Licensees should refer to any applicable guidelines for professional conduct, payor agreements, and practice act and regulations of the jurisdiction where they hold the license to determine if the treatment of individuals with whom the provider has a dual relationship is covered.

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⁴ Federation of State Medical Boards. Position Statement: Treatment of Self, Family Members and Close Relations.

⁵ Federation of State Medical Boards. Position Statement: Treatment of Self, Family Members and Close Relations.

⁶ Gold KJ, Goldman EB, Kamil LH, Walton S, Burdette TG, Moseley KL. No appointment necessary? Ethical challenges in treating friends and family. *N Engl J Med*. 2014 Sep 25;371(13):1254-8. doi: 10.1056/NEJMs1402963. PMID: 25251620.

⁷ Cms.gov. 2014. *Medicare Benefit Policy Manual Chapter 16- General Exclusions from Coverage*. [online] Available at: <<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>> [Accessed 18 November 2021].