

## Payment Policy | Self-Treatment and Treatment of Family Members



**EFFECTIVE DATE:** 10|06|2009

**POLICY LAST UPDATED:** 06|05|2018

### OVERVIEW

Member contracts for all products do not cover services provided to a family member or member of the provider's household. In part, this is because such persons would not be charged for these services absent insurance coverage. Additionally, it is consistent with ethical principles.

### MEDICAL CRITERIA

Not applicable.

### PRIOR AUTHORIZATION

Not applicable.

### POLICY STATEMENT

Blue Cross and Blue Shield of Rhode Island follows The American Medical Association Code of Medical Ethics Code of Medical Ethics Opinion 1.2.1. which states:

“ Physicians should not treat\* themselves or members of their own families except in emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available. It is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members except during an emergency”.

\*BCBSRI defines treatment as to evaluation, thorough examination, testing and ordering of services.

BCBSRI defines family members as a spouse or domestic partner, natural, adopted or step- children, grandchildren, parents, parents-in-law or grandparents.

A physician may not serve as a primary care physician (PCP) for self, or a family member or household member.

Physicians cannot order medications without a professional doctor patient relationship.

### COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable for applicable not covered services.

### BACKGROUND

Self-Treatment or Treatment of Immediate Family Members:

Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. Physicians may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination.

Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the physician is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should be avoided for such patients.

When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a physician's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the physician.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, physicians may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

#### **CODING**

Not applicable.

#### **RELATED POLICIES**

Not applicable.

#### **PUBLISHED**

Provider Update, August 2018

Provider Update, June 2017

Provider Update, December 2009

#### **REFERENCES**

AMA Journal of Ethics: <https://www.ama-assn.org/delivering-care/treating-self-or-family>

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