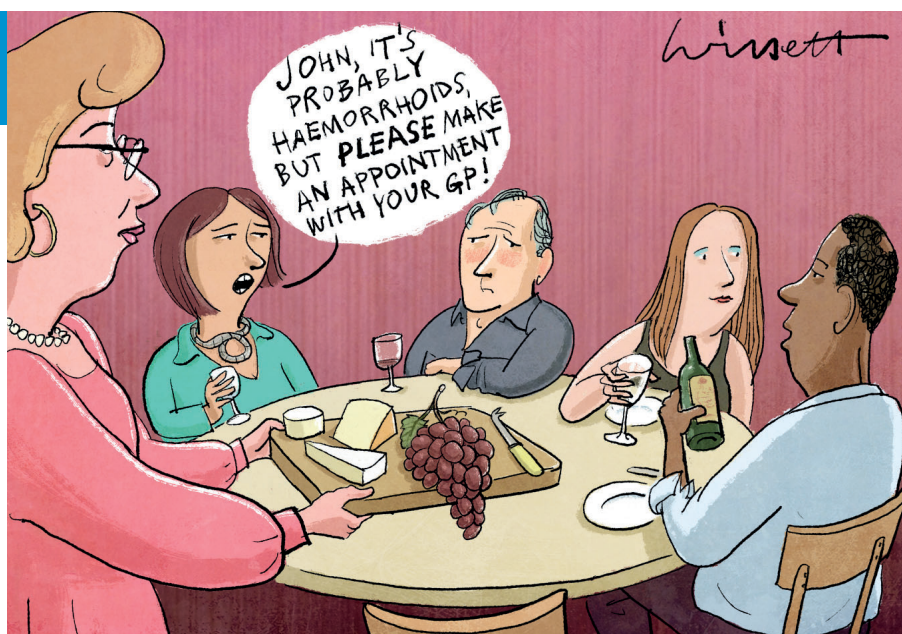


## CAREERS CLINIC

# Can I treat an acquaintance?

It can be tempting to offer advice to people you know and who are not close friends or family, but there are things to consider,

**Abi Rimmer** hears



### You may lack objectivity

**Kathryn Leask,**  
Medical Defence Union  
medico-legal adviser

“Which of us has never had a friend ask about their medical problems? Very few I suspect. While it’s tempting to try to be helpful, there are limited circumstances when it is acceptable to treat an acquaintance.

“One exception is in an emergency. In general, you should advise them to seek independent medical advice from their own GP. If the conversation takes place out of hours, they can contact 111 or go to their nearest walk-in centre or emergency department.

“If you do find yourself in an emergency and need to treat or prescribe for someone close to you, you must keep a clear record of what you did, why you provided the treatment, and your relationship with the person. You should also tell the person’s GP what treatment you provided and any other relevant information unless they object.

“It’s best to avoid treating even distant relations or friends of friends because you may lack objectivity. You are also unlikely to have full knowledge of their medical history, medications, or allergies, or be able to access their medical records to make a contemporaneous note of the care provided.

“This is particularly important where controlled drugs are concerned. Consider how your relationship may be affected if a problem arises from your involvement. If those weren’t enough reasons, you may not be indemnified for advice offered to friends and relations should the person claim against you. Finally, you could also face a GMC investigation and be called upon to justify your actions.”



### Thoroughness may be sacrificed for convenience

**Daniel Sokol,** medical  
ethicist and barrister  
specialising in clinical  
negligence

“Too close a relationship between doctor and patient runs a risk of blinding the doctor to what is critical. For example, a doctor treating a friend or acquaintance may forego a rectal examination when he or she would otherwise have insisted on one. The potential consequences of such an omission are obvious.

“Keen to please, a doctor may subconsciously ascribe too much weight to reassuring signs and observations and ignore unfavourable evidence. Thoroughness and balance may be sacrificed, unwittingly, for the patient’s comfort and convenience.

“When presented with these points, I have heard doctors claim that they would not be so blinded. This is a perilous stance given what we know about the human tendency for inflated self-assessment.

“There are exceptions. An acquaintance can be so faintly known to the doctor that there is little difference between the acquaintance and an ordinary patient. The treatment itself may be so minor—for example, removing a splinter from a toe—that it would be silly to suggest another doctor. Even if the acquaintance is emotionally close and the treatment significant, an emergency can justify an intervention.

“The key question is whether this non-standard relationship creates a real risk of interfering with the doctor’s duty to act in the patient’s best interests. The assessment of that risk is a judgment call, for which a prudent doctor should usually seek a second opinion.”



### The pitfalls can vary

**Alison Whiting,** policy  
officer for standards  
at the General Medical  
Council

“In our core guidance, *Good Medical Practice*, we say that wherever possible doctors should not provide medical care to anyone with whom they have a close personal relationship.

“There are several reasons for this. It can be difficult for patients in these circumstances to be open and honest about their medical history and treatment, and doctors may come under pressure to provide a particular treatment or find it difficult to be objective about a patient’s need for it.

“We don’t forbid doctors from treating their family or friends if it may be reasonable for them to do so, where no other doctor is available—for example, in an emergency or if they work in a remote rural area. But we do urge caution and careful consideration of the risks, as well as the alternatives available for meeting the patient’s needs. We also impress the importance of record keeping, which can sometimes fall by the wayside when relationships are both professional and personal.

“We do not define what a ‘close personal relationship’ is, as each situation must be considered on its own merits.

“The pitfalls of treating an acquaintance can vary—providing care to a colleague can present different challenges to a family friend. In either of these situations, we would encourage care to be sought independently to prevent conflicts of interest.”

[Cite this as: BMJ 2023;383:p2555](#)