

**PROVIDING HEALTH CARE TO FAMILY MEMBERS:  
CITATIONS FROM SELECTED DATABASES**

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**PUBMED**

Arch Fam Med. 1994 Jul;3(7):599-604. 'Common sense and a thick hide'. Physicians providing care to their own family members. Reagan B, Reagan P, Sinclair A. Department of Family Medicine, Oregon Health Sciences University, Portland.

**OBJECTIVE:** To determine how frequently physicians treat their relatives in 17 categories of care, their reasons for deciding to treat, and their level of comfort with this practice. **DESIGN:** Mailed survey. **SETTING:** Rural, suburban, and urban practices in Oregon. **SUBJECTS:** Two thousand fourteen physicians in the following specialties: general practice, family practice, general internal medicine, general surgery, orthopedic surgery, obstetrics/gynecology, and pediatric medicine. **RESULTS:** One thousand two hundred ninety-two questionnaires (64%) were returned. Minor prescribing was done most frequently, followed by routine pediatric care, physical examinations, and minor surgery. All other forms of care occurred rarely, and there appears to be a gradient based on the level of complexity, seriousness, and potential for conflict with privacy. In general, older, male, and rural physicians provided more services to family members than their younger, female, and urban counterparts. General and family practitioners performed the most family care; general internists, the least. The most important reasons for providing care were convenience for the patient and request from relatives. Providers were most comfortable providing care to their children and least comfortable providing care to their grandparents. **CONCLUSIONS:** There is a wide range of practice, depending on the nature of the care and provider characteristics. Physicians report treating their own family members rarely and face significant dilemmas when doing so.

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**ETHXWEB DATABASE**

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Journal of Vascular Surgery 2005 November; 42(5): 1033-1035  
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Prather, Erin  
Rx for trouble: prescribing for family, friends discouraged  
Texas Medicine 2005 July; 101(7): 65-67  
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## BIOETHICSLINE DATABASE (1973-2000)

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UI 23244  
AU Smith, Harmon L.  
AU Churchill, Larry R.  
TI Professional Ethics and Primary Care Medicine: Beyond Dilemmas and Decorum.  
SO Durham, N.C.: Duke University Press; 1986. 117 p.

### Document 2

UI 35983  
AU La Puma, John  
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SO JAMA. 1992 Apr 1; 267(13): 1810-1812.

### Document 3

UI 38851  
CN American College of Emergency Physicians  
TI Ethics Manual.  
SO Annals of Emergency Medicine. 1991 Oct; 20(10): 1153-1162.

### Document 4

UI 42645  
AU Steinbrook, Robert  
TI Rethinking professional courtesy. [Editorial].  
SO New England Journal of Medicine. 1993 Nov 25; 329(22): 1652-1653.

### Document 5

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AU Levy, Mark A.  
AU Arnold, Robert M.  
AU Fine, Michael J.  
AU Kapoor, Wishwa N.  
TI Professional courtesy -- current practices and attitudes.  
SO New England Journal of Medicine. 1993 Nov 25; 329(22): 1627-1631.

### Document 6

UI 42853  
AU Algazy, Jeffrey  
AU Lachs, Mark  
TI Professional courtesy then and now. [Commentary].  
SO Archives of Internal Medicine. 1994 Feb 14; 154(3): 257-261.

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AU Emanuel, Linda L.

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TI The consultant and the patient-physician relationship: a trilateral deliberative model.

SO Archives of Internal Medicine. 1994 Aug 22; 154(16): 1785-1790.

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AU Long, Robert S.

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Document 9

UI 55018

AU Stoeckle, John D.

AU Ronan, Laurence J.

AU Emanuel, Linda L.

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TI A manual on manners and courtesies for the shared care of patients.

SO Journal of Clinical Ethics. 1997 Spring; 8(1): 22-33.

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AU Moreno, Jonathan D.

AU Lucente, Frank E.

TI Patients who are family members, friends, colleagues, family members of colleagues.

SO <In:> McCullough, Laurence B.; Jones, James W.; Brody, Baruch A., eds. Surgical Ethics. New York, NY: Oxford University Press; 1998: 198-215.

Document 11

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AU Schneck, Stuart A.

TI "Doctoring" doctors and their families.

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