The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

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Dear Kanny,

Review of the Medical Council of New Zealand's statement on *Providing care to yourself and those close to you*

Thank you for providing the Royal New Zealand College of General Practitioners (the College) the opportunity to comment on the Medical Council of New Zealand's (the Council's) revised statement on *Providing care to yourself and those close to you.*

Introduction to general practice and the College

General practice is the specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to achieving health equity in New Zealand. To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education and housing).
- A greater focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Health services that are better integrated with other community services.
- A review of the funding model for primary care to ensure that funding is targeted towards the most disadvantaged.
- Free primary health care for low-income families, because health inequities begin early and compound over the life course.

Submission

The College acknowledges that doctors providing care to people with whom they have a close relationship with is a high risk area. The Council's revised statement on *Providing care to yourself and those close to you* appears to be largely consistent with international advice including the Australian Medical Council's Good Medical Practice: A Code of Conduct for Doctors in Australia[1], the General Medical Council's[2] advice on Treating Family Members, and the American Medical Association's opinion on this issue[3]. However, the wording of the new statement implies a greater restriction than was probably intended by the Council, with less emphasis on doctors using their own judgement and insight. This is a considerable diversion away from the professionalism that doctors are expected to demonstrate. While there have been incidents of inappropriate care, these are exceptions and the College considers it unnecessary to impose a more heavy-handed approach to the whole profession.

Features unique to general practice

The College is concerned by the definition of 'those close to you'. This phrase is particularly important for College members as the nature of general practice is that it involves doctors who live within a community and who provide repeated consultations and care over a long period of time. This creates a high level of trust and a knowledge of the patient and their lives, with positive effects on the openness and effectiveness of communication between GP and patient, improved continuity of care, and better overall efficiency of appointments.[4] A natural side effect to this enduring, trusting relationship could reasonably expected to be a friendship.

Additionally, many GPs return to practice in the community in which they grew up once they have gained vocational registration, and therefore will have pre-established relationships. This is especially important for sustaining the rural medical workforce. The Council's statement appears to be onerous for rural GPs for this reason.

There has been some concern expressed by members that the revised statement implies that any social interaction/ friendship outside of a doctor-patient setting would be the 'benchmark' for when care becomes inappropriate. This has particular practicality implications for smaller communities where interaction with patients outside of a medical stetting is more common. The College does not believe it is the Council's intention to infer this level of strictness but the statement would benefit from some rewording to make this clearer. As Ron Paterson, former Health and Disability Commissioner, noted in relation to the idea that doctors should have no social contact with their patients, "such a prohibition would be harsh and unrealistic - particularly in the context of a small town or rural practice. Provided that professionalism and common sense guide a doctor in his or her interactions with patients, both in and out of the surgery, there should be little room for concern."[5]

Clause 6 exempts doctors 'working in a particular community where there are people close to you who are patients because it is difficult for them to access other practitioners'. This statement presumably

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[1]AMC. Good Medical Practice: A Code of Conduct for Doctors in Australia. Medical Board of Australia, 2010; pp. 14 and 29
(http://www.amc.org.au/about/good-medical-practice)
[2] GMC. Good Medical Practice: Treating family Members (ePublication). General Medical Council, 2013. (http://www.gmc-uk.org/guidance/10247.asp)
[3] AMA. Chapter 1: Opinions on Patient-Physician Relationships. American Medical Association, 2016 (http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page)
[4] Andres C, Cook L, Spenceley S et al. Improving Primary Care: Continuity is about relationships. Canadian Family Physician, 2016; 62(2):116-119. (http://www.cfp.ca/content/62/2/116.full.pdf+html)
[5] Paterson R. Boundary Issues. NZ Doctor, 22 March 2006 (http://www.hdc.org.nz/publications/other-publications-from-hdc/articles/2006/boundary-issues)

aims to allow for rural doctors and those in small communities. However, a community could also be a suburb in a large city where patients whom the GP is 'close to' could feasibly be asked to attend another practice in the city, but at considerable inconvenience to the patient. GPs often play an important role in their communities, and develop relationships with many members of the public as part of their community work. As an integral part of a small community – whether it be rural, or suburban – it would be impossible for GPs to avoid knowing many patients on a personal level. Once again, the College assumes that the Council is not implying that doctors avoid friendships with patients, but does advocate that the revised statement should be clearer.

Ethnic Concordance

As noted by the Medical Council, 'Cultural differences can, and do, get in the way of good doctor-patient relationships and good communication.'[6] The inverse of this is that it is fundamentally easier to communicate and establish a trusting relationship with someone of the same culture as your own, known as ethnic concordance.[7] This anecdotally results in patients actively seeking out doctors they will find easiest to relate to and *vice versa* e.g. Māori patients seeking Māori doctors, women seeking female doctors, migrants seeking doctors who speak their native language. One Pacific member noted that Pasifika families bring everyone to them as a trusted professional. This pattern of behaviour is echoed socially, that is people tend to be friends or 'close to' people of their own culture. Consequently, doctors of a minority group are more likely to experience crossover between their patients and social groups. Discouraging doctors in this position from treating patients who are also friends or whānau potentially adds another barrier to access of culturally appropriate care for patients of minority groups.

Response to Council's Consultation Questions

Preamble

The College agrees with the use of the second person throughout the statement with suggested grammatical edits in the following sentence:

> *Wherever possible, you ~~doctors~~ should avoid treating people with whom you ~~they~~ have a personal relationship rather than a professional relationship as providing care to yourself or those close to you is inappropriate due to discontinuity of care and the lack of clinical objectivity.*

We suggest that a paragraph briefly outlining the Council's stance on self-care - i.e. that all doctors have their own GP - be added to the preamble to more accurately reflect the statement. Suggested wording might be: *"As outlined in its statement 'Supporting Doctors' Health', the Council expects all doctors to have their own general practitioner to avoid self-assessment and that self-care would only occur in emergency situations".* With this addition, the expanded preamble would provide a good summary of the position statement.

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[6] Adams J. Building cultural competence: the Medical Council's direction. Best Practice Journal, 2011; 37 (http://www.bpac.org.nz/BPJ/2011/august/cultural_comp.aspx)

[7] Cooper LA and Powe NR. Disparities in patient experiences, health care processes, and outcomes: The role of patient-provider racial, ethnic, and language concordance. The Commonwealth Fund, 2004. (http://www.commonwealthfund.org/programs/minority/cooper_raceconcordance_753.pdf)

Definitions

The College does not agree with the definition of 'those close to you' for several reasons. First of all, the unique characteristics of general practice make the current definition unreasonable as described earlier in this submission.

In addition to these arguments, the College also notes that people's concept of 'closeness' varies considerably. It is easy to imagine a situation where one doctor's perception of the closeness of a personal relationship is considerably different to that of the HDC, Medical Council, or even the patient involved. Closeness could arguably be defined as a combination of frequency of contact, depth of feeling or trust in a relationship, interpersonal knowledge, and intersection of each other's lives. For example, one might frequently see a person with whom they have a friendly relationship and whose lives often intersect, but whom have no depth of feeling or particular regard for one another. Conversely, a doctor may have a friend whom they see very irregularly, but whom they have a deep sense of trust and connection. The clarification of the concept of closeness provided by the phrase "*could reasonably affect the doctor's professional judgement*" is completely eroded by the all-encompassing examples of *"friends, colleagues and staff"*.

On a related, but separate note, knowledge of a patient acquired in a non-clinical setting may positively affect a doctor's ability to provide care rather than impeding professional judgement as assumed by the statement. Doctors can, and should be trusted to decide when information or any personal aspects of a relationship with a patient is negatively impairing their objectivity.

The removal of the examples and the rephrasing of the definition to rely more on the doctors' judgment would also resolve many concerns about the use of this phrase. An alternative definition may be: '*those whom the doctor perceives they are unable to provide objective care'*.

The College agrees with the other proposed definitions and advises the addition of a definition for 'invasive procedures'. Specifically, vaccination is technically an invasive procedure and therefore routine immunisations of practice staff would possibly be considered inappropriate. Our view is that it is entirely appropriate for vaccination of practice staff to occur in house – particularly when the alternative would require staff to visit a practitioner in another town with whom they do not have an established relationship. Another example of appropriate invasive treatment might be minor suturing of a friend in an urgent or remote situation.

It is also noted the second person tense appears to have changed for this section.

Clause 2: Assessment of yourself and those close to you

The clause on why doctors should have their own GP is clear with a good link to the relevant statement.

Clause 3: Explanation

The College agrees with the clear reasoning on why self-care and the provision of care for 'close' persons is inappropriate, but not as it applies to the current definition of 'those close to you'. It is notably very similar to Opinion 1.21 of the American Medical Association, Treating Family or Self, but with the important difference that the AMA statement applies more narrowly to immediate family members.[8]

[8] AMA. Chapter 1: Opinions on Patient-Physician Relationships. American Medical Association, 2016 (http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page)

Clause 4: Providing care to yourself or those close to you is inappropriate

The College suggests that the title of this section be amended to *'Situations where providing care is totally inappropriate'* as it is already conceded that there is a scale of inappropriateness.

Clause 5

The College has no issue with this clause as it is specific to ongoing/ chronic conditions, for which the patient would have a primary care provider.

Clause 6: Exceptions in certain situations

The provision in this clause for communities where patients may struggle to access another practitioner goes some way to alleviating the burden of the statement for rural settings. However, the exception is undermined by the broad definition of 'those close to you' and the required low threshold for referral.

A suggested alternative to referral is that doctors in rural settings (or other communities where patients face difficulties in accessing alternative practitioners) would be to encourage doctors to seek advice from a colleague and utilise peer networks. This maintains the access for the patient while supporting the doctor's ability to monitor their own objectivity.

Clause 7: Measures to ensure good care:

In general, the College agrees with the clause although notes that having care 'monitored by another doctor' is likely to be impractical in smaller communities.

Related Resources

The College suggests the addition of the Council's statement on *'Supporting doctors' health'* to the related resources section.

As outlined in this submission, general practice is considerably different to many other specialities in terms of its role in the community and patient relationships. Consequently, it is suggested that the College could develop advice for its members on how the final statement should be interpreted in general practice. We would be happy to work with the Council staff in the development of such guidance. If the Council believes that this would be a useful approach, please contact me to arrange a meeting to discuss this suggestion further.

We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely,

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