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ETHICS CASE

A Friend's Request for Treatment

Commentary by Horacio Hojman, MD

Peter and Tom have been best friends for more than a dozen years. Peter, a surgeon, is reputedly the best gastroenterological surgeon in the region. He is known for polyp resections, colectomies, and related surgical procedures of the gut. Tom teaches math at the county community college. They have been meeting to play golf at Peter's golf club on the first Saturday of the month for many years. One Saturday, Tom approaches Peter with a look of concern, telling him that his last colonoscopy revealed a tumor and that he has to have surgery to resect part of his ascending colon. Peter listens intently. Then Tom says, "You're the best colorectal surgeon around."

Peter nods his head. "So they say."

"Well, I know you don't usually operate on your friends, but can't you make an exception for me?"

Peter is slightly taken aback but remains silent. Tom continues, "It doesn't seem to make sense for me to go to a 'runner-up' surgeon just because we happen to be friends."

Commentary

The dilemma facing Peter is not uncommon. Almost all physicians, at one time or another, have been asked to provide care or advice for a relative or a friend. Sometimes the advice requested is for trivial medical conditions like a minor cut. But in other cases these requests can be particularly burdensome.

The American College of Physicians [1], the General Medical Council of Great Britain [2], and the Medical Council of New Zealand [3] advise against providing medical care to anyone with whom a physician has a close personal relationship. Similar recommendations have been issued by the American Academy of Pediatrics [4], the College of Physicians and Surgeons of Ontario [5], and the College of Physicians and Surgeons of British Columbia [6].

The American Medical Association (AMA) *Code of Medical Ethics* states: "Physicians generally should not treat themselves or members of their immediate families" [7]. Although these guidelines do not specifically mention friends, the reasons given for not treating family members apply equally to friends. First and foremost, patients deserve

objectivity from their doctors. When a physician is emotionally involved with a patient, that [physician's objectivity](#) can be called into question. Perhaps his friendship with Tom could cause Peter to overlook a potentially life-threatening complication or not to offer an objective and fair assessment of Tom's clinical condition. Peter might be the best surgeon in town, but he might not be the best surgeon for Tom.

Even if Peter thinks he could treat Tom as if he were any other patient, humans are known to be self-deceiving when it comes to recognizing their own biases or limitations [8]. Peter might feel uncomfortable asking personal questions about Tom's past medical history. Despite his eagerness to have Peter as his surgeon, Tom might also feel embarrassed about revealing certain confidential information or, worse, lie to him. One or both of them might feel uncomfortable about a complete physical exam and omit an important part of it.

If Peter and Tom are friends, most likely they know each other's families. This shared personal knowledge could result in confidentiality and trust problems. If Tom chose to withhold certain information from his loved ones—for example, how serious his condition is—he might ask Peter not to reveal this information to his wife. Under normal circumstances, physicians can avoid disclosing information to family members by just invoking the patient's right to privacy. This might be difficult for Peter, however, since Tom's wife would most likely approach him as a trusted friend rather than merely Tom's physician.

Furthermore, all surgical procedures, regardless of how experienced the surgeon is, can result in serious complications. Although obviously the consequences of one of those complications could be tragic for Tom, it could also have devastating emotional consequences for Peter.

Despite these concerns, there is scant information regarding their validity. Surveys indicate that physicians [treat friends and family](#) frequently [9-11]. Although doing so can cause physicians distress [11], it is unclear whether medical errors are more common when treating intimates. Many physicians could cite personal experiences of treating a family member or a friend in which their judgment was clouded by their emotional involvement. However, we tend to better recall experiences that confirm our fears, like a bad outcome, rather than uneventful ones that fail to confirm our fears [12].

Based on all the concerns expressed above, it would be prudent for Peter to politely decline to perform the surgery. He should tactfully explain his concerns to Tom. Perhaps he could offer to be Tom's advocate during the process and help Tom with finding another qualified surgeon to do his case and navigating the maze that health care can be [13]. Having major surgery can be a distressful and frightening experience, and the advice of a knowledgeable friend during this time can be invaluable.

However, all the guidelines mentioned above make exceptions for emergencies or when no other qualified physician is available. We do not know the size of the community where Peter and Tom live, the degree of access to other qualified surgeons within it, or Tom's ability to access a surgeon outside it. Perhaps some of these options put a significant burden on Tom's access to adequate care. If there is a reasonable cause that prevents Tom from accessing adequate care, Peter should agree to perform the surgery.

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