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TREATMENT OF RELATIVES BY DOCTORS: EXPERIENCE FROM CALABAR, NIGERIA.

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SUMMARY

Objective: To determine the involvement of medical practitioners working in a tropical setting in the treatment of their relatives.

Design: Cross-sectional.

Subjects: Medical practitioners of all cadres working in the University of Calabar Teaching Hospital, Calabar, Nigeria.

Setting: A large teaching hospital in Calabar, Nigeria. A referral centre for two states.

Main Outcome Measures: Extent, type and effect of involvement in the practice.

Results: Majority (90.9%) of medical practitioners in our centre were found to have been involved in the treatment of their relatives. Services rendered included consultation, in which all respondents (100%) have partaken. Cardiopulmonary resuscitation (16.9%) and emergency surgery were performed by only a few (3.1%). Though fees were not charged for services provided by most; a few (13.1%) did so. Outcome of involvement was unfavourable in some instances: 9.4% lost relatives they were involved in treating. Majority of the respondents 51.7% believed it is unethical to treat relatives and advocated for only limited involvement. This is because the pressure from relatives for care cannot be entirely ignored.

Conclusion: It is difficult in our environment not to accede to request to treat family members. We recommend that practitioners may offer only consultation, and in some cases treat minor ailments while referring more serious ones to appropriate colleagues.

Key words: Treatment of relatives, doctors, Calabar *(Accepted 9 March 2007*)

INTRODUCTION

It is a common knowledge worldwide that physicians treat their family members and significant others. Some provide care to friends, employees and even themselves. Family members commonly request care from doctors who are related to them for various reasons.[1,2] Good reasons probably motivate or encourage these age-long practices. The family is believed to be the most frequent source of decision-making about health matters and personal care of its members[3]. Family dynamics expect the physician-member of the family to be fully involved, not only for care of minor illness but also in acute illness at home, pre-hospital and post hospital care, long term illness and disability of the family members [4]. The dearth of medical practitioners in developing countries makes treatment of relations almost unavoidable. In Nigeria, the World Health Organization (WHO) [5] estimates about 18 doctors per 100,000 populations, so it may be difficult if not impossible for family members not to be treated by their own relatives who are physicians.

Ethical questions have arisen about the right of physicians to treat members of their own families.[6] For example, the American College of Physicians Ethics Manual strongly discourages but does not prohibit physicians from treating family members, limiting such situations to those of necessity and cautioning that the patient be transferred to the care of another physician as soon as practical.[7] The 1901 code of ethics of the American Medical Association (AMA) noted that a family member's illness tends to obscure (the physician's) judgment and produce timidity and irresolution in his practice.[8] Recently

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The AMA, stated that there are situations in which family members can provide routine care for short-term "minor" problems.[9]The AMA specifies that doctors should write prescriptions for controlled substances for themselves or immediate family members only in emergencies.[9] The Canadian Medical Association agrees with this position.[10] It states that treatment of family members should be limited to minor or emergency care or instances when another physician is unavailable.[10] The Medical and Dental Council of Nigeria (MDCN) also agrees with this position but advises that severe ailments be referred to another doctor who would treat without distracting emotions [11] .The family set up in developed countries are different from ours. In Nigeria, extended family members are integrated into the nuclear family. The MDCN however, did not differentiate between nuclear and extended families.
These differences in family set ups not withstanding, several problems can arise when physicians care for their relatives.[6] The informal nature of the situation may result in compromised care at different steps in the clinical encounter: history taking, physical examination, diagnosis, treatment and follow-up.[6] McSherry[12] found incomplete physical examination, medical records and immunizations to be undesirable consequences of physicians treating their first degree relatives such as their children.
To our knowledge, the involvement of practitioners in this practice has not been studied in our region. This cross-sectional study was therefore conducted to ascertain the extent of involvement in this practice among doctors working in our centre.

SUBJECTS AND METHODS

Calabar, the capital city of Cross River State, is located in the southeastern coastal region of Nigeria. It has one of the oldest hospitals in Nigeria established in 1897 (that now metamorphosed to a teaching hospital) and the oldest psychiatric hospital (1903) in Nigeria. The University of Calabar Teaching Hospital (UCTH) provides tertiary health care for the inhabitants and outsiders alike.
This study was carried out between March 1st and 30th August 2003. Pretested self administered semi-structured questionnaires were distributed to respondents selected by systematic random sampling. All the doctors were grouped according to their cadres and using the nominal roll of each cadre with the aid of table of random numbers, doctors were selected from each cadre in the proportion of 4:6:3 for interns, resident doctors and consultants respectively. Two hundred doctors were chosen and given questionnaires. After 6 weeks, a second questionnaire was sent to the physicians who had not responded, and after 6 more weeks a third questionnaire was sent. One hundred and seventy six returned the questionnaires.
The questions included age of respondent, length of practice, specialization, whether any request had been made by family member before, type of requests made by family members, the degree of relationship with the member and type of treatment given. Other questions asked included any payment of medical bill, requests that were not met, any mortality following treatment, whether it is unethical to treat them and suggestions on what should be done when request is made. The data were analysed using Microsoft Excel.

RESULT

One hundred and seventy-six physicians completed the questionnaires giving a response rate of 88%. The age range was 25-66 years with a mean of 34.7 ± 7.5 years. The male to female ratio was 13.1:1. The average number of years of practice was 8.3 ± 6.5 years with a range of 1-38 years. One hundred and twelve (63.6%) were married.

Requests by family members

Only 16 (9.1%) respondents reported that they had never been requested to give medical treatment to a family member. Most of them (13) were found to be working far away from their relatives. One hundred and sixty (90.9%) however, had requests from family members. Analysis of the requests showed that all nuclear and extended family members consulted them, namely: spouses (58%), children (63%), fathers (31%), mothers (46%), brothers (67%), sisters (71%) and others (66%). "Others" include cousins, nephews, nieces, in-laws and other extended family members.

Frequency of requests

Out of the 160 respondents to whom requests were made, 83 (51.9%) of them agreed that requests were frequent, 9 (5.6%), very frequent; 56 (35%) rarely and 12 (7.5%) very rarely. Services given to family members by all 160 respondents are shown in Table 1.

Payment for services

Twenty-one (13.1%) charge for services provided but not consistently.

Refusal to treat/Uncomfortable request

Some respondents, 60 (32.5%) out of 160 have refused requests for treatment by relatives. This included treatment involving termination of pregnancy (15), intravenous drugs administration (10), delivery (10), surgery (10), vaginal examination (5), and others (10).Forty three (26.9%) had requests that made them uncomfortable also ranging from termination of pregnancy to issuing of fake medical certificate of fitness to surgery.

Outcome of treatment

Fifteen (9.4%) had lost relations they participated in

Treating.

Ethical considerations in the treatment of relatives

Ninety-one (51.7%) out of all the respondents (176) agreed that it is unethical to treat relations without distinction. They cited emotional attachments (37), poor judgments/bias (35), improper examination (15) and other reasons (4), as the reasons they adduced.

On what should be done when faced with requests, 73 (41.5%) recommended referral, 46 (26.1%) recommended treating minor and emergency cases, 28 (15.9%) recommended listening and referral to appropriate colleagues, 19 (10.8%) recommended treatment after consultation, while 10 (5.7%) would commence treatment and refer later.

Table 1: **Profile of Services Rendered**

Service*	No	%
Consultation	160	100
Treatment	145	90
Physical examination	113	70.6
Cardio pulmonary Resuscitation	27	16.9
Elective surgery	13	3.1
Delivery	9	5.6
Emergency surgery	5	3.1

*More than one could be provided at same time

DISCUSSION

This cross-sectional survey has shown that in our locality physicians do treat members of their families. The frequency of involvement is 90.9%. This is very high even though the response rate was not one hundred percent but there was adequate representation of all categories of practitioners. This high frequency may be due to the dearth of medical practitioners in the country making easy access to qualified physicians difficult. Those physicians who had not been consulted by their own family members were those that stayed and worked far away from their relatives. Probably, when they relocate, the story may be different. Family members frequently make all kinds of requests to practitioners in this centre. This may not be surprising bearing in mind the high cost of medical services in Nigeria resulting from the current economic situation. These requests would continue to be high as long as the situation remains the same. Services provided to family members range from consultation to emergency surgery. It is noted that even elective surgeries had been performed on family members. A good number also performed cardiopulmonary resuscitation (CPR) a necessary life saving procedure in emergencies. The American Medical Association (AMA) and indeed other medical associations readily subscribe to performance of CPR.[9, 10] This in most instances would be basic life support needed urgently to rescue a patient, be it a relation or a non relation. Surprisingly, a small number of doctors charge for services rendered to relatives. They were mostly extended family members. The motive for this could not be ascertained. A study would be needed to assess the reasons why our doctors charge relations. Usually, profit is not the motive for treating relatives. Standard medical practice will require that fellow doctors treat their colleagues and immediate family members without professional charge but only cost recovery charges.

Some respondents had to turn down requests ranging from termination of pregnancies to surgery. It is not surprising that termination of pregnancies were refused because abortion has not been legalized in Nigeria, even if it is legalized it will however, still not be ethically right to do so. In addition, some of our religious beliefs do not support abortion.

Some requests also impacted negatively on the psyche of the physicians making them uncomfortable, particularly, requests for fake medical certificate of fitness and termination of pregnancies. They contributed to refusal of requests, which sometimes may strain family relationships. Some physicians (9.4%) have lost relations they participated in treating and this could be a very traumatic experience. Poor judgments as well as undue emotional attachment may contribute to this.

Regarding the general opinion on this issue, majority (51.7%) of the respondents think that it is unethical to treat relatives. They cited emotional attachments, poor judgments/bias and improper examination as major reasons. This study assessed the treatment of diseases based on prescription only. The facts that one could be biased coupled with poor judgement make even the use of non-prescription drugs questionable and make us reluctant to encourage it. It is always better to seek the opinion of a colleague. The Hippocratic Oath and its modification did not mention anything about the treatment of relatives,[13] the same with the Code of Ethics of the Norwegian Medical Association [14]. Overall, 46 (26.1%) of respondents recommended treating only minor ailments and emergencies. This is in agreement with the AMA[8] and MDCN.[11] Many respondents (41.5%) however; recommended referral to colleagues. It is the opinion of the authors that before referral, one however, needs to listen to the complaints first, which is consultation. This is a prerequisite for proper

referral and subsequent treatment. Our study shows a 100% response rate for consultation and should be encouraged. It is difficult in our locality not to accede to requests made by family members as it can drive them away to quacks.

CONCLUSION

Physicians in our community also treat their relations and this corroborates with the findings in other places. Majority believed it is unethical to treat relations no matter the degree of relationship, and opined that this should be discontinued. Caring for family members is not a personal issue, but one our profession should acknowledge and manage.

We would recommend listening to complaints (consultations), treating minor illnesses and referring more serious ones to colleagues if they are first-degree relatives or others with significant emotional attachment. We also recommend that there should be improvement in ethics among doctors on the treatment of relations and colleagues and first-degree relatives of colleagues.

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