

When Physicians Forego the Doctor-patient Relationship, Should They Elect to Self-prescribe or Curbside? An Empirical and Ethical Analysis

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BACKGROUND: The American Medical Association, the British Medical Association and the Canadian Medical Association have guidelines that specifically discourage physicians from self-prescribing or prescribing to family members, but only the BMA addresses informal prescription requests between colleagues.

OBJECTIVE: To examine the practices of paediatric providers regarding self-prescribing, curbsiding colleagues, and prescribing and refusing to prescribe to friends and family.

METHODS: 1086 paediatricians listed from the American Academy of Paediatrics 2007 web-based directory were surveyed.

RESULTS: 44% (430/982) of eligible survey respondents returned usable surveys. Almost half (198/407) of respondents had prescribed for themselves. An equal number (198/411) had informally requested a prescription from a colleague. Three-quarters (325/429) stated they had been asked to prescribe a prescription drug for a first-degree or second-degree relative, and 51% (186/363) had been asked by their spouse. Eighty-six per cent (343/397) stated that they had refused to write a prescription on at least one occasion for a friend or family member. The following reasons "strongly influenced" their decision to refuse a prescription request: (1) outside of provider's expertise (88%); (2) patient's need for his or her own physician (70%); (3) not medically indicated (69%); (4) need for a physical examination (65%).

CONCLUSION: These data confirm that most physicians have engaged in self-prescribing or curbside requests for prescriptions. It can be argued that curbsiding is more morally problematic than self-prescribing because it implicates a third party, and should be discouraged regardless of whether the requester is a colleague, family member or friend.

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