



Podiatrists Board of New Zealand

Board Guidelines on the Podiatric Treatment of Whanau/ Family Members

The decision to treat an **immediate or extended** family member should be left to the discretion of the practitioner, bearing in mind the following:

- It is the practitioner's responsibility to understand the potential risks. The level of treatment is an important factor, and considerable thought of the possible risks in each specific circumstance is needed on a case by case basis.
- This does not supersede any policy/procedural requirements placed upon the practitioner by their employer/funding agency, where the patient is not paying for the service directly.
- The practitioner needs to be aware that there is the potential for professional objectivity to be compromised, which may unduly influence the level of care being delivered, eg:
 - patients may feel uncomfortable disclosing sensitive medical information, which could potentially compromise treatment or
 - informed consent could get 'messy' especially if treating a minor, who is an immediate family member, and as patients have the right to self-determination, minors can refuse care from their parents.
- It is the practitioner that will need to defend any allegations arising from the treatment of whanau /family members, so they need to be confident that it can be demonstrated that they have acted reasonably and fairly to all of those receiving their care.
- A level of consistency of approach is needed to be fair to all concerned.
- If the treatment does not appear to be as it should then a second opinion should be sought immediately.
- Some consider that treating whanau /family members could be unwise, there is the potential for independent clinical judgment to be compromised due to whanau ties or pressure, and also it exposes the practitioner to potential allegations of whanau based favouritism at the expense of non-whanau patients.

- Practitioner needs to make the judgment whether these risks are unlikely to materialise and are in any case outweighed by the treatment benefits ensuing from whanau member to whanau member relationship connections.
- Due to these issues it may be generally 'safest' from the practitioner's point of view not to treat family members, especially if the service is not directly funded by the patient.

This policy document is intended as a helpful guideline for practitioners when deciding to treat whanau/ family members.

July 2010

(To be reviewed in 2015)