



GUIDELINE

Providing Care to Employees or Co-workers

STATUS:	APPROVED
Adopted by Council:	June 2012
Amended:	January 2020
To be reviewed:	November 2022

GUIDELINE STATEMENT

This guideline is intended to guide physicians in Saskatchewan when their employees or co-workers seek medical treatment from them.

THE CODE OF ETHICS

The [Canadian Medical Association Code of Ethics and Professionalism](#) addresses self-treatment and treatment of immediate family members.

- 7. Limit treatment of yourself, your immediate family, or anyone with whom you have a similarly close relationship to minor or emergency interventions and only when another physician is not readily available; there should be no fee for such treatment.*

The *Code of Ethics and Professionalism* does not directly address treatment of employees or coworkers.

RECOMMENDATION

- 1.1. The provision in the *Code of Ethics and Professionalism* is grounded in the need for patients to be able to access medical care from a physician, confident that they can provide information to that physician without concern that the information will be used for any purpose other than to provide medical care to them. It is grounded in the need for patients to receive care from a physician who does not have a personal relationship with them which may affect that physician's judgment.
 - 1.2. The College recommends that physicians deal with employees and co-workers in a similar fashion to the way that they deal with immediate family members.

- 1.3. The College recommends that physicians should approach the treatment of co-workers as they would approach the treatment of any other patient. Similar standards of care, privacy and professionalism are required.
- 1.4. Employees should establish a relationship with a family physician, who is not their employer, who will take responsibility for their care. Such a doctor-patient relationship gives them ready access to objective advice and avoids the conflicts of interest that can arise when doctors treat individuals close to them. This is a matter of common sense and good medical practice.
- 1.5. Co-workers should establish a relationship with a family physician. It is ideal that this physician would not be a co-worker. In circumstances where care is to be provided by a co-worker, clearly established boundaries must be discussed to ensure that the doctor-patient relationship is not compromised in any way by the co-worker relationship.
- 1.6. Co-workers may require specialist care that is requested from a specialist co-worker due to scope of practice or other quality or access factors. In these circumstances, clearly established boundaries must be discussed to ensure that the doctor-patient relationship is not compromised in any way by the co-worker relationship. Clear communication with the patient co-worker's family physician should be maintained in order to facilitate care and protect boundaries.

GENERAL ADVICE

- 2.1. Physicians should not provide medical treatment, including prescribing medications, for employees except as permitted in this guideline.
- 2.2. In emergency situations, e.g. when on-call or when obtaining a medicine is urgently required and it cannot be practically obtained in other ways, physicians may provide medical treatment to employees.
- 2.3. When no other physician is readily available, a physician may provide treatment to an employee or co-worker for minor conditions. Examples of prescribing for emergency or minor conditions include:
 - Short courses of antibiotics
 - Painkillers (other than painkillers subject to the Prescription Review Program)
 - Inhalers
 - Oral contraceptives
 - Insulin
 - An emergency supply (maximum three days) of other existing medication
- 2.4. It is recognized that, in remote communities serviced by a single physician, access to medical care is limited, which places the employee at a distinct disadvantage. It is nonetheless ideal for employees to obtain routine care from a physician other than one's employer whenever

practicable. It is incumbent on the physician employer, in remote settings, to assist in identifying a physician in an adjacent community or telehealth location to care for his or her employees' medical needs. It is rarely appropriate for a physician employer to manage issues of mental or reproductive health for an employee.

- 2.5. Subject to paragraph 2.6 below, physicians **should not** prescribe a drug from any of the following groups for employees or co-workers:
- Any drug on the Prescription Review Program
 - Hypnotics
 - Anxiolytics
 - Antipsychotics
 - Antidepressants
 - Appetite suppressants
- 2.6. It is acceptable for a physician to provide an employee with a limited time prescription for a hypnotic, anxiolytic, antipsychotic or antidepressant medication, where:
- the employee has been prescribed that medication by another physician;
 - the prescription is intended to allow the patient to continue their regimen of the medication prescribed by another physician until the employee is able to obtain a prescription from another physician; and
 - in the opinion of the physician, there is a potential of significant adverse consequences for the patient if the prescription is not provided.

ASSESSMENT AND DOCUMENTATION

- 3.1. An employee or co-worker to whom a physician provides treatment is that physician's patient.
- 3.2. A physician should meet the same standard of care when providing treatment to employees or coworkers as applies when treating other patients. The physician is expected to perform an assessment, including obtaining relevant history, conducting an appropriate physical examination if necessary and reaching a differential diagnosis to support the treatment.
- 3.3. The physician should maintain a record of the treatment of the employee or co-worker that meets the standards of medical records in College bylaws.