Draft policy Proposal for DOPL for self and family prescribing rule/guideline:

Governing law: Utah Occupations and Professions Act, Utah Medical Act and the Utah Occupations and Professions Rule, Utah Medical Practice Rule and Controlled Substance Act and Rule. Specifically R156-67-502 on unprofessional conduct and 58-67-803(b) which gives DOPL authority to make rules on medical record keeping “in collaboration with the board.”

Intent: To regularize and specify practical application of the law, rules, and AMA code, and give investigators and DOPL standards to apply to individual situations.

Rationale: The AMA code by itself is prone to interpretation and uneven application.

Self prescribing:
Guiding principles: Adherence to the law, AMA code, and common sense.
1. Self-prescribing any schedule 2 or 3 CS is prohibited by law and never permissible.
2. There does not appear to be anything specific in law, rule, or AMA code against self-prescribing other meds.
3. The AMA code states “Physicians generally should not treat themselves.”
4. If a physician does choose to self-prescribe it should be documented as for any other patient, and conform to the same guidelines as for family members.

Prescribing for Family:
Guiding Principles:
1. Physician’s family members deserve the same level of care and documentation as any other patient.
2. Treatment of family is permissible only in non-routine situations according to the AMA code, and with proper documentation.

According to the AMA code, prescribing for family members is permissible:
1. "In emergency settings or isolated settings where there is no other qualified physician."
2. "situations" involving a "short-term, minor problem."
3. No CS "except in emergencies."

Application of Code:
1. When physicians choose to treat or prescribe for family members, they should document in the member’s medical record as soon as practicable how the situation met one of the above exceptions, and the care delivered, in similar fashion to any other patient.
2. The physician will be safe from sanction if the situation reasonably meets one of the exceptions and is properly documented
3. If there is a pattern of ongoing regular treatment of family members physicians may be subject to sanction
4. If there is failure to document care similar to any other patient, including the exception for treating family, physicians may be sanctioned.

"Safe Harbor" for family prescribing:
1. Isolated event in which another physician is not immediately available and delay may be harmful.
2. Documented in medical record as soon as practical.