MYTHS & MISCONCEPTIONS: PRESCRIPTIONS FOR NON-PATIENTS

Myth: I occasionally help out someone I know (e.g., a colleague or a family member) with a prescription or sample of medication. I do not keep records of these types of encounters as I do not have a physician-patient relationship with those involved, nor do I bill for my services. I do not consider such a limited encounter to be "treatment." Since I don't see these individuals as patients in my office for a visit, I have no liability, correct?

Truth: Nothing could be further from the truth. The psychiatrist-patient relationship, like a bundle of sticks, is not a clear-cut phenomenon. Just as sticks may be added to or removed from a bundle without altering the existence of the bundle itself, certain aspects of the psychiatrist-patient relationship may be added to or removed from a given situation without affecting the existence of the relationship.

The largest "stick" in the psychiatrist-patient relationship "bundle" is the act of prescribing/administering medication. That act alone is almost certainly sufficient to establish a psychiatrist-patient relationship, regardless of any other actions taken or not taken. In other words, should you prescribe or administer medication to any individual, you must assume that you are that individual's physician, with all the attendant obligations and liability.

Two other "sticks" which *may* establish a psychiatrist-patient relationship, or at least create a question as to whether or not such a relationship exists, are billing for services rendered and informal counseling. The presence of a bill for services rendered is not determinative of a psychiatrist-patient relationship, as a psychiatrist may provide services pro bono or decide to write off a bill for professional reasons.

Likewise, the trappings of a formal office visit constitute a relatively small "stick" in the psychiatrist-patient relationship "bundle"; therefore, the absence of a formal office meeting likely would have little impact on the existence of a psychiatrist-patient relationship.

Rest assured, however, that it is unlikely that answering general questions in a social setting would be sufficient to create a psychiatrist-patient relationship. Anything more, such as a general conversation that culminates in a psychiatrist providing specific advice or recommendations, could conceivably expose the

psychiatrist to liability.

In social situations, the psychiatrist being questioned should state explicitly that he or she is not acting as the individual's psychiatrist and cannot make specific diagnoses or treatment recommendations. It is always appropriate to advise the individual to see a psychiatrist for an assessment. In addition, when approached in a social setting, a psychiatrist also must consider the nature of any existing relationship with the individual and the possibility of a conflict. It is unwise, and may be ethically prohibited, to treat a friend, colleague, or family member.

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