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Principles of ethical prescribing for self and others in the COVID-19 Pandemic

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The prescribing of medicines that may be of benefit in COVID-19, in this time of a global pandemic appear very attractive to consumers and some clinicians alike. However, there are no medicines with any robust evidence of clinical outcome benefit. Indeed, this is the time to be studying whether drugs may have clinical value in COVID-19 by applying a well-designed clinical trial framework, rather than making assumptions based on preliminary low quality mechanistic and pre-clinical data. Australian trials such as ASCOT (Australasian COVID-19 Trial) have the capacity to inform what treatments provide benefit in COVID-19 disease.

Hydroxychloroquine is a drug registered in Australia, with proven benefit in and licensed for the treatment of rheumatoid arthritis, systemic lupus erythematous and malaria but it is not licensed for the treatment of COVID-19. In addition, in an era of evidence medicine it would be considered prescribing that lacks any robust evidence of benefit but would also put patients are some considerable risks of toxicity (seizures, cardiac toxicity) as well as drug interactions that can impair effectiveness of existing therapies. There are clinicians who believe that it should be available on pre-approved compassionate grounds, however this should only be prescribed with fully informed consent by ideally the patient or their carer.

Hydroxychloroquine is increasingly in short supply due to inappropriate prescribing and dispensing in Australia and globally causing severe problems for those on stable treatment for chronic disease. There are also proposals from some clinicians to use hydroxychloroquine for prophylaxis against COVID-19 for those health care workers at high risk of exposure such as when intubating or extubating COVID -19 positive patients. But without proven evidence and limited supplies its use must primarily be conserved for proven therapeutic indications and as a component of a randomised controlled trial so that it is possible to develop effective data for treatment guidelines. (1)

Regarding the prescribing of medication for oneself, family or close friend whilst not illegal the *Good Medical Practice* Guide from Australian Medical Association cautions against prescribing for self, family, friends or "those you work with". (2)

It recommends "*seeking independent, objective advice when you need medical care, and being aware of the risks of self-diagnosis and self-treatment*". In other words, all medical doctors should have their own General practitioner.

It also advises doctors to "avoid providing medical care to anyone with whom you have a close personal relationship … because of the lack of objectivity, possible discontinuity of care, and risks to the doctor and patient".

The starting point for considering a request to prescribe for a family member or close friends should be a "no", unless there are exceptional circumstances, such as in an emergency where no other medical practitioner is available. (3)

If you are asked to provide a prescription for a family member or friend it is important to ask oneself:

- Am I able to provide ***appropriate care*** for my family or friend?
- Am I ***following my usual practice and scope*** in prescribing in this situation?
- Would ***my peers agree that this was consistent*** with good practice?
- Would our relationship survive an adverse outcome such as an adverse medication event?

Refs:

1. https://jamanetwork.com/journals/jama/fullarticle/2763802
2. https://ama.com.au/ausmed/can-i-prescribe-%E2%80%A6 accessed 23_3_21
3. Bird S. The pitfalls of prescribing for family and friends. Aust Presc 2016;39:11-3

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