Policy: Interested Parties Meeting

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

In accordance with the Open Public Meetings Act, this meeting notice was sent to individuals requesting notification of the Washington Medical Commission (WMC) meetings. This agenda is subject to change. The WMC will take public comment at the Policy: Interested Parties meeting. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

Virtual via Teams Webinar: Registration link can be found below.
Commissioners and staff will attend virtually.
Physical location: 111 Israel Rd SE, TC2 Room 166, Tumwater, WA 98501

Thursday, December 4, 2025

Open Session

10:00 am	Agenda	
To attend virtually, please **register** here: WMC Policy: Interested Parties		
The goal of this meeting is to provide an opportunity for anyone to comment on and suggest changes to the WMC's policies, guidance documents, procedures, and interpretive statements. The WMC encourages the public to provide comments on the items on this agenda. To participate, please use the Raise Hand function or add your comments to the chat. Be sure to identify yourself and your affiliation, if applicable. If you prefer to submit written comments, please email them to medical.policy@wmc.wa.gov by 5 p.m. on **December 1, 2025**.		
Organizer: Kaddijatou Keita, Policy Manager		
1	**Guidance Document: Ownership of Clinics by Physician Assistants** *Review and discuss proposed revisions to the document as part of its scheduled four-year review process.*	Pages 3-4
2	**Policy: Self-Treatment or Treatment of Immediate Family Members (POL2022-02)** *Review and discuss proposed revisions to the document as part of its scheduled four-year review process.*	Pages 5-6
3	**Policy: Terminating the Practitioner-Patient Relationship (POL2022-03)** *Review and discuss proposed revisions to the document as part of its scheduled four-year review process.*	Pages 7-8
4	**Open Forum** Interested parties are invited to share ideas for new policies or suggestions for reforming existing ones. Each speaker will have a two-minute comment period. Written comments are also welcome; please see below for details.	
The items on this agenda will be discussed at the next Policy Committee meeting, which is scheduled for 4:00 pm on January 8, 2026. This meeting is held virtually and you may register to attend here: WMC Policy Committee		

Future Topics for Discussion	
The following items are next up for review. Feel free to provide comments regarding these items at medical.policy@wmc.wa.gov.	
2026	
1	Guidance Document: Overlapping and simultaneous surgeries (GUI2018-03)
2	Guidance Document: Medical marijuana authorization guidelines
3	Policy: Discrimination in Healthcare (POL2022-01)
2027	
1	Interpretive Statement: Physician Assistants Performing Disability Evaluations (INS2023-01)
2	Interpretive Statement: Physician Assistants Ordering Patient Restraint and Seclusion (INS2023-02)
3	Guidance Document: Treating Partners of Patients with Sexually Transmitted Chlamydia and Gonorrhea
4	Guidance Document: Social Media and Electronic Communications
5	Interpretive Statement: Establishing the Use of Nitrous Oxide in Office-Based Settings Under WAC 246-919-601 (INS2023-02)

Guidance Document

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Ownership of Clinics by Physician Assistants

Purpose

The Washington Medical Commission (WMC) sets forth its position on physician assistants owning clinics and hiring their sponsoring physician.

Introduction

Physicians and physician assistants face numerous ethical challenges every day in their practice. The ability to avoid ethical pitfalls is built on a foundation of the training that physician assistants and physicians receive during their education, as well as the ongoing continuing education process physician assistants and physicians engage in throughout their career. With ethical conundrums never far away, such attention to professionalism and ethical conduct is essential to provide high-quality, sensitive, and respectful care to patients. In an average clinical day for a physician assistant or physician, the clinician faces an almost uncountable array of decision-points related to ethical and professional care. These include documentation, billing, interactions with colleagues and staff, the selection of words and phrases to be used when talking with patients, interactions with vendors and the public, dealing with inquiries about patient information from a variety of sources, use of social media, and navigating potentially complex and pressured decision making about screening, exam and plans of care. All of these are areas where lack of attention to detail and sub-par decision-making can lead to ethical breaches and patient harm, and safe physician-physician assistant practice requires constant vigilance.

As with the above areas of risk, the interactions between physicians and physician assistants are also a possible area in which ethical and professional lapses can compromise patient care. In rare cases, physicians and physician assistants work in settings where the physician assistant is the owner of the clinic or business, and employs the supervising physician.

Most clinics and medical facilities are not owned by either physicians or physician assistants, but instead by a variety of other organizations. Such organizations hire physicians to lead the medical practice, and it would clearly be an ethical breach for such a facility to dictate medical practice to a medical employee, just as it would be an ethical violation for a physician assistant owner to undermine the decision-making authority of an employed supervising physician. Solid grounding in ethical and professional principles is what prevents such situations from occurring.

Such is the case in the uncommon setting where a physician assistant owns a practice and hires a physician who is then the supervising physician. These situations require standard ethical and professional principles to assure quality care for patients. Physician assistant ownership does not change the legal requirements for physician assistants and physicians. The ethical practice of physician assistants and physicians requires knowledge of, adherence to, and compliance with these rules and laws, regardless of the ownership of the business. Failure to adhere to these laws risks harm to the public and disciplinary action against physicians and physician assistants.

Guideline

Physician assistants and physicians who work in a setting in which the physician assistant owns a clinic and employs his or her supervising physician should:

1. Understand that the primary duty of an owner or employee of a clinic is to provide high quality care to patients.
2. Understand the ethical challenges that can arise in such a relationship, particularly the reluctance to address or report unprofessional conduct or impairment.
3. Fully abide by the law regulating physicians and physician assistants, Chapter 18.71 RCW, Chapter 18.71A RCW, Chapter 246-918 WAC, and Chapter 246-919 WAC.
4. Fully abide by the mandatory reporting laws, RCW 18.130.080, RCW 18.130.070, RCW 18.71.0195, WAC 246-16-220 *et seq.*, WAC 246-919-700 *et seq.*, particularly the laws requiring reporting of other license holders, to wit:
    a. A license holder must report knowledge of a conviction, determination or finding that another license holder has committed an act of unprofessional conduct. WAC 246-16-235(1).
    b. A license holder must report that another license holder may not be able to practice his or her profession with reasonable skill and safety due to a mental or physical condition. WAC 246-16-235(2). When there is no patient harm, this report may be made to one of the approved impaired practitioner or voluntary substance abuse programs.
    c. A license holder, corporation, organization, health care facility, and state and local governmental agency that employs a license holder must report to the WMC when an employed license holder's services have been terminated or restricted based on a final determination that a license holder has either committed an act of unprofessional conduct or may not be able to practice with reasonable skill and safety as a result of a mental or physical condition. RCW 18.130.080(1)(b).
5. Understand that the failure to comply with the law may subject the physician assistant and the physician to discipline.

Number:	MD2015-06
Date of Adoption:	June 26, 2015
Reaffirmed / Updated:	November 15, 2018; May 27, 2022
Supersedes:	None

Policy Statement

WASHINGTON Medical Commission
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Title:	Terminating the Practitioner-Patient Relationship	POL2022-03
References:	None	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Effective Date:	March 4, 2022	
Approved By:	John Maldon, Chair (signature on file)	

The Washington Medical Commission (WMC) recommends that practitioners take appropriate steps to properly terminate the practitioner-patient relationship.

A practitioner-patient relationship is established when the practitioner agrees to advise, diagnose or treat a patient and the patient agrees that the practitioner will advise, diagnose or treat the patient. Once a practitioner-patient relationship has been established, a practitioner is ethically and legally obligated to provide services until the relationship is terminated.

A practitioner may decide to terminate the relationship for a number of reasons, including dismissing patients who are violent or verbally abusive, non-compliant with a treatment plan, fail to show up at appointments, or intentionally misuse prescription medications that violate chronic pain agreements. A patient may also decide to terminate the relationship and seek care from another provider. Regardless of the reason, the WMC recommends that practitioners act professionally and take appropriate steps to properly terminate the practitioner-patient relationship.

To properly terminate the practitioner-patient relationship, the practitioner should provide notice to the patient that the practitioner-patient relationship has been terminated. The notice should include the following elements:

1. A statement that the practitioner-patient relationship is terminated;
2. A statement that the practitioner will continue to provide emergency treatment and access to services for a reasonable time, such as 30 days from the date of the notice, to allow the patient to secure care from another practitioner, except where the patient has displayed disruptive or threatening behavior toward the practitioner, office staff or other patients; and
3. An offer to transfer records to a new practitioner upon the patient's signed authorization to do so, or providing the records directly to the patient, unless excluded by RCW 70.02.090.

There is no legal requirement for a practitioner to provide a reason for the termination of the relationship, but the practitioner may choose to do so depending on the circumstances. Under

appropriate circumstances, the practitioner may choose to provide the patient with physician referral sources.

The notice should be sent in one of the following ways:

1. A letter sent via certified mail, return receipt requested, to the last address for the patient on record, with a copy of the letter, the certified return receipt, and the mail delivery receipt maintained in the patient record; or

2. An electronic message sent via a HIPAA-compliant electronic medical record system or HIPAA-compliant electronic health record system that provides a means of electronic communication between the health care entity and the patient, is capable of sending the patient a notification that a message has been received in the patient's portal, and is capable of notifying the sender that a message has or has not been viewed. If the electronic message is not viewed within ten days, the practitioner should send a letter as recommended, above.

Following these recommendations will help a practitioner meet the ethical and legal obligations to a patient, and help avoid a complaint to the WMC that a practitioner abandoned a patient.

Policy Statement

WASHINGTON Medical Commission
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Title:	Self-Treatment or Treatment of Immediate Family Members	POL2022-02
References:	RCW 18.130.180(6)	
Contact:	Washington Medical Commission	
Phone:	(360) 236-2750	E-mail: medical.commission@wmc.wa.gov
Supersedes:	MD2013-03.01	
Effective Date:	March 4, 2022	
Approved By:	John Maldon, Chair (signature on file)	

The Washington Medical Commission (WMC) believes that practitioners generally should not treat themselves or members of their immediate families.[1] Professional objectivity may be compromised when an immediate family member or the practitioner is the patient; the practitioner's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered.

Practitioners may fail to probe sensitive areas when taking the medical history or may fail to perform intimate parts of the physical examination. Similarly, patients may feel uncomfortable disclosing sensitive information or undergoing an intimate examination when the practitioner is an immediate family member. This discomfort is particularly the case when the patient is a minor child, and sensitive or intimate care should especially be avoided for such patients.

When treating themselves or immediate family members, practitioners may be inclined to treat problems that are beyond their expertise or training. If tensions develop in a practitioner's professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member's personal relationship with the practitioner.

Concerns regarding patient autonomy and informed consent are also relevant when physicians attempt to treat members of their immediate family. Family members may be reluctant to state their preference for another practitioner or decline a recommendation for fear of offending the practitioner. In particular, minor children will generally not feel free to refuse care from their parents. Likewise, practitioner may feel obligated to provide care to immediate family members even if they feel uncomfortable providing care.

It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified practitioner available, practitioners should not hesitate to treat themselves or family members until another practitioner becomes available. In addition, while practitioners should not serve

[1] This policy is taken largely from the American Medical Association Code of Ethics Opinion 1.2.1.

as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Documentation of these encounters should be included in the patient's medical records.

Except under the limited circumstances described above, practitioners should not access the medical records of themselves or their family members. Practitioners can always access records through the appropriate use of a patient portal.

Practitioners should be aware that RCW 18.130.180(6) prohibits practitioners from prescribing controlled substances to themselves. The WMC strongly discourages practitioners from prescribing controlled substances to their family members.