



Ending the Physician-Patient Relationship: Frequently Asked Questions

1. In which circumstances can a physician end his/her relationship with a patient due to a conflict or disagreement?

Physicians have an ethical and professional responsibility to act in the best interest of their patients. This responsibility is not altered in situations where the physician and patient have experienced a conflict or disagreement, and the policy establishes expectations which reflect this responsibility. These expectations include, among others, that physicians will:

- Apply good clinical judgment and compassion when considering whether to end the physician-patient relationship;
- Consider whether a particular incident or behaviour is an isolated example, or part of a pattern of behaviour; and
- Undertake reasonable efforts to resolve the situation in the best interest of the patient prior to discontinuing the relationship, including having a discussion with the patient regarding the reasons affecting the physician's ability to continue providing care.

It is only appropriate for physicians to end the physician-patient relationship where these efforts to resolve the situation have been unsuccessful; however, in situations where a patient poses a genuine risk of harm to the physician, the physician's staff, or to other patients, physicians are under no obligation to engage directly with the patient, or attempt to resolve the situation prior to discontinuing the relationship.

2. Are simple differences of opinion acceptable grounds for ending the physician-patient relationship? For example, are physicians permitted to end the physician-patient relationship solely because a patient chooses not to follow their advice?

No. The College expects physicians to respect patient autonomy with respect to lifestyle, health care goals, and treatment decisions. Physicians cannot end the physician-patient relationship solely because a patient chooses not to follow their advice, or seeks treatment to which the physician objects on the basis of conscience or religious beliefs.

3. What is a "rostered practice", and what are the responsibilities of the physician and the patient within a rostered practice?

Patient rostering in family practice is a process by which patients register with a family practice, family physician, or team. As represented in the policy, rostered practices impose specific commitments on both family physicians and their patients: physicians commit to provide comprehensive and timely care, and patients commit to seek treatment only from their enrolling physician or group except in specified circumstances.

Rostering is formalized through an agreement signed by both the patient (usually at the point of becoming a new patient) and the provider that includes the commitments each makes to the other.

When rostering patients, physicians must ensure that patients have been given clear information about their obligations within the rostered practice, and understand that enrolment is voluntary.

4. In which circumstances does this policy apply to specialist physicians and physicians practising outside of primary care?

The expectations of this policy apply to specialist physicians and physicians practising outside of primary care only when ending the physician-patient relationship prior to reaching the normal or expected conclusion of the patient's treatment or assessment (for example, as the result of a conflict with the patient).

When, in the normal course of providing care, a specialist's involvement with a patient reaches its natural or expected conclusion (for example, because the treatment or assessment have concluded, and/or the patient's care has been transferred back to their referring physician), this policy does not apply.

5. When a physician ends his/her relationship with a patient, the policy requires the physician to be "as helpful as possible" to the patient in seeking a new primary care provider. What kind of help is the physician expected to provide?

The help that a physician is able to provide will ultimately be case-specific; however, examples include referring the patient to an organization that may be able to assist him/her in find-



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ing another health care provider, such as a Community Health Centre, local hospital or emergency room, or other organization. Alternatively, physicians may wish to refer the patient to a colleague who may be accepting new patients.

Physicians may also suggest that the patient contact the College's Physician and Public Advisory Service (PPAS) for general assistance; however, PPAS is not a referral service and does not directly connect patients with physicians who are accepting new patients. It can, however, provide general tips and advice to those seeking a new provider.¹

6. How do the principles and expectations of the policy apply in situations where a patient has filed a complaint against his/her physician?

It is important to note that discontinuing the physician-patient relationship must not be an automatic response to a complaint.

The primary consideration for ending the physician-patient relationship is whether the mutual trust and respect that are essential to an effective physician-patient relationship have been undermined, and if so, whether the relationship can be repaired.

Physicians are expected to make a determination with consideration for the specific circumstances of each situation, exercising their professional judgment, and in keeping with the principles and expectations of the policy. These principles and expectation include, among others:

- 1) Appropriately balancing the duty that is owed to each individual patient with the duties that are also owed to other patients, staff, colleagues, and themselves;
- 2) Using good clinical judgment and compassion;
- 3) Considering the factors that may have led the patient to make a complaint, and whether the situation can be resolved in the best interest of the patient; and
- 4) Undertaking reasonable efforts to resolve the situation wherever possible.

7. I am currently treating a patient who is suffering from an addiction to (or dependence on) a prescribed or illicit drug, but I have legitimate grounds to end the physician-patient relationship, in accordance with the policy. How should I proceed?

In keeping with physicians' ethical, legal², and professional responsibilities, physicians must not end the physician-patient relationship solely because a patient suffers from an addiction or dependence, or because the patient is on a high dose of prescribed opioids.

Should physicians have grounds, under this policy, to end the physician-patient relationship with a patient known or suspected to suffer from an addiction or dependence, the policy requires physicians to do the following:

- 1) Apply good clinical judgment and compassion to determine the most appropriate course of action; and
- 2) Undertake reasonable efforts to resolve the situation affecting their ability to provide care in the best interest of the patient.

Should the relationship ultimately be discontinued, physicians must continue to:

- 1) Ensure the provision of necessary medical services while the patient seeks an alternative provider (this includes renewing prescriptions, where medically appropriate, for a reasonable length of time); and
- 2) Provide care in an emergency when necessary to prevent imminent harm.

Physicians are reminded that sudden cessation of medication has the potential to greatly harm a patient. For this reason, the College expects that physicians will take appropriate steps to prevent the sudden cessation of medications, such as by tapering in accordance with appropriate clinical guidelines.

¹ PPAS can be reached toll free at 1-800-268-7096, Ext. 603.

² Human Rights Code, R.S.O. 1990, c. H.19.