



# Ending the Physician-Patient Relationship

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**LEGISLATIVE REFERENCES:** *Human Rights Code*, R.S.O. 1990, c. H.19; Ontario Regulation 856/93, as amended (made under the *Medicine Act*, 1991), *Health Care Consent Act*, 1996; *Personal Health Information Protection Act*, 2004.

**COLLEGE CONTACTS:** Physician Advisory Service

# Ending the Physician-Patient Relationship

## INTRODUCTION

An effective physician-patient relationship is essential for the provision of quality medical care, and it forms the foundation of the practice of medicine. It is also a partnership which benefits from the mutual trust and respect of both the physician and the patient. While this relationship is of central importance to the practice of medicine, circumstances may sometimes arise which lead either the physician or the patient to end the physician-patient relationship.

This policy sets expectations for physicians when ending the physician-patient relationship. These expectations reflect both the fiduciary nature of the physician's role, as well as the inherent vulnerability of patients when faced with the discontinuation of care.

## PRINCIPLES

The key values of professionalism articulated in the College's Practice Guide – compassion, service, altruism and trustworthiness – form the basis of the expectations set out in this policy. Physicians embody these values and uphold the reputation of the profession by:

1. Acting in the best interests of their patients;
2. Respecting patient autonomy with respect to lifestyle, health-care goals, and treatment decisions;
3. Treating patients with respect and without discrimination during all stages of the physician-patient relationship, even if the relationship faces discontinuation;
4. Appropriately balancing the duty that is owed to each individual patient with the duties that are also owed to patients, staff, colleagues, and themselves;
5. Participating in the self-regulation of the medical profession by complying with the expectations set out in this policy.

## PURPOSE & SCOPE

This policy articulates the College's expectations of physicians when ending the physician-patient relationship. These expectations apply equally to all physicians, regardless of specialty or area of practice.

For specialist physicians, the expectations of this policy apply 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 significant 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.<sup>1</sup>

Furthermore, this policy does not apply in situations where a physician ends the physician-patient relationship due to the physician's retirement, relocation, leave of absence, or as a result of disciplinary action by the College of Physicians and Surgeons of Ontario.<sup>2</sup>

## POLICY

Physicians must comply with the expectations set out in this policy when ending the physician-patient relationship.

This policy is organized as follows:

1. General expectations for physicians who are considering ending the physician-patient relationship;
2. Specific examples of situations which may cause a physician to consider ending the physician-patient relationship, and when this may be appropriate or inappropriate; and
3. Actions physicians must undertake when ending the physician-patient relationship.

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<sup>1</sup> In some cases, patients may not clearly understand or be aware that their involvement with a specialist has reached its natural or expected conclusion. To help promote clear expectations, it is recommended that specialist physicians proactively discuss with each patient what he/she can expect with respect to the anticipated duration of care, and clearly communicate when the relationship has reached its conclusion.

<sup>2</sup> Expectations for physicians in instances of retirement, relocation, leave of absence, or disciplinary action are included in the CPSO policy Practice Management Considerations for Physicians Who Cease to Practice, Take an Extended Leave of Absence or Close their Practice Due to Relocation.



## 1. Expectations for physicians who are considering ending the physician-patient relationship

When considering whether to end the physician-patient relationship, physicians must apply good clinical judgment and compassion in each case to determine the most appropriate course of action. In every case, physicians must bear in mind that ending the physician-patient relationship may have significant consequences for the patient, for example, by limiting their access to care, or by reducing their level of trust in the medical profession.

For this reason, physicians must undertake reasonable efforts to resolve the situation affecting their ability to provide care in the best interest of the patient, and only consider ending the physician-patient relationship where those efforts have been unsuccessful.

In some limited cases, however, a patient may pose a genuine risk of harm to the physician, the physician's staff, or to other patients. In these cases, it may not be possible or safe to attempt to resolve the conflict with the patient directly, and physicians are under no obligation to engage with the patient prior to ending the physician-patient relationship.

## 2. Situations which may lead a physician to consider ending the physician-patient relationship

While all physicians are expected to act first and foremost in the best interests of their patients, there may be times when physicians' ethical and professional obligation to provide care to an individual patient is in conflict with their other important duties or obligations, such as those owed to their other patients, colleagues, or themselves. In circumstances such as these, physicians may consider ending the physician-patient relationship.

The following examples include situations in which it may be appropriate to end the physician-patient relationship; however, each case is ultimately fact-specific. Physicians must always use their own professional judgment, in keeping with

this policy, to determine whether discontinuing the relationship is appropriate.

### *(i) There has been a significant breakdown in the physician-patient relationship*

An effective physician-patient relationship is essential for the provision of quality medical care. This relationship is built upon mutual trust and respect between the physician and the patient. Where these qualities are absent or have been undermined, the provision of quality care may be compromised.

Examples of situations that may lead to a significant breakdown in the physician-patient relationship include, among others:

- Prescription-related fraud;
- Where the patient frequently misses appointments without appropriate cause or notice;
- As a result of behaviour which significantly disrupts the practice;
- Other forms of inappropriate behaviour, including abusive or threatening language;
- Where the patient poses a risk of harm to the physician, staff, colleagues, and/or other patients.

Except where there is a genuine risk of harm, physicians must only end the physician-patient relationship after reasonable efforts have been made to resolve the situation in the best interest of the patient. These efforts must include:

- Proactively communicating expectations for patient conduct to all patients;<sup>3</sup>
- Considering whether a particular incident or behaviour is an isolated example, or part of a larger pattern; and
- Having a discussion with the patient regarding the reasons affecting the physician's ability to continue providing care.

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<sup>3</sup> For example, physicians can fulfil this expectation by establishing office policies and posting them in a prominent location.

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## ***(ii) The physician wishes to decrease his/her practice size***

Over the course of a physician's career, there may be factors that impact the number of patients a physician is able to effectively manage. These factors may include, as examples: the stage of the physician's career, the status of the physician's health or well-being, or the physician's career goals. In these circumstances, it may be necessary for the physician to decrease the number of patients to whom care is provided.

As each practice and patient population is unique, physicians must exercise their own professional judgment, consistent with this policy, in selecting which patients to remove from their practice.

Whatever method a physician uses, it must be fair, transparent, and compassionate, and take into account the medical needs of each patient. Physicians must also consider any other relevant factors, including the patient's vulnerability, and the patient's ability to find alternative care in an appropriate timeframe.

In reducing a practice size, physicians must not selectively or disproportionately discharge difficult or complex patients.

## ***(iii) The patient has been absent from the practice for an extended period of time***

When a patient has not been in contact with a practice for an extended period of time (for example, several years), some physicians may assume that the patient has sought care elsewhere, and seek to remove the patient from the practice.

Before formally ending the physician-patient relationship, physicians must make a good-faith effort to determine whether the patient would prefer to maintain the relationship. This effort must include, at minimum, a letter of inquiry sent to the patient's last known address.

Where no response is received, or the patient indicates that care has been sought elsewhere, physicians may formally remove the patient from the practice.

## ***(iv) The patient has refused to pay an outstanding fee***

In the course of providing care, physicians may sometimes charge patients for services that are not covered by the Ontario Health Insurance Plan (OHIP). These uninsured services may include sick notes for work, copies of medical records, and some uninsured medical procedures.<sup>4,5</sup> Physicians are entitled to pursue and receive payment for these services.

In circumstances where a patient has refused to pay an outstanding fee, or has accumulated a number of unpaid fees and provided no reasonable justification for nonpayment (such as evidence of financial hardship), physicians may consider ending the physician-patient relationship. In these cases, the discontinuation of the relationship must be undertaken in accordance with the general expectations of this policy, including that reasonable efforts be undertaken to resolve the situation in the best interest of the patient prior to discontinuing care. In making this decision, physicians must consider the financial burden that paying the fee will place on the patient, and if appropriate, consider waiving or allowing for flexibility with respect to fees based on compassionate grounds.<sup>6,7</sup>

## ***(v) The patient has sought care outside of a rostered practice***

Rostered practices<sup>8</sup> 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. When patients seek care outside of a rostered practice, except in these specific circumstances, there is a risk that the physician's trust and the patient's continuity of care may be undermined.

<sup>4</sup> For example, uninsured medical procedures may include elective cosmetic procedures.

<sup>5</sup> For more information about charging fees for uninsured services, see the College's Block Fees and Uninsured Services policy.

<sup>6</sup> The Canadian Medical Association Code of Ethics #16 states that "in determining professional fees to patients for non-insured services, consider both the nature of the service provided and the ability of the patient to pay, and be prepared to discuss the fee with the patient."

<sup>7</sup> For further expectations related to fees for uninsured services please see the College's policies on Block Fees and Uninsured Services, Medical Records, and Third Party Reports. Physicians are further reminded that, in accordance with the College's Third Party Reports policy, they are encouraged to refrain from requiring prepayment for uninsured services on compassionate grounds, when the patient or examinee is responsible for payment directly, and the report relates to basic income and health benefits.

<sup>8</sup> Patient rostering in family practice is a process by which patients register with a family practice, family physician, or team. Patient rostering facilitates accountability by defining the population for which the primary care organization or provider is responsible, and facilitates an ongoing relationship between the patient and provider.



Where a patient has sought care outside of a rostered practice without appropriate justification, physicians are advised to consider the factors that may have led the patient to seek care outside of the practice (including the physician's own availability), discuss their expectations with the patient, and remind the patient of his/her commitment to the practice.

Physicians must only consider ending the physician-patient relationship in these circumstances if the patient has been given clear information about their obligations within the rostered practice, the patient has received an appropriate warning, and the patient has continued to wilfully seek care outside of the practice without appropriate justification. In these cases, the discontinuation of the physician-patient relationship must be undertaken in accordance with the general expectations of this policy, including that reasonable efforts be undertaken to resolve the situation in the best interest of the patient prior to discontinuing care.<sup>9</sup>

### Physicians must not end the physician-patient relationship in the following circumstances

#### (i) Where it is prohibited by legislation

Physicians must ensure that any decision to end the physician-patient relationship is compliant with relevant legislation. This legislation includes:

- The *Commitment to the Future of Medicare Act*, 2004, which prohibits physicians from ending the physician-patient relationship because the patient chooses not to pay a block or annual fee<sup>10</sup>;
- The Ontario *Human Rights Code*, which prohibits ending the physician-patient relationship due to one of the protected grounds set out in the *Code*,<sup>11,12</sup>
- The professional misconduct regulations<sup>13</sup> under the *Medicine Act*, 1991.

#### (ii) Solely because the patient chooses not to follow the physician's advice

Physicians must respect patient autonomy with respect to lifestyle, health-care goals, and treatment decisions<sup>14</sup>, and not 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<sup>15</sup>.

For example, it would be inappropriate for a physician to discontinue the physician-patient relationship solely because the patient did not follow the physician's advice with respect to smoking cessation, drug or alcohol use, or the patient's decision to refrain from being vaccinated or vaccinating his/her children.

### 3. Actions to be taken when ending the physician-patient relationship

When physicians decide to end the physician-patient relationship, regardless of their speciality or area of practice, the College expects them to undertake the following actions:

#### 1. Notify the patient of the decision to discontinue the physician-patient relationship.

The College recommends that, whenever it is possible and safe to do so, physicians notify each patient of their decision to end the physician-patient relationship in person, to help ensure clear communication.

In all cases, physicians must provide every patient with written notification that the relationship has been discontinued (See Appendix A for a sample letter). Whichever method physicians use to transmit the written notification, it must be secure and ensure patient confidentiality (acceptable methods

<sup>9</sup> Such efforts could include derostering the patient and providing care on a fee for service basis.

<sup>10</sup> CPSO expectations related to block fees are outlined in the College's Block Fees and Uninsured Services policy.

<sup>11</sup> Protected grounds include: age; ancestry, colour, race; citizenship; ethnic origin; place of origin; creed; disability; family status; marital status (including single status); gender identity, gender expression; receipt of public assistance (in housing only); record of offences (in employment only); sex (including pregnancy and breastfeeding); and sexual orientation.

<sup>12</sup> For more information about physicians' obligations under the Ontario *Human Rights Code*, please see the College's Professional Obligations and Human Rights policy.

<sup>13</sup> Ontario Regulation 856/93, as amended (made under the *Medicine Act*, 1991), s. 1(1)7.

<sup>14</sup> *Health Care Consent Act*, 1996.

<sup>15</sup> The College's expectations for physicians who limit care due to conscience or religious beliefs can be found in the Professional Obligations and Human Rights policy.

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of transmission include, among others: hand delivery to the patient during an appointment, registered mail, and courier).<sup>16</sup>

In most cases, it is appropriate and useful for the patient to be advised of the reasons why the relationship is being discontinued; however, physicians may use their discretion in situations where there is a genuine risk of harm associated with communicating those reasons to the patient.

## **2. Document in the patient's medical record the reasons for the discontinuation of the physician-patient relationship, and all steps undertaken to resolve the issues prior to discontinuation.**

## **3. Clearly convey to the patient that he/she should seek ongoing care.**

## **4. Be as helpful as possible to the patient in finding a new physician or other primary care provider, and provide him/her with a reasonable amount of time for doing so, unless the patient poses a genuine risk of harm. In determining what a 'reasonable amount of time' is for a particular patient, physicians are advised to take into account the following:**

- What is considered 'a reasonable amount of time' depends on the circumstances of each case, including the patient's specific health-care needs.
- This period can usually be defined as the amount of time it would take a person using reasonable effort to find a new physician; however, physicians must also seek to accommodate patients with special needs or disabilities that may make seeking new care challenging.
- 'A reasonable amount of time' may vary from community to community, depending on the availability of alternative

health-care providers.

- Sometimes it may be impossible for a patient to find a new physician. In such circumstances, the College would not expect the physician to continue to provide care indefinitely, but would expect that he/she would provide care in an emergency, where it is necessary to prevent imminent harm.

## **5. Ensure the provision of necessary medical services in the interim.<sup>17</sup> This may include:**

- Renewing prescriptions, where medically appropriate, for a reasonable length of time given the needs of the patient, the time required to find a new physician, and the nature of the medication;<sup>18</sup> and
- Ensuring appropriate follow-up on all laboratory and test results ordered.<sup>19</sup>

## **6. Inform the patient that he/she is entitled to a copy of his/her medical records, and provide an estimate of any fees associated with providing copies of, and/or transferring, medical records.<sup>20</sup>**

## **7. Ensure the timely transfer of a copy or summary of the patient's medical records upon the patient's request.<sup>21</sup>**

## **8. Notify appropriate staff (e.g., office receptionist) that care is no longer being provided to the patient.<sup>22</sup>**

## **9. Notify the patient's other health-care providers that care is no longer being provided to the patient if such notification is necessary for the purposes of the patient's care, and if the patient has not expressly restricted the physician from providing information to other health-care providers.<sup>23</sup>**

<sup>16</sup> A copy of the written notification must be retained in the patient's medical record.

<sup>17</sup> Discontinuing professional services that are needed may constitute professional misconduct unless alternative services are arranged, or the patient is given a reasonable opportunity to arrange alternative services (O. Reg. 856/93 s.1(1)7).

<sup>18</sup> It is not expected that prescriptions will be renewed indefinitely. All prescribing should be done in accordance with the College's Prescribing Drugs policy.

<sup>19</sup> For further information on appropriate follow-up, refer to the CPSO policy on Test Results Management.

<sup>20</sup> In accordance with the College's Medical Records policy, physicians are able to charge a reasonable fee for copying and transferring medical records.

<sup>21</sup> For further information, refer to the CPSO's Medical Records policy.

<sup>22</sup> Such notification should only be provided when the patient has not withheld or withdrawn consent to the collection, use or disclosure of their personal health information by the member of the physician's staff to whom the notification would otherwise be provided.

<sup>23</sup> Under the *Personal Health Information Protection Act*, 2004, a health-care provider may provide personal health information about a patient to another health-care provider for the purposes of providing health care or assisting in the provision of health care to the patient. Despite this provision, the Act also gives patients the right to expressly restrict his/her physician from providing another health-care provider with his/her personal health information, including whether the physician is providing the patient with services. In cases where a physician is asked by another health-care provider for information about a patient that is reasonably necessary for the provision of health care or assisting in the provision of health care to the patient, the physician must notify the other health-care provider if they have been restricted from disclosing information about the patient and they may wish to advise the other health-care provider to direct any inquiry to the patient him/herself for a response.



## APPENDIX: SAMPLE NOTIFICATION LETTER

Physicians must provide every patient with written notification that the physician-patient relationship has been discontinued.

The following is a sample letter for situations where there has been a significant and irremediable breakdown in the physician-patient relationship.

The College expects physicians will customize their letter to fit the specific circumstances of each case, and it is recommended that the letter explicitly state the reasons for ending the relationship, unless there is a genuine risk of harm associated with doing so. Reasonable efforts must also be undertaken to ensure that the letter is written in a way that the patient can understand.

The College further recommends that, whenever it is possible and safe to do so, physicians notify each patient of their decision to end the physician-patient relationship in person, to help ensure clear communication.

*Dear [patient's name]:*

*As we discussed at your appointment on [insert date], my first obligation as a medical doctor is to provide quality care to all of my patients. In order to do this, you and I must cooperatively and respectfully work together towards your health and well-being. It has become clear that because of [if appropriate, indicate reason], our physician-patient relationship has broken down, and this has made it difficult for me to continue providing quality care to you.*

*Despite taking the following steps to resolve the situation [if appropriate, list the steps undertaken to resolve the situation in advance of ending the relationship], I therefore regret to inform you that I will not be in a position to provide you with further medical services after [enter the date -- this time will vary from community to community, but you should give sufficient notice].*

*I urge you to obtain another physician or primary health-care provider as soon as possible. With your consent, I will be pleased to provide them with a copy or summary of your medical records. I will also ensure appropriate follow-up on all laboratory and test results still outstanding.*

*For assistance in locating another physician, you may wish to contact your local Community Health Centre, which is an organization that provides primary health care and prevention programs through physicians and a variety of other health professionals. A list of community health centres in Ontario is available on the Ontario Ministry of Health and Long-Term Care website. You may also wish to contact your local hospital to see whether any physicians on staff are accepting new patients. Lastly, some physicians, including those who are new to an area or who are beginning to establish a practice, will advertise that they are accepting new patients.*

*Yours truly,  
[Signature of physician]*

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**COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO**  
80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2