

# What to consider before ending the physician-patient relationship

Clinical judgment, compassion key to determining course of action



Council has approved a policy that provides more explicit guidance with respect to the circumstances in which it may be appropriate to end the physician-patient relationship, and the circumstances in which it is not.

The policy, which was last updated in 2008, sets out key principles and expectations for physicians when ending the physician-patient relationship for any reason other than the physician's retirement, relocation, leave of absence, or as a result of disciplinary action by the College.

When considering whether to end the relationship, the **Ending the Physician-Patient Relationship** policy requires physicians to

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. Abruptly discontinuing treatment of a patient who is on opioids, for example, could lead to fatal consequences for those patients with an opioid use disorder as they turn to highly potent street sources.

The above is just one example why physicians must undertake reasonable efforts to resolve the situation affecting their ability to provide care in the best interest ►►

## EXTERNAL CONSULTATION

DATES HELD:

December 12th, 2016  
– February 10th, 2017

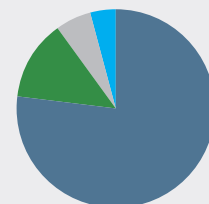


# OF RESPONDENTS:

104



BREAKDOWN OF RESPONDENTS:



- 77% PHYSICIANS
- 13% PUBLIC
- 6% UNIDENTIFIED
- 4% ORGANIZATIONS

CHANGES MADE IN RESPONSE TO FEEDBACK:

YES

NO

of the patient, and only consider ending the physician-patient relationship where those efforts have been unsuccessful.

Even then, physicians must ensure the provision of necessary medical services while the patient seeks a new health-care provider.

While the policy provides examples of situations in which it may be appropriate to end the physician-patient relationship, it cautions that each case is ultimately fact-specific. Physicians must always use their own professional judgment to determine whether discontinuing the relationship is appropriate.

The policy allows that if there has been a significant breakdown in the relationship, it may erode trust and respect to such a degree that quality care may be compromised. Examples of situations that may lead to a significant breakdown in the physician-patient relationship include: prescription-

related fraud; frequently missed appointments without appropriate cause or notice; engaging in behaviour which significantly disrupts the practice, such as use of abusive or threatening language, or posing a risk of harm to the physician, staff, colleagues, and/or other patients.

The policy permits physicians to consider ending the physician-patient relationship in situations where a patient has repeatedly sought care outside of a rostered practice without appropriate justification, or refused to pay an outstanding fee, while also strongly discouraging physicians from terminating patients due to a single incident.

The policy does require physicians to consider the financial burden that a fee may place on the patient, and “if appropriate, consider waiving or allowing for flexibility with respect to fees based on compassionate grounds”. <sup>MB</sup>

# 5

## THINGS TO KNOW:

- 1 The expectations of the policy apply to all physicians, regardless of speciality or area of practice.
- 2 In all cases, physicians must apply good clinical judgment and compassion to determine whether it is appropriate to end the physician-patient relationship.
- 3 Physicians must undertake reasonable efforts to resolve the situation affecting their ability to provide care in the best interest of the patient prior to ending the physician-patient relationship (for example, by considering whether a particular incident or behaviour is an isolated example, or part of a larger pattern).
- 4 Physicians must respect patient autonomy with respect to lifestyle, health-care goals, and treatment decisions, 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.
- 5 Even where the physician-patient relationship has been discontinued, physicians must ensure the provision of necessary medical services while the patient seeks a new health-care provider.