Features

Chroniques

Dorothy Grant recently retired as coordinator of patient–physician relations with the Medical Society of Nova Scotia.

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A most delicate job: terminating the physician–patient relationship

Dorothy Grant

A secretary called recently and said her employer, a busy specialist in a small Nova Scotia town, wanted to know if it would be ethical to stop providing care for a patient who had missed at least 4 appointments without offering any notification or explanation. The doctor had a long waiting list and felt this behaviour was unfair to patients anxious to see her. I was surprised the doctor had been so tolerant. I assured the secretary that under these circumstances the physician had a very good reason to send the patient packing.

Still, I could understand the doctor's reticence. In my work with the Medical Society of Nova Scotia I learned that most physicians tend to do a lot of soul-searching before deciding that they are no longer willing to see a patient.

One family physician described her efforts to assist a chronic drug abuser who was also a frequent visitor to the local emergency department. She had worked very hard to help him, but after he threatened to harm nurses at the hospital she decided she had had enough. In another case, a patient used profanity in a doctor's waiting room. When chastised, he threatened the doctor's secretary.

Obviously, it is important for physicians to document missed appointments and abusive, noncompliant or bizarre behaviour, and they should caution patients when it becomes clear that a patient–physician relationship is in jeopardy. When a decision is made to terminate the relationship, it must be done in an ethical manner that will avoid formal complaints or litigation. The Canadian Medical Protective Association (CMPA) has not prepared formal guidelines on the topic, but it does offer some recommendations. It says doctors should tell patients why it is in their best interest to seek a new physician. It also suggests that the doctor does not need to provide a specific reason for the termination and that it may be preferable not to do so.

The CMPA advises doctors to offer to help patients find a new physician, although this may represent a major challenge in some communities. It also urges physicians to offer to be available to provide urgent medical care and to renew prescriptions for a reasonable period. Patients should also be told that they will be provided with photocopies of their medical file or background information. I usually advise doctors not to charge for this.

The CMPA did not examine a dilemma many doctors face: How do you refer these patients? Many physicians believe it would be unethical to breach confidentiality by sharing details that led to the breakdown. However, a physician could not be faulted for confiding that a parting of ways was caused by serious communication problems. This, of course, may be enough to make another physician leery of the patient.

Some doctors try to avoid stressful face-to-face encounters with these patients by delivering the news in a letter. Although their reticence is understandable, in most cases the physician should meet the patient; following the meeting a registered letter confirming the doctor's position should be mailed. Specialists who do this should also advise the referring physician.

Doctors are usually troubled when they have to end a patient–physician relationship, and they may want to contact the CMPA or their provincial college to review the circumstances. Above all, they must be scrupulous about how they handle these issues. This will ensure that neither the patient nor the college can accuse them of conduct that might be construed as potentially harmful or appear to involve abandonment.

[This subject was also raised recently in *CMA Online*'s Clinical Q&A section. The conclusion? "As long as you don't let patients go while they are medically unstable or when no alternate care is available, or drop them without allowing time to find alternate care, you cannot be faulted." — Editor.]