Ending the Physician-Patient Relationship Policy Statement  
Suggestions for the upcoming policy revision

Thank you for giving us the opportunity to comment on this topic.

Comments on the current policy:

a. Page 3 under the heading “Communicating a decision to terminate”

The meaning of “Serious harm” is open to interpretation. For example, is being pushed by a patient considered “harm” but being stabbed by a patient “serious harm?”
I recommend removing the term “serious harm” and replacing it with “harm” – If the action in question warrants being described as “harm” then this term alone is sufficient as a reason for terminating the relationship.

b. Page 3 under the heading “iii As outlined in the regulation on professional misconduct”

This section states that discontinuing required services is professional misconduct unless:

i. the patient requests discontinuation – We do not believe that this needs to stated in the policy, as it is self evident.
ii. alternative services are arranged, or the patient is given a reasonable opportunity to arrange alternative services – the topic of arranging alternative care is discussed in more detail on page 4 – so this section both lacks detail and is redundant.

As both points in section iii do not contribute to understanding this topic, I recommend removing section iii.

c. Page 3 under the heading “iv The patient chooses not to follow the physician’s treatment advice”

The first paragraph provides clear guidance on this topic. The second and third paragraph provide information on the topic of consent, although consent is not the issue addressed by this item. These two paragraphs do not give information regarding patients who choose not to follow medical advice, and thus should be removed.

d. Regarding instruction physicians to communicate in person the ending of the doctor-patient relationship:

Page 3 under the heading “Actions to be taken when ending a ‘physician-patient relationship’”

This section states “Physicians may also discuss this decision with the patient, if appropriate.”
Now, under the heading “Communicating a decision to terminate”
This section states “Ideally, physicians should also communicate the decision in person”

Using words like "should" and “ideally" do not stress the importance of communicating the reasons for the end of the relationship in person. We believe the wording should state that the physician is obliged to communicate the reason for the ending of the relationship in person, unless there are extenuating circumstances why this should not be done.

Examples of such circumstances are:
a. A face-to-face visit by OTN is would acceptable if this is the general manner that all or many of the doctor/patient interactions occur.
b. The physician believes that it is not safe for themselves or the staff to have the patient attend the clinic in person.

e. Principle 3 should include the physician and patient rather than just the patient.

3. Physicians and their patients are entitled to be treated with respect and without discrimination during all stages of the physician-patient relationship, even if the relationship faces termination.

New topics to include in the updated policy:

• Dealing with patients with no fixed address: Options of notification may include notification in person, or a letter delivered by a pharmacist, if this is feasible.

• Handing a patient a written explanation for terminating the physician – patient relationship in person should be an acceptable alternative to sending this information by registered mail.

• Physicians may not hinder a patient’s attempt to transfer to a new physician. Eg. by withholding the timely transfer of medical records or not communicating required information to the new physician.

• Document not only the reasons for the discontinuation of the physician – patient relationship, but as well require documentation of the reasonable efforts that were made to resolve the underlying issues.

Thank you again for allowing us to comment on your draft.