Ending the Physician-Patient Relationship

Introduction

While 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 a patient is in conflict with other important duties or obligations, such as the duty to ensure their own health and well-being, or the responsibility they owe to staff to foster a safe working environment.

When circumstances arise which create a significant and irremediable conflict between a physician’s obligation to provide care to a patient, and the physician’s additional obligations to their staff, other patients, colleagues, or their own health, the physician may consider ending the physician-patient relationship.

While both physicians and patients may choose to end the physician-patient relationship, physicians are expected to do so in a manner that is in keeping with the fiduciary nature of the physician’s role, and which recognizes the 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, healthcare 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 duties that are 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 specialist physicians whenever a specialist chooses to discontinue the care of a patient prior to reaching the normal or expected conclusion of the patient’s treatment or assessment. 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), the specialist physician is not required to formally end the physician-patient relationship.
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.¹

**Policy**

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

This policy is organized as follows:

- The first section of this policy contains general expectations for physicians who are considering ending the physician-patient relationship;
- The second section sets out specific examples of situations which may cause a physician to consider ending the physician-patient relationship, and clarifies when this may be appropriate or inappropriate; and
- The third section sets out the actions physicians must undertake whenever ending the physician-patient relationship.

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

When considering whether to end a 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 in the best interest of the patient, and only consider ending the physician-patient relationship where those efforts have been unsuccessful.²

**Actions physicians must take prior to ending the physician-patient relationship**

Physicians who are considering ending the physician-patient relationship for reasons other than decreasing their practice size are expected to first undertake reasonable efforts to resolve the issues affecting their ability to provide care. These efforts must include:

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¹ 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.*

² In some cases, it may not be possible or safe to attempt to resolve a conflict with a patient. For example, where a patient has threatened to harm a physician, their staff, or other patients, physicians are not expected to undertake efforts to resolve the conflict directly with the patient.
• Proactively communicating expectations for patient conduct to all patients;³
• 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.

Notwithstanding the above, when a physician believes that the patient poses a genuine risk of harm to themselves, their staff, colleagues, or other patients, the physician has no obligation to interact with that patient prior to discontinuing the relationship.

2. Situations which may lead a physician to end the physician-patient relationship

While the following situations may be appropriate grounds for ending the physician-patient relationship, 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) Where 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, confidence, 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; and
• Where there is a risk of harm to the physician, staff, colleagues, and/or other patients.

In all cases where there has been a significant breakdown in the physician-patient relationship, physicians must only end the physician-patient relationship where the breakdown cannot reasonably be resolved, or in response to a genuine risk of harm.

³ For example, physicians can fulfil this expectation by establishing office policies and posting them in a prominent location.
(ii) Where the physician wishes to decrease 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 in their practice. 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 they provide care.

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 their ability to find alternative care in an appropriate timeframe.

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), the physician may assume that the patient has sought care elsewhere, and remove them from their practice.

Before formally ending the physician-patient relationship, physicians must make a good-faith effort to contact the patient to determine whether they 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 they have sought care elsewhere, physicians may formally remove the patient from their practice.

Situations where it is inappropriate for physicians to end a physician-patient relationship

(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 (CPSO expectations related to block fees are outlined in the College’s Block Fees and Uninsured Services policy);
• The Ontario *Human Rights Code*, which prohibits ending the physician-patient relationship due to one of the protected grounds set out in the Code;\(^4\,^5\)

• The professional misconduct regulations\(^6\) under the *Medicine Act, 1991*.

(ii) **Solely because the patient chooses not to follow the physician’s advice**

Physicians must respect the right of patients to make their own decisions with respect to their healthcare\(^7\) and lifestyle, and not end the physician-patient relationship solely because the patient chooses not to follow their advice.

For example, it would be inappropriate for a physician to discontinue their relationship with a patient solely because the patient did not follow their advice with respect to smoking cessation, drug or alcohol use, or the patient’s decision to refrain from vaccinating themselves or their children.

(iii) **Solely because the patient has failed to pay an outstanding fee**

While physicians are entitled to receive and pursue payment for any uninsured services rendered to a patient, or any other outstanding fees (such as those related to missed appointments), physicians must not end the physician-patient relationship solely because the patient has failed or refused to pay an outstanding fee.\(^8\)

While fees are outstanding, physicians must not withhold any aspect of medical care.

\(^4\) 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.

\(^5\) For more information about physician’s obligations under the Ontario *Human Rights Code*, please see the College’s [Professional Obligations and Human Rights policy](#).

\(^6\) Ontario Regulation 856/93, as amended (made under the Medicine Act, 1991), s. 1(17).

\(^7\) *Health Care Consent Act*, 1996.

\(^8\) 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.
Rostered practices⁹ impose specific commitments on both family physicians and their patients: physicians commit to provide comprehensive and timely care, and patients commit to seek treatment from their enrolling physician or group except in specified circumstances. When patients seek care outside of the practice, except in specific circumstances, the physician may incur a financial penalty.

Physicians must not end the physician-patient relationship solely because the patient has sought care outside of a rostered practice. Where a patient has sought care outside of the practice, physicians are advised to remind patients of their commitment to the practice.¹⁰

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

When a physician decides to end the physician-patient relationship, the College expects physicians to undertake the following actions:

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

Physicians are advised to notify each patient of their decision to end the physician-patient relationship in person, to help ensure clear communication, except where the patient poses a genuine risk of harm.

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 a physician uses to transmit the written notification, it must be secure and ensure patient confidentiality (acceptable methods of transmission include, among others: hand delivery to the patient during an appointment, registered mail, and courier).¹¹

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.

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⁹ 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.

¹⁰ In some limited cases, a patient’s repeated failure to adhere to their commitments within a rostered practice may give rise to significant conflicts or broader conduct issues. In these limited cases, physicians are reminded that any decision to discontinue care must be made in accordance with the relevant expectations of this policy. These include the expectation that reasonable efforts be undertaken to resolve the situation in the best interest of the patient prior to discontinuing care.

¹¹ A copy of the written notification and confirmation of receipt must be retained in the patient’s medical record.
2. Document in the patient’s medical record the reasons for the discontinuation of care, and all steps undertaken to resolve the conflict prior to discontinuation.

3. Clearly convey to the patient that he or 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 or her with a reasonable amount of time for doing so. 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 healthcare 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 healthcare 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 or 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.\(^\text{12}\) 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;\(^\text{13}\) and
   • Ensuring appropriate follow-up on all laboratory and test results ordered.\(^\text{14}\)

6. Inform the patient of their right to have their medical records transferred or provided to them.\(^\text{15}\)

7. Ensure the timely transfer of a copy or summary of the patient’s medical records upon the patient’s request.\(^\text{16}\)

\(^\text{12}\) 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)).
\(^\text{13}\) It is not expected that prescriptions will be renewed indefinitely. All prescribing should be done in accordance with the College’s Prescribing Drugs policy.
\(^\text{14}\) For further information on appropriate follow-up, refer to the CPSO policy on Test Results Management.
\(^\text{15}\) In accordance with the College’s Medical Records policy, physicians are able to charge a reasonable fee for copying and transferring medical records.
\(^\text{16}\) For further information, refer to the CPSO policy on Medical Records.
8. Notify appropriate staff (e.g., office receptionist) that care is no longer being provided to the patient.

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 you from providing information to other health care providers.\textsuperscript{17}

\textsuperscript{17} Under the \textit{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.