

# Ending the Physician-Patient Relationship: Online Survey Report

From the General Consultation on the Draft Policy  
December, 2016 – February, 2017



# Introduction

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The College's draft [Ending the Physician-Patient Relationship](#) policy was released for external consultation between December, 2016 and February, 2017. The purpose of this consultation was to obtain stakeholders' feedback to help ensure that the final policy reflects current practice issues, embodies the values and duties of medical professionalism, and is consistent with the College's mandate to protect the public.

Invitations to participate in the consultation were sent to a broad range of stakeholders, including the entire CPSO membership, and a notice was posted on the CPSO website and social media platforms.

Feedback was collected via regular mail, email, an [online discussion forum](#), and an online survey. In accordance with the College's [posting guidelines](#), all feedback received through the consultation is posted [online](#).

**This report summarizes only the stakeholder feedback that was received through the online survey.**



# Caveats

52 respondents initiated the survey, however, 2 failed to provide responses to any substantive questions (see Table 1). For the purposes of this report, these two surveys are considered incomplete, and have not been included.

**Note:** *Participation in this survey was voluntary, and one of a few ways in which feedback could be provided. As such, no attempt has been made to ensure that the sample of participants is “representative” of any sub-population.*

Table 1: Survey status

Summary of surveys received	n = 52
Complete or partially complete	50
	96%
Incomplete	2
	4%

- The **quantitative** data captured in this report are complete, and the number of respondents who answered each question is provided.
- The **qualitative** data captured in this report are a summary of the general themes or ideas conveyed through the open-ended feedback. Where reported, stakeholder feedback to open-ended questions has been paraphrased.



# Profile of respondents

9 out of 10 survey respondents were physicians (*Table 2*).

**Table 2: Respondent demographics**

Are you a...?	n = 50
<b>Physician (incl. retired)</b>	45
	90%
<b>Medical Students</b>	0
	0%
<b>Member of the Public</b>	4
	8%
<b>Other health care professional (incl. retired)</b>	1
	2%
<b>Organization</b>	0
	0%
<b>Prefer not to say</b>	0
	0%

And nearly all were residents of Ontario (*Table 3*).

**Table 3: Respondent location**

Do you live in...?	n = 44
<b>Ontario</b>	49
	98%
<b>Rest of Canada</b>	1
	2%
<b>Outside Canada</b>	0
	0%
<b>Prefer not to say</b>	0
	0%



# Familiarity with the draft policy

Nearly all respondents (98%) indicated that they had read the draft policy prior to starting the survey (see *Table 4*).

Respondents who indicated that they had not read the draft policy were given the opportunity to do so before proceeding, or skip to the general questions of the survey (page 14 of this report).

**Table 4: Read policy**

Have you read the draft <i>Ending the Physician-Patient Relationship</i> policy?		n = 50
<b>Yes</b>		49
		98%
<b>No</b>		1
		2%



# Part 1: Opinions of the draft policy

The following questions assess respondents' general opinions of the draft policy.

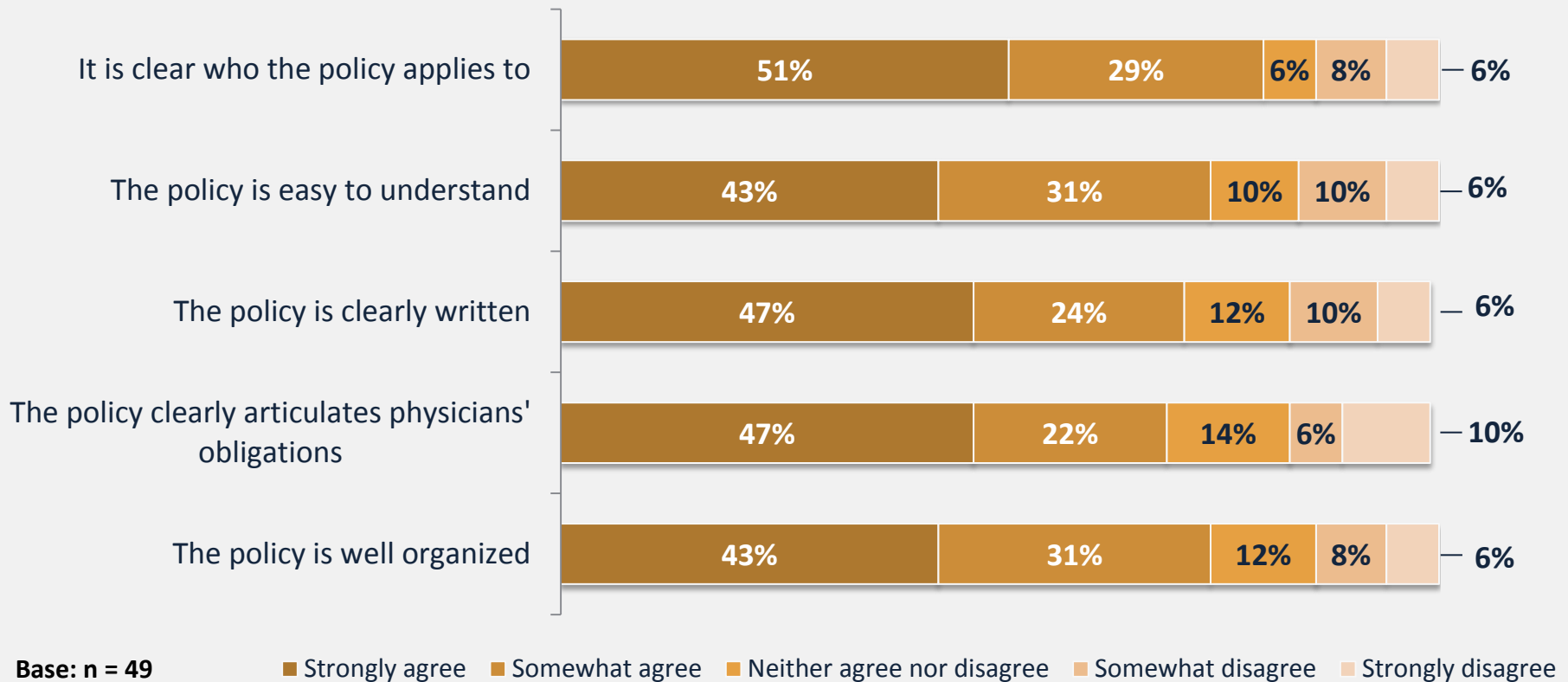
As such, the questions in this section were only posed to those respondents who indicated that they had read the draft policy.



## Q1. “We’d like to understand whether the draft policy is clear. Please indicate whether you agree or disagree with each of the following statements:”

Overall, the majority of respondents agreed (either *strongly* or *somewhat*) that the draft policy clearly articulated physicians’ professional obligations (69%), was easy to understand (74%), well organized (74%), and clearly written (71%) (*Figure 1*).

Figure 1: Clarity



## Q2. “Are there any other ways in which we can improve the clarity of the policy?”

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22 respondents provided feedback with respect to how the clarity of the draft could be improved:

*Below is a representative sample of the key feedback received. Comments have not been reproduced verbatim.*

- The policy should include more examples of situations in which it may or may not be appropriate to end the physician-patient relationship.
- How many appointments does a patient have to miss to be considered a breakdown in the relationship?
- The policy should provide more examples of “disruptive” patient behaviour.
- Is physical or verbal abuse by a patient appropriate grounds for “immediate” dismissal?
- Provide more detail with respect to when the policy applies to physicians practising outside of primary care.

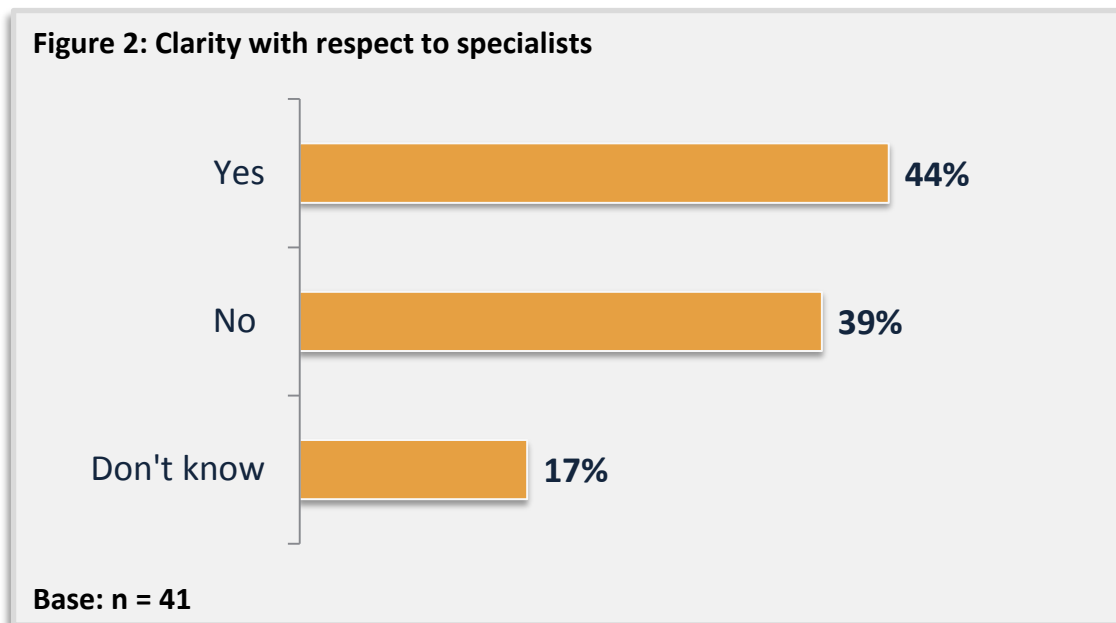




### Q3. “We are particularly interested to know whether it is clear how the draft policy applies to specialists. Does the policy make clear in which circumstances a specialist is required to formally end the physician-patient relationship?”

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Respondents were divided with respect to whether it was clear in which circumstances the policy applied to specialists (*Figure 2*).



#### Q4. “Please feel free to elaborate on your response.”

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17 respondents provided additional suggestions for how the application of the draft policy to specialist physicians could be made more clear:

- The policy should permit specialists to discontinue the care of patients who refuse to follow advice with respect to biopsies, surgery, etc.
- The policy should address situations where patients become abusive or threatening because his/her specialist does not agree to order tests or prescribe treatments that are not clinically indicated. Can the specialist end the relationship in these circumstances?
- The policy states that specialist physicians are not required to formally end the relationship when the patient’s care reaches its “natural” or “expected” conclusion. What is meant by the terms “natural” and “expected”?
- It is not clear how the policy applies in situations where a specialist has dealt with an issue and referred the patient back to their primary care provider.

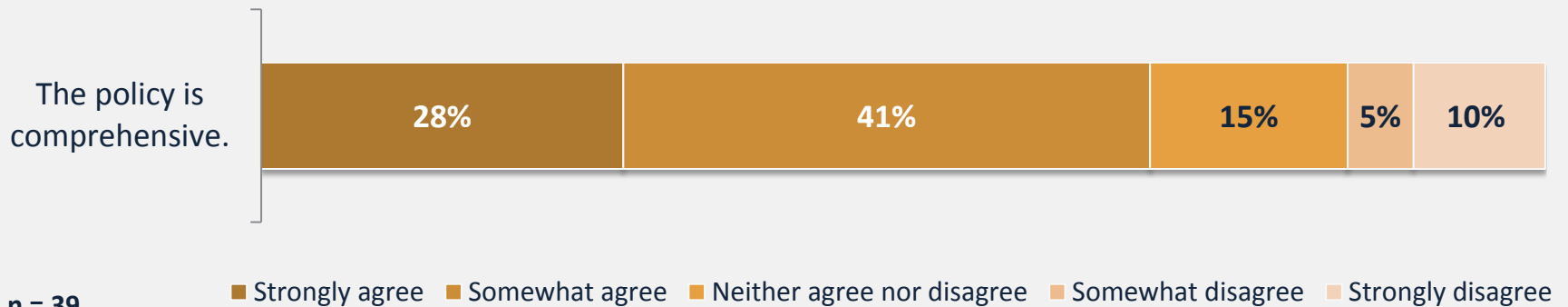
*This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.*



**Q5. “We’d like to understand whether the draft policy is comprehensive. That is, it addresses all of the relevant or important issues related to the ending the physician-patient relationship, and includes definitions of all the essential terms. Please indicate whether you agree or disagree with the following statement: *The draft policy is comprehensive.*”**

While most respondents (69%) agreed that the draft policy was comprehensive, a small number (15%) felt that it had failed to address at least one relevant or important issue (*Figure 3*).

**Figure 3: Comprehensiveness**



## Q6. “Are there any ways that the draft policy could be made more comprehensive?”

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13 respondents provided suggestions for additional topics that could be addressed in the final policy:

- The draft policy mainly addresses patient issues. Physicians have rights too, and these should be more fully addressed.
- The policy should provide more specific examples of situations that may result in ending the relationship.
- Provide more specific advice on how to respond to patients who fail to attend appointments.

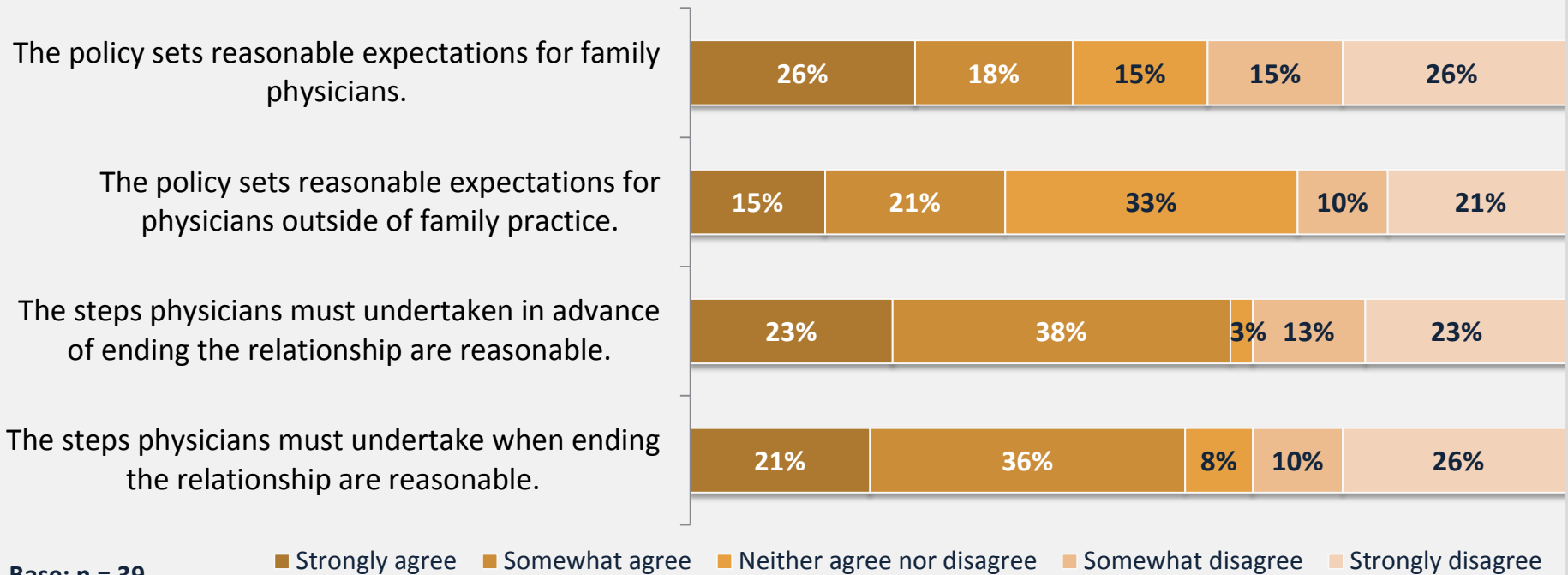
*This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.*



**Q7. “We’d like to understand whether the draft policy sets reasonable expectations for physicians. Please indicate whether you agree or disagree with the following statements...”**

Overall, respondents were somewhat divided with respect to whether the draft policy set out reasonable expectations (*Figure 4*).

**Figure 4: Reasonableness**



## Q8. “Please feel free to elaborate on your answers above.”

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Of the 19 respondents who provided open-ended feedback regarding the reasonableness of the draft policy, the following statements are representative of the feedback received:

- The draft policy is unreasonable in that it forces physicians to continue providing “free care” to patients who refuse to pay outstanding fees.
- The draft policy is unreasonable in that it forces physicians to continue providing care to patients who repeatedly seek care outside of a rostered practice.
- Physicians should be permitted to end the relationship at any point, based on his/her own discretion.
- Physicians should be permitted to end the relationship when the patient persistently rejects, contradicts, or argues against the advice of the treating physician.
- It is unreasonable to place all of the responsibilities on physicians, and none on patients.

*This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.*



## Part 2: General questions

The following questions assess respondents' opinions of key expectations contained in the draft policy.

As they did not require respondents to have read the draft policy, the questions in this section were posed to all respondents.

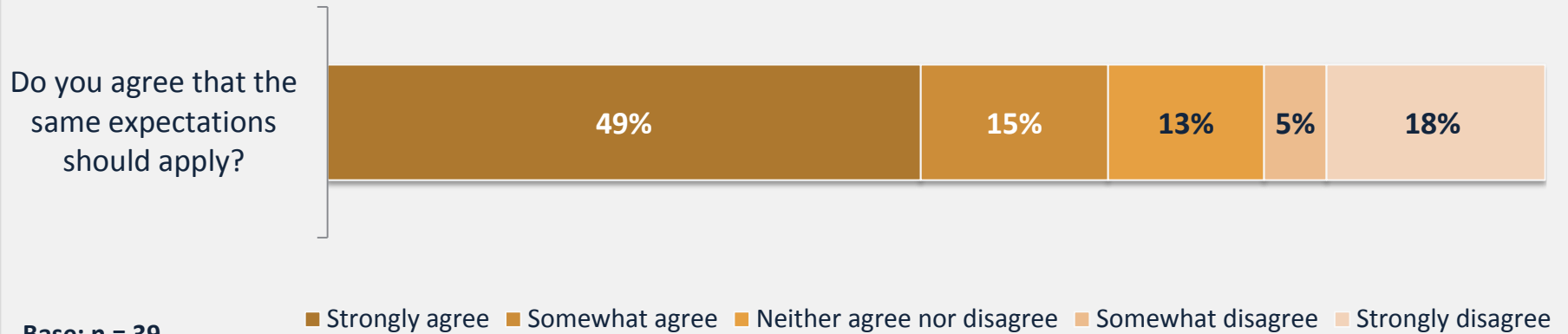
**Note:** *In some cases, in order to provide respondents with relevant context, additional detail was provided in the survey. In the interest of length, this additional contextual detail is not always reproduced in this report.*



## Q9. “Do you agree that the same expectations for ending the physician-patient relationship should apply to all physicians, regardless of their specialty or area of practice?”

Overall, respondents agreed (64%) that the same expectations should apply to all physicians, regardless of their specialty or area of practice.

Figure 5: Application of the expectations to all physicians





## Q10. “Please feel free to elaborate on your answers above.”

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Open ended feedback regarding the application of the policy to all physicians was received from 9 respondents:

- Physician relationships vary. A one size fits all approach is inappropriate.
- Specialist physicians should not be required to notify patients directly that his/her care has been discontinued. This is more appropriately communicated to the patient by his/her referring physician.
- Currently, specialty care for patients is sometimes done at arms length through the patient’s primary care provider, and patients may not get a formal written notification that the relationship has ended from the specialist. This is inappropriate. Specialist physicians should be required to notify the patient directly of the fact that his/her care has been discontinued, and not rely on the family doctor to provide that information (this principle is especially important for psychiatrists).

*This is a representative sample of the key feedback received. Comments have not be reproduced verbatim.*



**Q11. “Are there any specific circumstances in which a physician might consider ending the physician-patient relationship that are not addressed in the policy but should be?”**

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Suggestions for additional circumstances to address in the policy were received from 23 respondents:

- When the patient has no health insurance coverage or does not pay what he/she owes.
- For a specialist, situations where the patient refuses or fails to provide an appropriate referral request from a family physician.
- Situations where a patient is also being seen by another physician for the same issue. Can one physician discontinue the relationship?
- Pregnancy leave in rural areas where there are absolutely no locum options.
- Where the patient would experience better care elsewhere (i.e. just knowing you are not the right physician for the patient).
- Where patients move to another catchment area.

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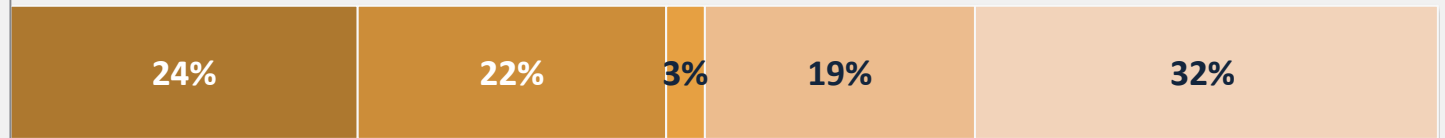


## Q12. “Do you agree or disagree that physicians should *not* end the physician-patient relationship solely because the patient has failed to pay an outstanding fee?”

Respondents were divided with respect to whether it was appropriate for physicians to end the relationship due to unpaid fees: 46% stated that it was inappropriate, while 51% stated that it was appropriate (*Figure 6*).

Figure 6: Failure to pay fees

Physicians should not be permitted to end the relationship solely due to unpaid fees.



Base: n = 37

■ Strongly agree ■ Somewhat agree ■ Neither agree nor disagree ■ Somewhat disagree ■ Strongly disagree



### Q13. “Please feel free to elaborate on your answers above.”

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Open ended feedback regarding the issue of unpaid fees was received from 17 respondents. Of those respondents who provided open-ended feedback, the following statements are representative:

- Failure to pay for services rendered is theft.
- Physicians should not be expected to provide “free care”.
- The decision to end the physician-patient relationship should depend on both the amount outstanding and the patient’s reasons for not paying.
- Fees are a tough issue, and the decision to end the physician-patient relationship should be at the discretion of the physician.
- It would be unethical to end the physician-patient relationship with a patient who simply can’t afford to pay a fee.

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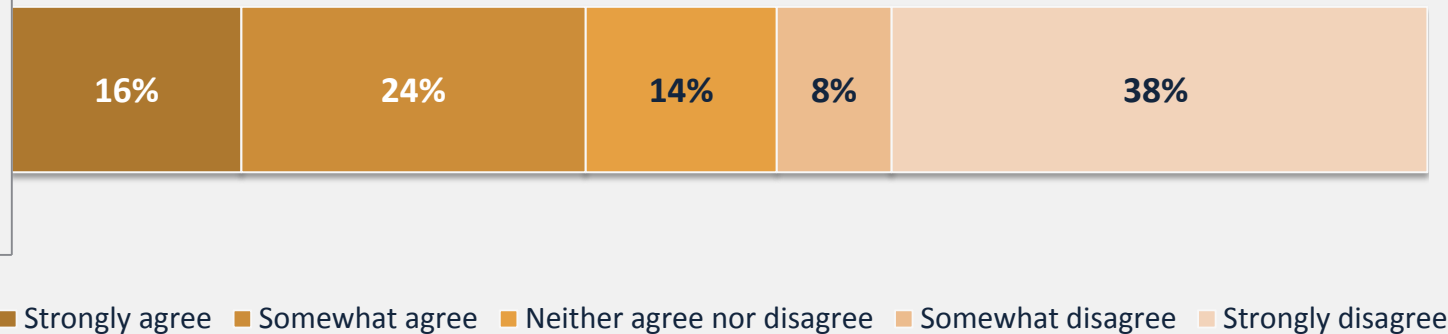


## Q14. “Do you agree or disagree that it is inappropriate to end the physician-patient relationship solely because the patient has sought care outside of a rostered practice?”

Respondents were similarly divided with respect to whether it was appropriate to end the relationship because the patient has sought care outside of a rostered practice (*Figure 7*).

Figure 6: Rostered practices

It is inappropriate to end the relationship solely because the patient has sought care outside of a rostered practice.



Base: n = 37



## Q15. “Please feel free to elaborate on your answers above.”

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Open ended feedback regarding the issues of rostered practices was received from 18 respondents:

- If the care plan has been made clear to the patient and he/she continue to receive care elsewhere, there is no reason to require that a physician keep him/her on as a patient. It's financial abuse and it erodes the therapeutic relationship.
- If a patient continues to seek care outside the practice despite appropriate access to the practice, then that is a breakdown in the physician-patient relationship.
- When patients do not abide by rostering agreements, there is a financial penalty for the rostering MD. Except in emergency situations, seeking care outside the rostered practice should be grounds for ending the doctor-patient relationship.
- Consideration should be given to situations where a patient has a valid reason for seeking care outside of the practice.

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