



The College of Physicians and Surgeons of Prince Edward Island

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POLICY NAME	Ending a Physician – Patient Relationship
DESCRIPTION	<p>A physician and a patient enter into a mutual relationship, each with his/her own set of expectations. A physician wishes to provide assistance to the patient and good medical care and support. The patient expects that the physician will deliver such healthcare with integrity and professionalism. Each party expects the other will treat him or her with respect. Occasionally circumstances arise such that the relationship is no longer mutually satisfactory and may not be in the patient’s best interest to continue. Either party may terminate a physician – patient relationship, but a physician has certain ethical obligations when he does.</p> <p>Ethical Framework:</p> <p>The CMA Code of Ethics and Professionalism, 2018: <i>Fundamental commitments of the Medical Profession: Consider first the well-being of the patient; always act to benefit the patient and promote the good of the patient. Always treat the patient with dignity and respect the equal and intrinsic worth of all persons.</i></p> <p><i>Professional Responsibilities:</i></p> <ol style="list-style-type: none"> 1. <i>Accept the patient without discrimination (such as on the basis of age, disability, gender identity or expression, genetic characteristics, language, marital and family status, medical condition, national or ethnic origin, political affiliation, race, religion, sex, sexual orientation, or socioeconomic status). This does not abrogate the right of the physician to refuse to accept a patient for legitimate reasons.</i> 2. <i>Having accepted professional responsibility for the patient, continue to provide services until these services are no longer required or wanted, or until another suitable physician has assumed responsibility for the patient, or until after the patient has been given reasonable notice that you intend to terminate the relationship.</i> 8. <i>Provide whatever appropriate assistance you can to any person who needs emergency medical care.</i>

19. *Provide the patient or a third party with a copy of their medical record upon the patient's request, unless there is a compelling reason to believe that information contained in the record will result in substantial harm to the patient or others.*
26. *Discuss professional fees for non-insured services with the patient and consider their ability to pay in determining fees.*
44. *Contribute, individually and in collaboration with others, to improving health care services and delivery to address systemic issues that affect the health of the patient and of populations, with particular attention to disadvantaged, vulnerable, or underserved communities.*

Although every circumstance must be considered on its own merits, the following represents generic advice to members who find themselves in this situation:

1. Clearly inform your patient of your decision and your reasons. If doing so at a meeting, try to have another person present, such as another physician or staff person.
2. Document the process and details of the conversation.
3. Send the patient a registered letter confirming the reasons for your actions and the date beyond which you will be unable to act as the patient's physician.
4. Keep a copy of your documentation and the registered letter on file.
5. Advise the patient that you will be contacting other health care providers to whom you have referred the patient or who have been providing assistance to the patient on your behalf and let those providers know that you will no longer be caring for the patient after the effective date.
6. Be as helpful as you can be to the patient in finding another doctor. Transfer records to that doctor as soon as possible, once the patient has provided written consent for you to do so.
7. Provide the patient with "a reasonable period of time to find another doctor." A reasonable period of time will vary depending on the circumstances of the patient, the patient's illness and needs, and the reasons for the termination of the physician – patient relationship, but may be as long as 3 months.
8. If the patient requires ongoing non-urgent care, advise the patient as to the nature of that care and how they should acquire that care.
9. The time that one might continue to provide emergency/urgent care for a patient will vary according to

the following:

- a. Accessibility of other care.
 - b. Whether or not the physician feels any threat to his/her safety.
 - c. Length of time the physician – patient relationship existed.
 - d. The critical nature, if any, of the patient’s illness.
10. No physician is obliged to continue providing medical care to a patient who is threatening him/her or people around him.
 11. If the patient decides to complain to the College about your actions, be prepared to provide the College with documentation of process and reasons for your termination of the physician – patient relationship.
 12. Any letter which you write to the patient must be customized to fit the particular circumstances and be clearly written. It is recommended that it be sent by Registered Mail. If the patient is illiterate, a registered letter should still be sent but the patient must be advised verbally and in person as noted above.

Example Letter with 4 possible scenarios:

Dear _____

As we discussed when we met recently, my role as your physician was to provide safe and effective care to you. This I can only do if our physician – patient relationship is healthy and we are working together willingly.

Example 1: Topic of non-compliance- As I mentioned to you the other day, you seem unwilling to comply with the medical advice that I have given you for the treatment of your condition. Whereas you do not seem to feel that the treatment is necessary, it is my professional opinion that it is extremely important that you continue this treatment.

Example 2: Drug seeking by the patient - On reviewing your medical records, it has become clear to me that you have been requesting medications from me in an inappropriate way and for a condition which should not require the medication which you seek.

Example 3 – Pain Management Control – I have been advised that you have been seeking medication from _____, which is a violation of your agreement (contract) with me.

Example 4 - Dealing with relatives- It has become apparent in our relationship that some members of your family have objected to and prevented you from being compliant with my professional advice with regard to your treatment.

	<p><i>In these circumstances, it is in your best interest for me not to continue as your physician and I therefore regret to have to advise you that I will not be in a position to provide you with further medical care and advice after (date). Until then I will be available to render emergency/urgent services to you and will continue to refill necessary prescriptions, but I will not be able to provide non-urgent elective care. I urge you to obtain the services of another physician satisfactory to you as soon as possible. When you see your new physician, please ask him or her to contact me, and with your written consent, I will be pleased to provide a summary of my care of you while you were my patient.</i></p> <p>There are some ethically <u>inappropriate</u> reasons used by some physicians to dismiss patients. If in doubt, seek advice from the College, your colleague, or CMPA.</p>
APPROVED BY:	<p>Council of the College of Physicians & Surgeons of PEI Amended and approved at Council meeting May 1, 2017.</p>
REVIEWED:	<p>Revised and Approved November 4, 2019</p>