

## DISCONTINUING THE PHYSICIAN/PATIENT RELATIONSHIP

Unfortunately, some physician/patient relationships have to be terminated prematurely for a variety of reasons. This should only be done as a last resort. In discharging a patient from care while the patient still needs to be under the care of a physician, the physician risks being charged with abandonment of that patient. Because of the serious nature of such a charge, it is incumbent upon the physician to ensure that every area of vulnerability regarding that particular patient has been addressed.

PRI recommends against establishing a blanket policy in the practice, regarding categories of patients whose care will be terminated. This is not advisable because each of these cases includes a different set of facts and, therefore, should be decided on an individual basis.

PRI also recommends that where the decision is made that a physician no longer wishes to care for a patient, the patient is formally advised. For example, to refuse or delay in giving a patient an appointment with the hope that that will dissuade the patient from continuing his/her relationship with the physician is improper.

THE FOLLOWING AREAS MUST BE CONSIDERED WHEN THESE SITUATIONS ARISE:

### **Patient's Medical Status**

This is the primary consideration when the idea of terminating a relationship with a patient is entertained.

A patient who is in an acute phase of illness or in the midst of a work-up or treatment, should not be discharged from a physician's care, unless another physician has been identified (by the patient or the doctor), and the new physician and the patient agree that care is to be transferred.

### **Communicating the Decision to the Patient**

It is preferable that the physician has this discussion in a personal meeting with the patient, if such a meeting is possible. It is also a good idea to follow this conversation with a certified/return receipt requested letter to the patient. If a meeting cannot be accomplished, notification should be by certified letter with a copy sent to the patient by regular mail. The copy by regular mail is important. In the event the patient refuses the certified letter, the copy by regular mail, if it is not returned, can be considered to have been delivered, according to New York state law.

IT IS IMPORTANT TO COVER THE FOLLOWING ISSUES AT THE MEETING AND ALSO IN THE LETTER:

- the fact that the physician is unable to continue to provide care for the patient
- the need for the patient to identify another physician to assume his/her care

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- the length of time the patient is being given to accomplish the transfer (generally 30 days). (This should be gauged by the ease with which a new physician may be located.)
- the fact that emergency care will be provided in the interim, should the need arise
- the fact that the practice will provide copies of records, etc. (with the appropriate authorization) to the succeeding physician, to facilitate continuity of care.

Bear in mind that there is no requirement that a reason for the termination be given to the patient. However, especially where it is due to the patient's lack of compliance, it is a good idea to explain that to the patient, so that (s)he is fully aware of how his/her non-compliance impacts upon the physician's ability to provide optimal care.

### **Documenting this Decision**

The salient points covered in the meeting with the patient should be documented in a contemporaneous note in the patient's chart. A copy of the letter should also be placed in the chart. The post office receipt verifying the delivery of the letter should also be placed in the chart. Should the patient refuse delivery, the returned, unopened envelope should also be placed in the chart.

### **The New Physician**

It is not required that the physician provides specific names of physicians from which the patient may choose. It is sufficient to suggest to the patient (and in the letter) that (s)he contacts his/her insurance company or the local medical society for names of physicians in the applicable specialty.

### **Transfer of Records**

With appropriate authorization, the physician is required to forward a copy of the patient's records to the succeeding physician or directly to the patient, if that is what (s)he requests. The transfer of records should be done without delay, so that the patient's care is not compromised. An unpaid bill or similar reason is unacceptable as a basis for refusing to transfer a patient's record.