



GUIDELINE

Establishing a Patient-Physician Relationship

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Amended:	
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Preamble

The patient-physician relationship is a unique relationship based on trust, honesty, respect and a mutual desire to improve health outcomes. There must be a mutual and collaborative understanding of the patient's needs and expectations, and the physician's capacity to respond. Relationships based on openness, trust and good communication will enable the physician in partnership with the patient, to address the patient's individual needs.

The fundamental responsibilities of physicians in the patient-physician relationship are described in the [Code of Ethics](#) and [Code of Conduct](#).

It is necessary for both parties in the patient-physician relationship to be honest, considerate, and polite, and treat each other with dignity, respect and as individuals.

It is important for the physician to respect patients' privacy, autonomy and right to confidentiality, to support patients in caring for themselves to improve and maintain their health, and to encourage patients who have knowledge about their condition to use this when making decisions about their care.

It is equally necessary for the patient to be honest and open in providing pertinent communication to enhance the value of the interaction. As well, the patient should be mindful of the advice or treatment recommendations provided by the physician.

The CPSS recognizes that not all scenarios can be covered by guidelines and policies and there may be exceptional circumstances. In exceptional or difficult circumstances or if there are questions about a guideline or policy physicians should contact the Registrar's Office for advice.

The College's Position

Communication During a Patient Encounter

Effective communication between patients (or their proxy) and physicians is essential to the ideal delivery of care. The goals of communication are to exchange information, to develop a common understanding and build trust, and to reach a mutually satisfying decision.

The physician's obligation with respect to communication with a patient is to commit full attention to the patient, create an environment that preserves the patient's dignity, foster candor in the disclosure of confidential, intimate information, convey genuine concerns for the patient's wellbeing, and respect the role of the patient advocate and/or caregiver.

Improving patient-physician communication improves patient adherence to recommended therapies, improves patient self-care, improves comprehension of the information given by the physician, and increases both patient and physician satisfaction.

Initial Family Physician Office Visit

The initial visit between a physician and patient may result in the establishment of a long-term clinical relationship. There are circumstances where this is not the case, such as patient attendance at an emergency room or walk-in clinic specific to a single acute patient issue.

Some family physicians may choose to schedule an initial interview meeting to determine if they are or are not willing to assume longitudinal care. These 'meet and greet' interviews are described in the MSB billing guide (under [Services Not Insured by the Ministry of Health](#)) and should not include an in-depth history, physical exam or the delivery of any medically necessary service, otherwise it is considered a patient care visit and a duty of care is considered to be established.

When a physician is meeting with a patient for the first time, the physician should:

- identify the patient's needs and expectations,
- disclose to the patient information about their area of knowledge, skills, and the organization of their practice including the mode of after-hours operation, and
- determine whether the terms of the relationship (partnership) are mutually acceptable.

The physician must be mindful of human rights issues. The relevant paragraphs of the Canadian Medical Association [Code of Ethics and Professionalism](#) are as follows:

1. 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.
2. 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.
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8. Provide whatever appropriate assistance you can to any person who needs emergency medical care.

It is essential that physicians pay attention to the [Code of Ethics and Professionalism](#), especially Section 1 (above), in order not to be challenged on the basis of human rights if they decline to accept a patient to their practice.

Emergencies

Under the Code of Ethics and Professionalism, in an emergency situation, a physician **must** provide emergency care (regardless of whether there is a patient-physician relationship) if no other suitable physician is available unless there is real and imminent threat of harm or violence to the physician, clinic staff or others present.

Specialists

When the care provider is a specialist, consulted to provide specific care, the guideline remains pertinent until such time as the specialist has appropriately discharged the patient in writing back to the care of the primary care provider. In circumstances where a specialist decides to terminate a patient-physician relationship prior to the condition specific discharge criteria being met, then the specialist remains responsible for the management until he/she transfers care to an accepting specialist of the same specialty or back to the care of the primary provider for referral to another specialist. Some factors specialists may consider when deciding to accept a new patient are referred to in the CMPA publication [“Accepting new patients: Guidance for specialists”](#) and the [CPSS Guideline: Referral-Consultation Process](#).

Other Resources

[CPSS Regulatory Bylaw 7.1 – The Code of Ethics](#)

[CPSS Regulatory Bylaw 7.2 – Code of Conduct](#)

[CPSS Policy “Standards for Primary Care”](#)

[CPSS Policy “Clinics that Provide Care to Patients Who Are Not Regular Patients of the Clinic”](#)

[CPSS Guideline: Referral-Consultation Process](#)

CMPA – [Accepting new patients: The key to effective practice management](#)

CMPA – [Accepting new patients: Guidance for specialists](#)