



## POLICY

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### Ending the Patient-Physician Relationship

**STATUS:** DRAFT FOR CONSULTATION  
**Approved by Council:**  
**Amended:**

#### 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 College's [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 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 College's Position

Occasionally there will be some patient-physician relationships that for one reason or another do not work. Either party may decide to terminate the relationship. A physician may ethically decide not to continue to see a patient, as long as there are valid reasons and the patient is not in immediate need of medical care.

When **ending a patient-physician relationship**, the College expects the following:

1. The decision to end the relationship should be clearly communicated to the patient. The initial decision may be communicated verbally if appropriate. A follow-up letter sent by registered mail is recommended. Be as compassionate and supportive as possible. State the reason(s) for the decision. Document any discussion and save a copy of the letter in the patient's file.
2. Give the patient a “reasonable” time to find another physician. A notice of one month is minimally acceptable under usual circumstances. A longer or shorter time might sometimes be needed to accommodate patient needs or physician safety.
3. State that you will give or arrange for care until that date, and that you will respond to a request for care in an emergency situation. If ongoing care is needed, ensure that the patient is aware of this.
4. Be helpful to the patient in finding a new physician and transferring records (see guideline on Transfer of Patient Records) and ensure that there are appropriate arrangements in place to ensure that there is follow up of outstanding investigations and consultations. If considered safe to do so, provide enough prescription renewals to last till another provider can assume care.
5. Circumstances may arise when a consulting physician perceives that conflict between themselves and a referred patient is sufficiently problematic that the physician is no longer able or willing to persist in care delivery. In such circumstances careful re-evaluation is suggested to ensure that the relationship is not salvageable. In such cases where the consultant physician deems it preferable to have the patient cared for by another provider, the physician may direct care back to the referring physician only in circumstances where the care being sought is considered elective and the patient will not come to any immediate harm while waiting for referral to, and consultation with, another care provider. If the patient is likely to come to harm during the re-referral timeframe, the consultant must arrange for direct transfer to the care of another consultant able to provide the care required.

A physician must not discharge a patient:

1. Based on a prohibited ground of discrimination including age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or economic status.
2. Because a patient makes poor lifestyle choices (such as smoking).
3. Because a patient fails to keep appointments or pay outstanding fees unless advance notice has been given to the patient and the patient has been provided with the opportunity to address the concerns.
4. Because the patient refuses to follow medical advice unless the patient is repeatedly non-adherent despite reasonable attempts by the physician to address the non-adherence.
5. Because the physician relocates his/her practice to a new location/setting to which current patients could be reasonable expected to follow.

6. Because the patient requests access to services that the physician has a conscientious objection to.
7. If discharge significantly hampers access to a physician due to remoteness or lack of local physician resources in the community. For example, only one physician or one clinic in the community.
8. If a patient, due to a medical condition, becomes unable to travel (for example exclusively relying on Home Care or personal care providers for Medical Services) and/or is unable to independently find an alternate care provider (for example Long Term Care (LTC) placement, whether into Special Care Homes (SCH), Personal Care Homes (PCH) or assisted living, until the patient's care has been accepted by and transferred to an alternate care provider.

Sample of a letter with suggested wording is as follows:

*Dear (patient's name):*

*The patient-physician relationship is fundamental in providing and receiving excellent care. The patient-physician relationship must be based on trust, honesty, respect and a mutual desire to improve health outcomes. This can only be done in the context of a satisfactory patient-physician relationship in which both partners participate willingly.*

*{Use the next paragraph to describe your reasons for withdrawing from the patient-physician relationship, such as breakdown in interpersonal relationship, disagreement with relatives, etc.}*

*In these circumstances, I do not believe it is in your best interest for me to continue to serve as your physician. I therefore regret to inform you that I will not be in a position to provide further medical services after (date? This time will vary, but you should give at least one month's notice.).*

*Until that date, I will provide services to you or provide an alternate arrangement. After that date I will not provide elective services to you, only emergency services in a life-threatening situation, when there are no other physicians to provide the required care.*

*I urge you to obtain the services of another physician as soon as possible. I will be pleased to provide a summary of my care while you have been my patient and with your consent will arrange to have a copy of your file transferred.*

*Sincerely,*

## Additional 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 “Conscientious Objection”](#)

[CMPA – Ending the doctor-patient relationship](#)