



THE VOICE OF THE PROFESSION

Frequently Asked Questions about ENDING THE DOCTOR PATIENT RELATIONSHIP

The therapeutic relationship between the doctor and patient is a valuable and necessary one for the proper and appropriate treatment of the patient. It is in the best interests of the patient that the integrity of this relationship is preserved. There may however be circumstances where this therapeutic relationship is compromised, perhaps by interpersonal difficulties between the doctor and patient, misunderstandings or the patient being continually unco-operative or threatening. At these times it may be necessary to assess whether the therapeutic relationship can be salvaged and develop a process for achieving this. At other times the situation may be irreparable and it may be time for the doctor to initiate the termination of the relationship.

Do I have to see a patient I don't want to see?

A doctor is not under a duty to attend to a patient unless the patient is in urgent need of medical attention.

Section 36(1) Medical Practice Act 1992 (NSW) defines 'unsatisfactory professional conduct' to include as follows:

"Refusing or failing, without reasonable cause, to attend (within a reasonable time after being requested to do so) on a person for the purpose of rendering professional services in the capacity of a registered medical practitioner in any case where the practitioner has reasonable cause to believe that the person is in need of urgent attention by a registered medical practitioner, unless the practitioner has taken all reasonable steps to ensure that another registered medical practitioner attends instead within a reasonable time."

However, doctors are subject to state and federal anti-discrimination laws and they are not permitted to decline to accept to see patients because of their gender, race, ethnicity, sexuality, religion, disability or age. If you are considering ending your relationship with a patient who is a protected class or disabled you may want to consult your medical defence organisation to assess your liability risk.

Doctors in remote rural areas with unique areas of expertise may have more significant ethical and moral obligations to treat even difficult patients where these patients require treatment based upon that expertise.

How should I manage a difficult patient?

Medical practices should adopt a standardised approach for dealing with patients who significantly or repeatedly challenge the therapeutic relationship between the doctor and patient. This can make it easier to take appropriate and measured action and avoid emotional and defensive responses.

Firstly you will need to identify the events that have strained the relationship. These may include for example annoying behaviours such as the patient repeatedly missing or showing up late for appointments, not paying bills, or not abiding by your treatment recommendations, or more serious threatening behaviour where you or your staff feels unsafe.

Less serious behaviours can usually be dealt with by raising these with the patient yourself or through a discussion between the patient and practice manager. It may be useful to consider whether the relationship can be salvaged and what extra effort can be invested to transform the relationship.

Taking time to chat with the patient about their frustrations, the services they expect or the needs they feel are not being addressed may help you understand the underlying expectations or needs that are driving the behaviour. If the patient's expectations are not unreasonable, this may significantly assist in repairing the relationship and ultimately improve the delivery of care to all patients.

More threatening behaviours or unreasonable patients may warrant immediate termination. It is important to make it clear to patients that aggressive, abusive or threatening behaviours will not be tolerated and that if the patient persists acting in such a manner that they will be referred elsewhere. Explain the potential consequences of non-compliance with rules against aggression and abusive language or continued threatening behaviour and warn that it seriously compromises your ability to continue as that patient's treating doctor.

At all times it is best to document problem or disruptive behaviour in the patient's record, as well your efforts to discuss these with the patient.

How do I end the doctor-patient relationship?

It may be that despite your best efforts the relationship cannot be restored. In these circumstances you will need to write to the patient. If it is reasonable to do so, the letter should set out the reason for the termination in a brief, clear, objective way. It may be better not to include a reason, particularly where the patient ought to be aware of the reason as a result of earlier discussions. Your medical defence organisation may be able to provide you with a sample termination letter.

The letter should include the following:

- a statement that the relationship has been terminated; and
- a statement that you would be willing to transfer a copy or summary of the patient's medical file to the patient's new medical attendant.

It is vital to the facilitation of the patient's continuity of care that you assist in the transfer of the patient's medical records. As a sign of good faith you may decide to waive any usual transfer costs. This will also ease the process of separation.

You may also include an offer to continue to treat any of the patient's emergent issues for a specified period of time from the date of the notification of termination letter, such as 30 days. If this is the case, you should advise your reception staff so they stop making appointments with the patient after this time.

You are under no obligation to do so but you may choose to assist the patient in finding or referring the patient to another doctor. Privacy laws prohibit you from attempting to contact the patient's future doctor about the dissolution, unless the new doctor is a business associate of yours.

If the patient contacts or attends your practice to make an appointment after receiving this letter or after the expiry of the notification period, the practice manager should send or show him/her a copy of the letter and politely but firmly confirm that you will no longer care for the patient because of his/her behaviour.

What if I am the treating doctor to a difficult Workers Compensation or Motor Vehicle Accidents patient?

WorkCover and the Motor Accidents Authority have no specific guidelines on ending a doctor-patient relationship where a doctor is participating in one of these schemes and maintain that it is the doctor's right to end the therapeutic relationship where this is no longer effective. Insurers to these schemes may have their own policies and procedures for the termination of a doctor-patient relationship. It may be prudent to first obtain a copy of their policies if the patient is proving to be difficult. Whilst these insurers cannot compel you to continue to treat a patient as a courtesy and to assist the insurer in managing the claim, it is recommended that you notify them of your intentions in writing and offer to provide a specified notice period during which you will continue to treat the patient until alternative arrangements can be made or for payment purposes. In these circumstances you have an ethical and legal obligation to the patient to advise the patient that you will also be notifying the insurer of your intention to end the relationship and withdraw from the scheme.

SAMPLE LETTERS

LETTER ONE –

Attempt to maintain the doctor-patient relationship where the patient is being abusive/threatening

Dear *(PATIENT NAME)*

I refer to your recent attendance at the practice on *(DATE)*.

Some of the staff/other patients/I felt threatened by your outburst on this date. This is not an isolated incident. I acknowledge your frustrations or concerns and am prepared to address these calmly with you and the practice manager at a time suitable to you. Expression of these frustrations in a manner similar to that exhibited recently will not be tolerated in future. I am obliged to ask you to desist with this form of behaviour. Further behaviour like this will threaten the therapeutic doctor-patient relationship and my ability to continue to facilitate your treatment in the future.

I'm sure you'll understand the reasons for which I have decided to write to you in the above way. I ask that you kindly respect my wishes and refrain from this sort of behaviour in the future.

Yours sincerely

Dr

LETTER TWO –

Terminating the doctor-patient relationship where it cannot be salvaged

Dear (PATIENT NAME)

You will recall my correspondence dated (LETTER ONE's sent date). As discussed a sound relationship between a doctor and patient is imperative for quality medical care. When this relationship ceases to be effective it becomes necessary for the doctor to discontinue the care of that patient.

Unfortunately, your aggressive behaviour has continued. As such I am of the view that a good doctor-patient relationship cannot be maintained and I am no longer willing to be your doctor.* If you would care to pass on to the practice staff, your new medical attendant when chosen, I will organise a summary of your medical records to be forwarded on.**

Yours sincerely

Dr

* You could insert, if appropriate, a brief description of the reason for the decision.

** You could also insert something to the effect that the practice will continue to direct the patient's care for any urgent medical problems that arise over the next 30 days.



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For further information on ending the doctor patient relationship or any other workplace relations or medico-legal matters, please contact the Medico-Legal, Workplace Relations and Training Division

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