



College of Physicians and Surgeons of British Columbia

Practice Standard

Ending the Patient-Physician Relationship

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Related topic(s):	Access to Medical Care , Leaving Practice , Medical Records

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians in British Columbia. Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

The expectations outlined in this practice standard apply only in circumstances when the patient-physician relationship is terminated by the physician as a result of discord with a patient or other legitimate reasons.

It does not apply in situations where the physician's involvement with a patient reaches its natural or expected conclusion, such as consultative care provided by a specialist.

COLLEGE'S POSITION

The patient-physician relationship is a fiduciary relationship based on honesty, respect and trust, where the physician prioritizes the patient's care and well-being, and acknowledges the patient's autonomy with regard to personal choice, including lifestyle or treatment options.

In situations where the therapeutic relationship ceases to be effective, however, a physician may choose to stop treating a patient. The decision to end the patient-physician relationship must not be based on reasons that may be considered discriminatory under the BC Human Rights Code, including race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, and age.

Similarly, physicians must not end a patient-physician relationship based on the complexity of a patient's care needs, such as chronic pain, addiction or mental illness. In such cases, patients must be counselled, cared for and prescribed appropriate medications with due caution, based on well-documented assessments.

Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained by the College where impact is demonstrated even if the physician did not intentionally discriminate.

EXPECTATIONS

When considering to end the patient-physician relationship, physicians must:

- make all reasonable attempts to resolve the situation first, and only end the relationship if those attempts have not been successful
- recognize that this decision may have significant negative consequences for the patient, such as limiting their access to medical care
- apply sound clinical judgement and empathy to determine the most appropriate course of action

When a physician decides to end the patient-physician relationship after thoughtful consideration, he/she must undertake the following actions:

- provide written notification to the patient of the decision—the decision should normally also be communicated in person, unless meeting with the patient is reasonably considered to pose a safety risk
- document the reasons in the patient's medical record, including all efforts made to resolve the issue prior to ending the relationship

- provide the patient with a copy of his/her medical record or transfer the patient's medical record to another physician or clinic in a timely manner
- provide the patient with a time frame to find another physician or clinic, which can vary depending on the circumstances of the situation, including the patient's medical condition
- where possible, assist the patient in finding another physician or clinic where care can be transferred
- ensure medical services are provided in the interim period, such as renewing prescription medication and arranging for appropriate follow-up on any diagnostic tests ordered

While the physician is not obligated to continue to care for a patient indefinitely, he/she must not abandon a patient in an emergency situation where harm may be imminent. In the event of a complaint, abrupt discontinuation of necessary medical care and treatment may be determined to constitute unprofessional conduct.

EXAMPLES

Physicians must base their decision to end the patient-physician relationship on the unique facts and circumstances of each situation, including whether a particular incident or behaviour is isolated, or part of a larger problem.

The following are examples of situations where ending the patient-physician relationship may be appropriate, where a:

- patient exhibits threatening or abusive behaviour towards the physician or his/her medical office staff, including behaviour or comments of a sexualized nature; as employers, physicians have a legal obligation to make reasonable efforts to ensure that their employees are afforded a harassment-free workplace
- patient poses a risk of harm to the physician or his/her medical office staff
- patient makes an unambiguous declaration of non-confidence in the physician; where a patient's behaviour makes it clear that the practice is not being utilized as a primary care home by (for example) repeatedly attending at other clinics unnecessarily
- physician chooses to reduce the number of patients in his/her practice due to personal health or similar reasons

Note: In this instance, the physician must not selectively discharge difficult or complex patients and take care not to be perceived to have otherwise discriminated. The process of patient selection must be well documented and consistently applied.

The following are examples of situations where ending the patient-physician relationship would not be appropriate:

- it is prohibited by the BC Human Rights Code
- the patient's care is considered too complex and difficult to treat
- the patient's objectionable behaviour is reasonably attributable to cognitive impairment, unless it is determined that the patient poses a significant safety risk to the physician and/or staff
- the patient respectfully declines to follow the physician's advice

- the patient seeks treatment to which the physician objects on the basis of scientific, conscience or religious beliefs

Note: When care is transferred to a willing physician with the consent of the patient, this will not be construed as improperly terminating the patient-physician relationship.

REFERENCES

College of Physicians and Surgeons of Ontario policy: *Ending the Physician-Patient Relationship*