

# ENDING THE PHYSICIAN-PATIENT RELATIONSHIP

Policies of the College of Physicians and Surgeons of Ontario (“CPSO”) set out expectations for the professional conduct of physicians practising in Ontario. Together with the *Essentials of Medical Professionalism* and relevant legislation and case law, they will be used by CPSO and its Committees when considering physician practice or conduct.

Within policies, the terms ‘must’ and ‘advised’ are used to articulate CPSO’s expectations. When ‘advised’ is used, it indicates that physicians can use reasonable discretion when applying this expectation to practice.

Additional information, general advice, and/or best practices can be found in companion resources, such as *Advice to the Profession* documents.

## Policy

1. Physicians **must** comply with the expectations set out in this policy when ending a physician-patient relationship, except when the end of the physician-patient relationship is due to the physician’s retirement, relocation, leave of absence, or a result of disciplinary action by CPSO.<sup>1</sup>
2. Physicians, including specialists, **must** comply with the expectations set out in this policy when ending a physician-patient relationship *prior* to reaching the normal or expected conclusion of a patient’s care. This policy does not apply when a physician’s relationship with a patient reaches its normal or expected conclusion (for example, because treatment has concluded).

## Circumstances where physicians may end the physician-patient relationship

3. Physicians are permitted to end a physician-patient relationship, but **must only** do so if there is a reasonable basis for ending the relationship, for example when:
  - a. There has been a significant breakdown in the physician-patient relationship;
  - b. They can no longer provide quality care to the patient; or
  - c. They wish to decrease their practice size.<sup>2</sup>

## Circumstances where physicians cannot end the physician-patient relationship

4. Physicians **must not** end a physician-patient relationship based on a prohibited ground of discrimination<sup>3</sup> or where otherwise prohibited by legislation.<sup>4</sup>
5. Physicians **must** respect patient autonomy with respect to lifestyle, healthcare goals, and treatment decisions, and **must not** end a physician-patient relationship solely because a patient:

<sup>1</sup> For more information on physician retirement, relocation, leave of absence, or disciplinary action, see CPSO’s [Closing a Medical Practice](#) policy.

<sup>2</sup> Physicians need to ensure that when decreasing their practice size, they do not disproportionately discharge patients with high or complex needs. For more information on how to decrease a practice size appropriately, see the [Advice to the Profession: Ending the Physician-Patient Relationship](#).

<sup>3</sup> The *Ontario Human Rights Code* (“Code”) provides that every person has a right to equal treatment without discrimination, including discrimination on the grounds of age, gender, marital status, national or ethnic origin, physical or mental disability, race, religion, and sexual orientation.

<sup>4</sup> Physicians need to ensure that any decision to end the physician-patient relationship complies with relevant legislation. This legislation includes *The Commitment to the Future of Medicare Act, 2004*, which prohibits physicians from ending the physician-patient relationship because the patient chooses not to pay a block or annual fee, and the Professional Misconduct Regulations under the *Medicine Act, 1991*.

- a. Does not follow medical advice;<sup>5</sup>
- b. Suffers from an addiction or dependence, or is on a high dose of a prescribed controlled drug and/or substance;<sup>6</sup> or
- c. Seeks treatment to which the physician objects for reasons of conscience or religion.<sup>7</sup>

## Expectations when ending the physician-patient relationship

### 6. Prior to ending a physician-patient relationship, physicians **must**:

- a. Apply good clinical judgment and compassion to determine the most appropriate course of action;
- b. Consider the patient's specific circumstances and vulnerabilities, as well as the consequences for the patient of ending the relationship; and
- c. Make reasonable efforts to resolve the situation in the best interest of the patient, where they feel it is safe to do so.<sup>8</sup>

### 7. When ending a physician-patient relationship, physicians **must**:

- a. Inform the patient of the reasons why they are ending the physician-patient relationship, where they feel it is safe to do so;<sup>9</sup>
- b. Notify the patient in writing of their decision to end the physician-patient relationship and of the importance of seeking ongoing care;<sup>10</sup>
- c. Retain a copy of the written notification and any confirmation of receipt in the patient's medical record;
- d. Inform appropriate staff and the patient's other health-care providers, where necessary, that they are no longer providing care to the patient, unless the patient has expressly restricted the physician from sharing this information;<sup>11</sup>
- e. Provide necessary medical services<sup>12</sup> for a period of at least 3 months after ending the physician-patient relationship,<sup>13</sup> where they feel it is safe to do so;<sup>14</sup>
- f. Provide care in an emergency, where it is necessary to prevent imminent harm;
- g. Document the reasons for ending the physician-patient relationship and all the steps they have undertaken to attempt to resolve the issue(s) in the patient's medical record;

<sup>5</sup> For example, with respect to smoking cessation, drug or alcohol use, or the patient's decision to refrain from being vaccinated or vaccinating their children.

<sup>6</sup> Controlled drugs and substances are defined in the *Controlled Drugs and Substances Act*, 1996.

<sup>7</sup> Expectations for physicians who limit care for reasons of conscience or religion can be found in CPSO's [Human Rights in the Provision of Health Services](#) policy.

<sup>8</sup> If there are reasonable grounds to believe there is a risk of harm to the physician, their staff and/or other patients, physicians are not required to meet with the patient prior ending the physician-patient relationship.

<sup>9</sup> If there are reasonable grounds to believe there is a risk of harm to the physician, their staff and/or other patients, physicians are not required to inform patients of the reason for ending the physician-patient relationship.

<sup>10</sup> Physicians need to consider privacy and confidentiality implications and the best method of communication to ensure the patient will receive the written notification. For more information, see the [Advice to the Profession: Ending the Physician-Patient Relationship](#).

<sup>11</sup> Under the *Personal Health Information Protection Act, 2004*, a physician may provide personal health information about a patient to another health care provider for the purposes of providing or assisting in the provision of health care, if the patient has not restricted the physician from doing so. If the patient has restricted the physician from providing personal health information, the physician must notify the health care provider who has requested information on the patient about this restriction and may advise them to direct any inquiry to the patient themselves for a response.

<sup>12</sup> This may include, for example, renewing prescriptions, where medically appropriate, and ensuring appropriate follow-up on all laboratory and test results ordered in accordance with CPSO's [Managing Tests](#) policy.

<sup>13</sup> Discontinuing professional services that are needed may constitute professional misconduct unless alternative services are arranged, or the patient is given a reasonable opportunity to arrange alternative services (O. Reg. 856/93 s.1(17)).

<sup>14</sup> If there are reasonable grounds to believe there is a risk of harm to the physician, their staff and/or other patients, physicians are not required to provide interim care.

- 58 h. Inform the patient that they are entitled to a copy of their medical records;<sup>15</sup> and  
59 i. Ensure the timely transfer of a copy or summary of the patient's medical records, if  
60 requested.<sup>16</sup>  
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<sup>15</sup> Physicians are able to charge a reasonable fee for copying and transferring medical records in accordance with CPSO's [Medical Records Management](#) policy.

<sup>16</sup> For further information, refer to CPSO's [Medical Records Management](#) policy.