

ADVICE TO THE PROFESSION: ENDING THE PHYSICIAN-PATIENT RELATIONSHIP

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

An effective physician-patient relationship is essential for the provision of quality medical care and is based on the mutual trust and respect of the physician and the patient. While this relationship is of central importance to the practice of medicine, circumstances may arise that lead either the physician or the patient to end the physician-patient relationship.

This advice document is intended to help physicians interpret the expectations set out in the *Ending the Physician-Patient Relationship* policy and to provide guidance about how these expectations can be met.

Where the patient ends the physician-patient relationship

This policy does *not* apply when the patient ends the physician-patient relationship. The expectations in this policy apply only when a *physician* wishes to end a physician-patient relationship (prior to its normal or expected conclusion).

When a patient wishes to end a physician-patient relationship, physicians may want to discuss with the patient why they are choosing to do so. These discussions can help the physician understand any concerns the patient may have about the care they are receiving and can help the physician resolve the situation.

The physician remains responsible for documenting in the patient's medical record the patient's reasons for ending the relationship (if known) and any steps they have undertaken to try to resolve the situation. To prevent confusion, physicians may also consider providing the patient with a written notification that their physician-patient relationship has ended.

Significant breakdowns in the physician-patient relationship

Physicians will need to use their professional judgment to determine what constitutes a "significant breakdown." A breakdown in the physician-patient relationship can occur when trust and respect between a physician and their patient has been lost and/or the therapeutic relationship has deteriorated. Situations that can lead to a breakdown in the physician-patient relationship include, but are not limited to, those in which a patient:

- Commits prescription-related fraud;
- Behaves in an abusive, or disruptive manner;
- Frequently misses appointments without providing appropriate cause or notice; or
- Refuses to pay outstanding fees without providing a reasonable justification for non-payment.¹

Resources for managing difficult patient encounters

For information on ending the physician-patient relationship and managing challenging encounters, see the external resources linked below:

- [When physicians feel bullied or threatened](#) (CMPA)
- [How to manage conflict and aggressive behaviour in medical practice](#) (CMPA)

¹ Reasonable justification for non-payment could include evidence of financial hardship. For more information on billing issues, see CPSO's [Uninsured Services: Billing and Block Fees](#) policy and [Advice to the Profession: Uninsured Services](#).

- [Challenging patient encounters: How to safely manage and de-escalate \(CMPA\)](#)
- [Physician Safety: How to Protect Against Threats or Risk of Harm by Patients FAQ \(OMA\)](#)

The Ontario College of Family Physicians also has a [Peer Connect Mentorship](#) program which supports physicians in skillfully responding to mental health issues and addressing substance use disorders and chronic pain challenges in their practice.

Patient complaints

Patients may contact CPSO for help addressing an issue with their physician and/or to initiate a complaint. Depending on the nature of the issue, CPSO may contact the physician to try to help resolve the situation.

Often, patient concerns can be resolved when the issue is brought to the physician's attention, and the physician-patient relationship can be repaired. Physicians should not automatically end their relationship with a patient in response to the patient's contact with CPSO. If, however, a physician believes that their patient's concerns or complaints indicate a broader loss of mutual trust and respect and they feel they cannot maintain an effective therapeutic relationship with the patient, it may be appropriate to end the physician-patient relationship.

Situations where physicians may no longer be able to provide quality care

There are many reasons why physicians may feel they can no longer provide quality care to a patient including, but not limited to:

- The patient has been absent for a long period of time;
- The patient has relocated far from the physician's practice and is unable to attend in-person appointments, where necessary; or
- The physician develops a conflict of interest with the patient.

Considerations for deciding to end the physician-patient relationship

There may be specific factors to consider and/or steps to take prior to ending the relationship, depending on a physician's reasons for wanting to end their relationship with a patient. For example:

Where the patient has been absent from the practice for an extended period, the physician can:

- Make a good-faith effort to determine whether the patient would prefer to maintain the relationship.
- Send a letter of inquiry to the patient's last known address (residential or email).

Where the patient's behaviour is abusive or disruptive, the physician can:

- Consider whether the patient's behaviour is an isolated incident or part of a larger pattern.
- Consider whether there are underlying factors that may be contributing to the patient's behaviour (e.g., mental illness).
- Inform the patient of any expectations or clinic policies related to patient conduct.

Where the patient has refused to pay an outstanding fee, the physician can:

- Consider the financial burden that paying the fee could place on the patient.
- Consider waiving the fee or allowing flexibility with respect to repayment, especially if the patient is unable to pay due to personal circumstances.

Where the patient has relocated far from the physician's practice, the physician can:

- Determine whether the patient is willing and able to travel to the clinic for necessary in-person care and/or whether care can appropriately be provided virtually.²
- Discuss with the patient how their relocation could impact their ability to receive the care they need.

² See CPSO's [Virtual Care](#) policy and [Advice to the Profession: Virtual Care](#) for more information.

79 *Where the physician wishes to decrease their practice size³, the physician can:*

- 80 • Make sure to select patients with whom to end the physician-patient relationship in a fair, transparent,
81 and compassionate way.
- 82 • Ensure that patients with high or complex care needs are not discharged disproportionately.
- 83 • Consider each patient's medical needs and their ability to find alternative care in a timely manner.

84 *Where the physician has a conflict of interest with a patient, the physician can:*

- 85 • Inform the patient of how the conflict of interest impacts their ability to provide quality care.
- 86 • Assist the patient in finding another provider to take over their care.

87 ***Outside use and de-rostering patients***

88 When patients who are part of a rostered practice seek care outside of that practice (e.g., by going to a walk-in
89 clinic), there can be a financial impact on the physician. For this reason, some physicians may want to de-
90 roster that patient and see them instead on a fee-for-service basis.

91
92 Physicians need to be conscious of the difference between *ending* a physician-patient relationship and *de-*
93 *rostering* a patient, and ensure this distinction is made clear to patients. To avoid any potential confusion when
94 de-rostering a patient, physicians may want to discuss with patients directly what de-rostering entails and why
95 they are being de-rostered, while also making clear to them that they will not lose access to care.

96
97 It would not be reasonable for a physician to end the physician-patient relationship solely because the patient
98 sought care outside of their rostered practice. However, there may be instances where de-rostering is not
99 possible, or where the physician feels that the patient continually seeking care outside of the practice has led
100 to a breakdown in their relationship or has impacted their ability to provide quality care to the patient. In these
101 circumstances, the physician needs to do the following before ending the relationship:

- 102 • Consider the factors that may have led the patient to seek care outside the practice (including the
103 physician's own availability),
- 104 • Provide the patient with clear information about the patient's obligations within the rostered practice,
- 105 • Provide the patient with appropriate warning, and
- 106 • Undertake reasonable efforts to resolve the situation in the best interests of the patient.

107 ***Providing written notification***

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109 Providing patients with a written notification indicating the reasons for ending the physician-patient
110 relationship during an appointment, or sending the notification by registered mail or courier can help ensure
111 that the patient has received it. It may also be appropriate and acceptable for a physician to inform a patient of
112 their decision to end the physician-patient relationship using an online platform (e.g., patient portal or email)
113 provided the physician typically uses this platform to communicate with the patient.

114
115 No matter how a physician provides written notification to their patients, they will need to ensure that patient
116 confidentiality is maintained.

117 ***Sample termination letter***

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119 Physicians may use the following sample letter to inform their patients that they have ended the physician-
120 patient relationship. Physicians can customize this letter to suit their needs and to help ensure that the patient
121 can understand it.

³ Physicians who plan to retire will need to do so in accordance with the expectations outlined in CPSO's [Closing a Medical Practice](#) policy.

122 Dear [patient's name]:

123 As we discussed at your appointment on [*insert date*], my first obligation as a medical doctor is to provide
124 quality care to all my patients. To do this, you and I must cooperatively and respectfully work together towards
125 your health and well-being.

126 Due to [*if appropriate, indicate reason*], it is no longer possible for me to continue our physician-patient
127 relationship.

128 I urge you to obtain another physician or primary health-care provider as soon as possible. With your consent, I
129 will be pleased to provide them with a copy or summary of your medical records [*include any additional steps,*
130 *the process for obtaining a copy of their medical records and any associated fees*]. I will also ensure appropriate
131 follow-up on all laboratory and test results still outstanding and provide interim care for [*include time period*
132 *here, minimum three months*].

133 *For primary care physicians:* For assistance in locating another physician, you may wish to register with Health
134 Care Connect which can refer you to a family physician or nurse practitioner in your area accepting new
135 patients. You can also contact primary care clinics within your community to determine if any physicians are
136 accepting new patients. Some physicians, including those who are new to an area or who are beginning to
137 establish a practice, may advertise locally that they are accepting new patients.

138 Yours truly,

139 [*Signature of physician*]

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