

GROUNDINGS FOR TERMINATING THE DOCTOR-PATIENT RELATIONSHIP

A doctor-patient relationship is based on mutual trust and effective communication. Where these elements break down and affect the therapeutic relationship, it might be in both parties' interests to terminate the doctor-patient relationship. Examples of when it may be appropriate to terminate the relationship include:

Loss of trust

When a patient does not provide an honest history or is misleading in the information they provide thus compromising their treatment.

Conflicts of interest

Consideration should be given to the interests and rights of the patient to ensure their protection. Examples of where a conflict of interest might arise are:

- The doctor's religious beliefs may preclude him/her from providing certain treatment;
- Where the doctor has provided an independent medico-legal opinion for a patient he/she should not become the treating doctor;
- Where the doctor has a personal or financial interest in the treatment option or organisation;
- Where the doctor has been treating both partners who become involved in an acrimonious separation and the doctor no longer wishes to treat one of the partners;
- Treating members of the doctor's own family is never advisable.

Unacceptable behaviour

Where the patient is rude, uses improper language, exhibits violent behaviour or makes threats to jeopardise the safety of medical staff or other patients.

Non-compliance with treatment

- The patient refuses, unreasonably, to comply with treatment plans, advice for referrals or consistently fails to comply with 'agreed' treatment plans;
- The patient repeatedly cancels visits or does not attend.

BOUNDARY ISSUES

Maintaining the professional boundaries in the doctor-patient relationship is the doctor's responsibility. Unfortunately it is possible that by the time the doctor realises there is a problem the boundary may have already become blurred. However, there may well be warning signs that could alert the doctor to a potential problem.

Patient behaviour that may indicate the patient has a personal interest developing include:

- Overattendance or contact;
- The patient is demanding of your time (by telephone access or appointments) in the absence of a legitimate or urgent medical need and/or becomes angry or unreasonable if you are unable or unwilling to be available;
- Expensive gifts.

Alternatively, it may be the doctor's behaviour:

- Consultations include discussion or disclosure of information not relevant to the patient's treatment such as details about the doctor's personal life;
- The doctor finds that he/she is attracted to the patient;

- Acting in a manner which would be considered by your peers as being above and beyond the professional needs of the patient (eg offering the patient a lift home; lending money or paying for prescriptions).

Other possible boundary issues

- Dual relationships (ie concurrent business and doctor-patient relationships) should be avoided because of the potential to interfere with the integrity of the doctor patient relationship which is paramount.

Non-payment of bills

- If a patient continually fails to pay their bills;
- Formal complaint made or legal proceedings commenced;
- Where a complaint or proceedings have been commenced against a doctor.

HOW TO END THE RELATIONSHIP

As a preliminary consideration, care should be taken prior to ending a relationship to ensure that:

- Ending the relationship is not misinterpreted by the patient as an act of discrimination based on gender, sexual preference, race, marital status, disability, age, HIV status.
- The patient is not suffering an acute illness. The patient is entitled to have appropriate continuity of care and failure to do this may compromise the patient's health. Depending on the circumstances it may be necessary to wait until any health crisis is over before broaching the subject with the patient.

COMMUNICATING WITH THE PATIENT

The responsibility for ending the relationship rests with the medical practitioner and should not be delegated to another staff member. Although there may be exceptions, as a basic principal initial communications should be direct with the patient. When verbally communicating with the patient, you should ensure that you are being firm while remaining calm, polite and sensitive to the patient's feelings.

You should then follow up your conversation with a letter addressing the following:

- The need for the patient to continue with treatment;
- Reassurance for the patient that you will provide care for any emergency or necessary medical problems which arise prior to him/her finding a new practitioner;
- Where the patient has not complied with the treatment the letter should warn of the consequences of failing to undergo appropriate treatment;
- Give the patient a reasonable deadline for finding a new doctor;
- Assist the patient to find alternative services. You should refrain from suggesting any particular practitioner. It is best to provide a list of practitioners in the geographic area or refer the patient to RACGP, AMA or Medical Board in the relevant state or territory to find one who is acceptable. Doctors in rural settings may face particular difficulties especially where alternative medical services are not available and should seek advice before terminating the relationship.
- Advise the patient that you are happy to provide a copy of their medical records or relevant information to their new practitioner.

OTHER RELEVANT MATTERS

You should advise your practice staff that your relationship with the patient has ended and they should not make further appointments with the patient after the specified date (noting the possible exception of it being an emergency). Similar letters could be forwarded to other long term healthcare providers to let them know that you are no longer caring for the patient. Where possible, provide them with the new treating doctor's details.

Throughout the process of ending the relationship you should maintain detailed records of discussions and telephone calls and keep copies of all documentation.

Finally you should remember that you have an ethical and legal duty to provide care in an emergency situation even where the relationship has been terminated.

When in doubt you should seek advice from UNITED.