

**Brody School of Medicine at East Carolina University  
ECU Physicians**

Topic: Title: Terminating the Patient-Physician Relationship	
Section No. 1	Section Name: Administrative
Approval Date: 08/28/2008; 08/25/11	Approval: Paul R.G. Cunningham, M.D., Dean

**I. Purpose Statement**

The purpose of this policy is to establish the processes that will be used when considering whether to terminate the patient-physician relationship.

**II. Policy Statement**

It is the intent of ECU Physicians that physicians, physician assistants, nurse practitioners and certified nurse midwives (providers) will maintain productive and trusting relationships with their patients and/or legal representative. However, ECU Physicians recognizes that there will be situations and occurrences that place such significant strain on the patient-physician relationship that it becomes impaired and non-productive.

Prior to terminating a patient:

- Every effort should be made to understand the breakdown in the relationship and resolve it. Patients or legal representatives (guardian, power of attorney, next of kin) should be given the opportunity to modify behaviors and improve compliance to the medical treatment plan.
- The Office of Risk Management should be consulted prior to terminating the patient from an individual clinical department but must be consulted prior to terminating a patient for violence or from ECU Physicians group practice.

Patients may be terminated from a provider's practice but transferred within ECU Physicians to another provider. It may also be necessary to terminate the patient from the entire practice of ECU Physicians.

ECU Physicians is obligated to support continuity of care for its patients and, if it is necessary to terminate the patient-physician relationship, a written notice will be given to the patient and/or legal representative with sufficient time for the patient to find appropriate care.

Patients will not be terminated because of race, color, national origin, ethnic/national identity, gender, age, religion, marital status, health status or sexual orientation.

**III. Scope**

- A. This policy applies to all physicians, physician assistants, nurse practitioners and certified nurse midwives.

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- B. Other ECU Physicians employees have the responsibility to call out behaviors that jeopardize the patient-physician relationship.

**IV. Definitions**

- A. Patient Physician Relationship – According to the AMA’s Council on Ethics and Judicial Affairs Opinion E 10.015 issued December 2001:

*The practice of medicine, and its embodiment in the clinical encounter between a patient and a physician<sup>1</sup>, is fundamentally a moral activity that arises from the imperative to care for patients and to alleviate suffering.*

*A patient-physician relationship exists when a physician serves a patient’s medical needs, generally by mutual consent between physician and patient (or surrogate). In some instances the agreement is implied, such as in emergency care or when physicians provide services at the request of the treating physician. In rare instances, treatment without consent may be provided under court order (see Opinion 2.065, "Court-Initiated Medical Treatments in Criminal Cases"). Nevertheless, the physician’s obligations to the patient remain intact.*

*The relationship between patient and physician is based on trust and gives rise to physicians’ ethical obligations to place patients’ welfare above their own self-interest and above obligations to other groups, and to advocate for their patients’ welfare.*

*Within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount. (I, II, VI, VIII)*

- B. Termination of the Patient Physician Relationship occurs by mutual consent of the patient and physician; when the need for services no longer exists; the patient dismissed the physician; or the physician dismisses the patient.
- C. Patient Abandonment – there are three elements of patient abandonment
1. Unilateral termination of medical services by a provider.
  2. Without a reasonable notice to the patient so that there is sufficient opportunity to secure care from another provider.

<sup>1</sup> For the purpose of this policy, “physician” is meant to include all independent licensed providers.

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3. When the patient requires continuing care.

**V. Potential Reasons for Terminating the Patient Physician Relationship**

- A. Terminating the Patient Physician Relationship but transferring the patient to another provider within ECU Physicians for reasons such as:
  1. Conflicts between patient/responsible party and current provider identified by either the patient/legal representative or the provider causing a breakdown in the relationship.
- B. Terminating the Patient Physicians Relationship to include all ECU Physicians providers for reasons such as:
  1. Significant noncompliance with recommended treatment plan and/or screening recommendations.
  2. Repetitive failures to show for appointments, tests, treatments.
  3. Overly demanding patients or legal representatives for care and services that are not medically indicated by the patient's condition.
  4. Verbally abusive behaviors by the patient and/or family member or legal representative that threaten the safety and well being of providers, employees and other patients.
  5. Threats of physical harm by the patient or legal representative.
  6. Violation of narcotic usage contract.
  7. Patients with a pattern of seeking or requesting prescription medications that are not clinically indicated; e.g. narcotics.
  8. Practice-related criminal behavior such as theft of North Carolina State property; theft of prescription pads or alteration of prescription.
  9. Failure to meet financial obligations.
  10. Patient is seeking legal action against one or more providers or ECU Physicians.

**VI. Procedure**

- A. Providers and their employees who encounter a breakdown in the patient physician relationship should:
  1. Discuss the breakdown with the patient or legal representative to decide if the relationship can be preserved and/or repaired. The discussion should include but not be limited to: the importance of complying with the

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treatment plan, screening recommendations, etc.; risks of failure to comply with the treatment plan; alternatives to the treatment plan; etc.

2. Document the discussion and agreements made by the patient or legal representative and the provider.
3. If appropriate and available in individual departments and/or clinics, the patient or legal representative may be referred to social worker services or another designated staff to assist patients in obtaining additional services that may improve the patient physician relationship and, therefore, promote compliance with the medical plan of care.
4. Reinforce expectations with each visit to maintain the relationship.
5. If the breakdown cannot be repaired, it will be appropriate to either transfer the patient within ECU Physicians or terminate the patient from ECU Physicians practice plan which would include all providers.

**B. Decision to transfer patient within ECU Physicians:**

1. Risk Management should be consulted when the decision to transfer the patient within ECU Physicians is being contemplated.
2. It may be appropriate to transfer the patient to another provider within ECU Physicians with whom the patient or legal representative can establish a productive relationship. This may be a mutual decision between the referring provider and the patient. If it is a unilateral decision by the provider, the patient must be notified why they are being transferred to another provider.
3. The referring provider or designee must facilitate the transfer to another provider within the same clinical department or another clinical department that can provide the same level of care and services.
4. The transfer must be documented in the patient's medical record and in the registration/scheduling system with the effective date of transfer.

**C. Terminating the relationship with an individual clinical department within ECU Physicians:**

1. The Department Chair should be notified of the intent to terminate the patient from the Department.

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2. If it is determined that there is no provider within the clinical department available to assume the patient's care, the patient may be dismissed from that clinical department only but **NOT** from other clinical department of ECU Physicians.
3. Risk Management may be consulted before the decision is made to terminate the patient from an individual department.
4. The patient or responsible party should be told that the decision to terminate the relationship and dismiss has been made.
5. A formal, written notice of termination must be made to the patient or legal representative. The notice must be hand-delivered or sent by certified mail, return receipt requested. The contents of the letter must include the following.
  - a) Reason for the termination such as those noted in Section V.A. and V.B.
  - b) Effective date of the termination, which is not to be sooner than 30 days from the date of the letter **unless** care has been successfully transferred to another provider.
    - (1) In some circumstances, it may be necessary to extend the date of termination beyond 30 days. Examples include the need for specialized care only provided by ECU Physicians, active treatment for conditions such as pregnancy or medical crisis.
    - (2) Effective date of termination may also be immediate if the patient or legal representative has threatened violence against a provider, employee or ECU Physicians. Risk Management must be notified prior to making this decision. Achieving continuity of patient care must be considered when terminating a patient immediately.
  - c) A statement about the importance of finding a new provider for continuity of care and potential risks for failing to do so.
  - d) Referral sources available to find another provider.

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- e) Offer to forward a copy of the medical record to the new provider with the proper authorization from the patient or legal representative.
- f) The letter should be signed by the individual physician or Department Chair or designee, on behalf of the Department Chair.
- 6. A copy of the termination letter must be included in the patient's record.
- 7. A copy of the returned receipt must be filed in the patient's record.
  - a) If the letter is returned unopened, the unopened envelop must be filed in the record.
  - b) A second letter must be sent to the patient's address via routine mail. This action must be documented in the medical record.
- 8. The clinical department's Patient Access Manager will be responsible for ensuring that appropriate documentation/communication is made in the registration/scheduling system.
- 9. An Event Report with a copy of the termination letter must be forwarded to Risk Management.
- D. Terminating the relationship with ECU Physicians:
  - 1. It may become necessary to terminate the patient's relationship with the entire ECU Physicians practice. The recommendation to do so will made after consult with the Office of Risk Management and a thorough review of the patient's history within ECU Physicians.
  - 2. The recommendation will be forwarded to the Medical Director of ECU Physicians for further consideration and action, as appropriate.
  - 3. Once it has been decided that dismissing a patient from ECU Physicians is appropriate, the notice of termination is made according to the steps in Section C above. The letter must be signed by the Medical Director of ECU Physicians.
  - 4. The termination information should be accessible to Patient Access Services to prevent an inadvertent re-appointment to a provider within ECU Physicians. It is the responsibility of the clinical department's

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Patient Access Manager to ensure that the termination is appropriately documented and communicated in the registration/scheduling system.

5. An Event Report with a copy of the termination letter is to be sent to the Office of Risk Management.

E. Patient Initiated Termination of the Patient Physician Relationship

1. Patients or legal representatives may terminate the patient physician relationship in a variety of ways such as verbalizing the desire to terminate, requesting that the medical records be sent to another provider, or failure to return for scheduled appointments, tests, procedures.
  - a) If the termination notice is ambiguous, it is necessary to establish an understanding of the patient's or legal representative's intent to avoid the appearance of patient abandonment.
  - b) Once the intent is established, it should be documented in the patient's medical record.
2. In some circumstances, it may be appropriate to correspond with the patient or legal representative in writing. The written notice is made according to the steps in Section C above.

F. Treating the terminated patient in the Emergency Department in accordance with EMTALA

1. When a patient, who has been previously terminated by an ECU Physicians' provider or the medical group, presents to the Emergency Department and is seen by an ECU Physicians' provider as a result of being on-call, the patient-physician relationship is not necessarily re-established.
2. ECU Physicians providers who are on-call to any Emergency Department because of their medical staff membership are obligated to comply with those on-call policies/procedures. Failure to do so can result in EMTALA violations against the individual provider.
3. If a terminated patient presents to an Emergency Department, and the terminating provider(s) is on-call to care for a similar or like patients, he/she will:

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- a) evaluate and provide the appropriate and necessary services to include hospital admissions **OR**
  - b) facilitate the transfer or assignment to another provider in a manner that does not delay appropriate evaluation, treatment and services.
4. The patient will be treated until such time as he/she no longer requires care for the acute episode which necessitated the emergency department visit and/or inpatient hospitalization.
  5. The patient/family must be reminded that he/she had previously been terminated and that this episode of care does not re-establish the patient-physician relationship.
    - a) This verbal communication must be documented in the patient's hospital record.
    - b) It may be beneficial to advise the patient/family, in writing, that the original termination remains in effect after the episode of care has concluded.

**VII. References**

American Medical Association, Council on Ethics and Judicial Affairs, Opinion E 10.015  
 North Carolina Medical Board, Position Statement: "The Physician-Patient Relationship"  
 MAG Mutual Insurance Company, North Carolina Risk Management Handbook for the Medical Office Practice. Communication, *Terminating the Physician-Patient Relationship*. 2000.

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