



STANDARDS OF PRACTICE

~~Terminating the Physician-Patient~~Ending the Physician-Patient Relationship in Office- Based Settings

Under Review: ~~No~~Yes

Issued By: Council- (~~Terminating the Physician-Patient Relationship in Office-Based Settings~~)

January 1, 2010

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The **Standards of Practice** of the College of Physicians & Surgeons of Alberta (“CPSA”) are the **minimum** standards of professional behavior and ethical conduct expected of all regulated members registered in Alberta. Standards of Practice are enforceable under the *Health Professions Act* and will be referenced in the management of complaints and in discipline hearings. CPSA also provides **Advice to the Profession** to support the implementation of the Standards of Practice.

Note: a glossary of terms can be found at the end of this document. Glossary terms are indicated in teal with a “G” throughout this document.

PREAMBLE

The purpose of this standard is to clarify when an established physician-patient relationship may be ended by a physician, as well as identifying a number of protected classes based on which a physician may not end the physician-patient relationship, as this may be considered discriminatory.

There are several grounds under which ending the physician-patient relationship may be considered reasonable; however, the relationship must not be ended based on reasons that could be considered grounds of discrimination^G. Allegations of discrimination are carefully considered on a case-by-case basis and may be upheld where impact is demonstrated, even if the discrimination was unintentional. It is important to note that allegations of discrimination could also result in a complaint to the Alberta Human Rights Commission.

While this standard applies to all regulated members, including those providing specialty care if the care provided meets the specifications in clause (1), it does not apply to those who would not be considered the most responsible healthcare provider (e.g., physician assistants, students, residents, etc.).

Ending the physician-patient relationship cannot be delegated in accordance with the *Responsibility for a Medical Practice* standard: the regulated member must make the decision and communicate with patient.

Additional information, general advice and/or best practices can be found in the companion resources listed below.

Commented [CD1]: Added to ensure specialists are aware this standard could apply to them.

Commented [CD2]: Added for clarity based on SMA feedback (footer updated to include as well).

Commented [CD3]: Not explicit in current standard but has been included in draft amendments.

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STANDARD

1. ~~A regulated member who terminates a relationship with a patient **must** have reasonable grounds for discharging the patient from his or her medical practice and **must** document those reasons in the patient's record.~~

Commented [CD4]: Moved to clause 6.

2.1. A regulated member **must not** end the physician-patient relationship a patient:

a. ~~based on a prohibited ground of discrimination including age, gender, marital status, medical condition, national or ethnic origin, physical or mental disability, political affiliation, race, religion, sexual orientation, or socioeconomic status;~~

Commented [CD5]: Moved to clause 2.

a. ~~where doing so is prohibited by legislation (e.g., *Alberta Human Rights Act*, *Canadian Human Rights Act*, etc.) or could be perceived as grounds of discrimination⁶;~~

Commented [CD6]: From CPSO: less specific but also accounts for any changes to acts/legislation.

b. ~~based on the medical care being complex or requiring more time than another patient with fewer medical needs, unless the care required is beyond the expected competence of the regulated member;¹~~

Commented [CD7]: From CPSM: patients cannot be refused based on medical complexity.

i. ~~where elements of a patient's care needs are legitimately outside of a regulated member's clinical competence and/or scope of practice, the patient must be referred to an appropriate healthcare provider in accordance with the *Referral Consultation* standard of practice;²~~

c. ~~because the circumstances of the patient's injury or medical condition may require the regulated member to prepare and provide additional documentation or reports;~~

Commented [CD8]: From CPSM: similar to (b) – patients cannot be refused due to paperwork needed for health concerns (per *Responding to Third Party Requests* and the *Health Information Act*).

d. ~~because a patient, or their representative, makes inquiries to CPSA for information or help resolving an issue;³~~

Commented [CD9]: From CPSO: patients should not be penalized for reaching out for assistance or information regarding their care or their health care provider.

e. ~~because a patient fails to keep appointments or **pay outstanding fees unless:** advance notice~~

Commented [CD10]: The ability to end the physician-patient relationship if a patient files a formal complaint with CPSA will be addressed in an Advice to the Profession document.

¹ From CPSM's *Practice Management Standard of Practice* (Jan. 1, 2019).

² From CPSO's "Accepting New Patients" *Advice to the Profession*.

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- i. the patient's socioeconomic factors and abilities have been taken into consideration;
 - ii. reasonable accommodations have been made, where appropriate;
 - iii. attempts to resolve the issue have been made; and
 - iv. advance notice³ has been given to the patient;
 - f. because the patient chooses not to pay a block fee or purchase uninsured services;
 - e.g. because the patient refuses to follow medical advice **unless** the patient is repeatedly non-adherent despite ~~reasonable~~ attempts ~~by to resolve~~ the ~~regulated member to address the non-adherence; or~~ issue have been made;
 - d.h. because the regulated member ~~relocates his or her~~their practice to a new location/setting to which current patients could be reasonably expected to follow; or
 - i. Notwithstanding subclause 2(e), because the regulated member is required to participate in legal proceedings.
2. A regulated member **must** respect patient autonomy with respect to lifestyle, healthcare goals and treatment decisions and **not** end the physician-patient relationship solely because the patient:
- a. has beliefs or ideologies that inform their therapeutic choices that do not necessarily align with the regulated members advice (e.g., with respect to traditional medicine³, smoking cessation, drug or alcohol use, the patient's decision to refrain from being vaccinated or vaccinating their children, etc.);
 - b. suffers from an addiction or dependence or is on a high dose of a prescribed controlled drug and/or substance; or
 - c. seeks treatment to which the regulated member objects on the basis of conscience or religious beliefs;³

Commented [CD11]: From CPSO

³ From CPSO's *Ending the Physician-Patient Relationship Policy* (May 2017).

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3. Prior to ending the physician-patient relationship, a regulated member **must**:

- a. make reasonable efforts to resolve the issue(s);
- b. apply good clinical judgement and compassion in determining the appropriate course of action; and
- c. document attempts in the patient's record.⁴

Commented [CD12]: [From CPSO](#): enshrines guidance currently given.

3.4. A regulated member **may** terminate patient relationships end the physician-patient relationship -if:

- a. there has been a significant breakdown in the physician-patient relationship (e.g., prescription-related fraud, frequently missed appointments without appropriate cause or notice, ~~etc.~~);²
- b. the regulated member has confirmed that another healthcare provider has assumed ongoing care of the patient;⁴

Commented [CD13]: [From CPSO](#): enshrines guidance currently given.

~~a.c.~~ the regulated member is [changing scope of practice](#) wherein current patients would no longer fit within the new scope; ~~or,~~ [in accordance with the Closing or Leaving a Medical Practice standard](#);

~~b.d.~~ a relocation occurs more than twelve (12) months after [closing an earlier practice](#); ~~in accordance with the Closing or Leaving a Medical Practice standard~~; or

e. When unilaterally terminating a relationship with a ~~the panel size needs to be reduced to maintain safe patient,~~ ~~a care.~~

4.5. A regulated member **reducing their panel size must**: exercise professional judgement and do so in a way that is not discriminatory (e.g., selectively remove difficult or complex patients).

- a. It is reasonable to keep families together, as well as patients with complex care needs who may otherwise have challenges finding a new healthcare provider.⁴

Commented [CD14]: [From CPSNB](#): enshrines guidance currently given.

⁴ From CPSNB's *Termination of Care Guideline*.

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6. A regulated member who ends a physician-patient relationship **must**:
- a. have reasonable grounds⁶ for discharging the patient and document those reasons in the patient's record;
 - b. give advance written notice of intention to ~~terminate care~~ **end the physician-patient relationship** and ~~provide with~~ a timeline ~~that is~~ commensurate with the **continuing care** needs of the patient;
 - c. inform the patient that they are entitled to a copy of their record and provide an estimate of any fees associated with providing copies of and/or transferring their record to a new healthcare provider;⁵
 - d. advise the patient of the reason(s) for termination of the physician-patient relationship unless disclosure of the reasons could be expected to:
 - i. result in immediate and grave harm to the patient's mental or physical health or safety
 - ii. threaten the mental health and physical health or safety of another individual; or
 - iii. pose a threat to public safety;
 - e. provide or arrange for follow-up on any outstanding investigations to ensure **continuity of follow-up care**; and;
 - f. provide or arrange for care in relation to any serious medical conditions prior to ~~until~~ the **date of termination** ~~date or facilitate transfer of care to another regulated member;~~ of the physician-patient relationship;⁵
 - g. provide or arrange for **any necessary emergency care** until the **date of termination of care**; ~~the physician-patient relationship~~;⁵
 - a. provide emergency services that would otherwise be unavailable to the patient after the termination date; and

Commented [CD15]: From CPSO: clarifies obligation regarding providing patients with copies.

⁵ From CPSNFL's *Ending the Physician-Patient Relationship Standard of Practice (2022)*.

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d.h. provide or arrange for any ongoing medications for a reasonable period of time;⁵ and

e. establish a process for **timely** transfer of the patient’s medical information in response to future requests by the patient or an authorized third party.

5.7. If after receiving notice of intention to end the physician-patient relationship, the patient’s behaviour escalates to fall under clause (8), a regulated member **may** immediately end the relationship.

6.8. Notwithstanding clause (46), a regulated member **may** immediately **discharge** end physician-patient relationship a patient if:

- a. the patient poses a safety risk to office staff, other patients or the regulated member, staff or other patients;
- b. the patient is abusive⁶ to the regulated member, staff or other patients;
- c. the patient fails to respect professional boundaries; or
- d. the regulated member is leaving medical practice because of personal illness or other urgent circumstances.

Commented [CD16]: [From CPSNFL](#): clarifies expectations of care during transition.

Commented [CD17]: Clause added to clarify that physicians are not required to continue providing care to the end of the notice period if the patient becomes threatening, abusive, etc.

GLOSSARY

Traditional medicine: “traditional medicine” can refer to the healing practices, products and beliefs of First Nations, Metis and Inuit peoples, but is also a term used for traditional medicine from other cultures or locations, such as Traditional Chinese Medicine and Traditional Medicine of India (e.g., Ayurveda). When providing medical care, it is important to inquire about the use of “traditional medicine” and the option for Indigenous people to explore traditional medicine as a treatment modality. Indigenous people may choose to use these treatments alongside conventional medicine or use them as the sole treatment: this right must be respected.⁶

Grounds of discrimination: the perception of discrimination is subjective and includes, but is not limited to, race, national or ethnic origin, colour, religion, age, sex, sexual orientation,

⁶ From the “Practising Outside Established Conventional Medicine” Advice to the Profession document (June 2022).

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gender identity or expression, marital status, family status, genetic characteristics, disability⁷ or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered⁸. People may also feel discriminated against base on their needs, such as transgender care, chronic pain, addiction, mental illness, etc. Refusing to treat anyone in such circumstances violates the medical profession's ethical principles.⁹

Advance notice: If a patient refuses to pay outstanding fees, the physician must consider such in context of the financial burden, consider the possibility of flexibility in the invoice, and only undertake discontinuation in line with this guideline, making a reasonable effort to pursue a resolution. In some circumstances, a period of two to three months is considered appropriate.¹⁰

Reasonable grounds: what is "reasonable" will depend on a variety of factors including, but not limited to, a significant breakdown in trust, retirement, leave of absence, etc.¹¹ The circumstances of each case, including the patient's specific health-care needs, should be considered when making this decision.¹²

Abusive: abusive behaviour generally includes, but is not limited to, harassment, bullying, obscene language or gestures, verbal abuse, threats of physician abuse, and/or actual physical abuse.¹³ Regulated members are not obligated to continue providing care to patients who exhibit this type of behaviour and may immediately end the physician-patient relationship in accordance with clause (8). Any/all instances of perceived abuse should be documented in a factual manner in the patient's record.

ACKNOWLEDGEMENTS

CPSA gratefully acknowledges the Colleges of Physicians and Surgeons of British Columbia, Manitoba, Ontario, New Brunswick and Newfoundland and Labrador in preparing this document.

RELATED STANDARDS OF PRACTICE

- *Charging for Uninsured Professional Services*

⁷ From the *Alberta Human Rights Act*, Preamble (Dec. 15, 2022).

⁸ From the *Canadian Human Rights Act*, Section 25 (Mar. 6, 2023).

⁹ From CPSBC's *Access to Medical Care Practice Standard* (Mar. 7, 2023).

¹⁰ From CPSNB's "Termination of Care" Guideline (2020).

¹¹ From CMPA's "Ending the doctor-patient relationship" (Oct. 2022).

¹² From CPSO's *Ending the Physician-Patient Relationship Policy* (May 2017).

¹³ From *Law Insider's "Abusive behavior" definition*.

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- [Code of Ethics & Professionalism](#)
- [Establishing the Physician-Patient Relationship](#)
- [Patient Record Content](#)
- [Referral Consultation](#)
- [Responsibility for a Medical Practice](#)

COMPANION RESOURCES

- [Sample Patient Termination Letter](#)
- [Advice to the Profession documents:](#)
 - [Ending the Physician-Patient Relationship \(TBD\)](#)
 - [Establishing the Physician-Patient Relationship \(TBD\)](#)
 - [Referral Consultation](#)
 - [Responsibility for a Medical Practice](#)
- [Advice to Albertans: Ending the Physician-Patient Relationship \(TBD\)](#)

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