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COLLEGE OF PHYSICIANS
& SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

Ending the Physician-Patient Relationship

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support regulated members in implementing the CPSA ***Standards of Practice***. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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This document has been developed based on pending updates to the *Terminating the Physician-Patient Relationship* standard (awaiting approval and implementation). The Jan. 9, 2014 version of the standard is the only version in effect and enforceable at this time.

While this document contains advice and defines an acceptable minimum benchmark in a way similar to a standard of practice, it is intended to be used as guidance in helping CPSA-regulated members ensure they are compliant.

For more information or to discuss this further, please contact support@cpsa.ca.

Note: The term "physician" is used intentionally in this document, as physician assistants cannot independently end relationships with patients.

Physician assistants may choose to cease seeing a patient after discussion with their supervising physician; however, a physician assistant cannot unilaterally end the relationship established between their supervising physician and a patient.

Preamble

The pending *Ending the Physician-Patient Relationship* standard of practice will set out expectations when a physician unilaterally ends professional relationships with a patient that extends beyond what is considered episodic care. The purpose of this document is to provide interim information and guidance on navigating perceptions of discrimination, respecting patient autonomy, making reasonable attempts to resolve issues and when/how to appropriately discharge a patient.

The safety of our regulated members, their staff, colleagues and patients is of utmost importance. You maintain the right to discharge a patient immediately if the patient is physically or verbally abusive, threatening or violent toward you, your staff members or other patients. The use of racist or discriminatory language, including racial slurs, toward a physician or staff member is considered abusive and threatening.

Additional information, general advice and/or best practices can be found in the companion resources listed at the end of this document.

Established physician-patient relationships

An established and continuing relationship between a physician and a patient is formed when the physician provides care that would reasonably be expected to extend beyond what is considered episodic care. This includes, but is not limited to, long-term relationships based on regular attendance of a physician or clinic (e.g., a family doctor); and sessional relationships for a defined period of time based on a presenting concern, referral or identified medical condition (e.g., a patient seeing a cardiologist until their condition is managed in a way that can be transferred back to their family doctor). For more information, please refer to the *Establishing the Physician-Patient Relationship* standard of practice.

In these situations, you must follow the *Terminating the Physician-Patient Relationship* standard when discharging a patient.

EPISODIC CARE

Where physicians provide episodic care (e.g., a walk-in clinic, care in an emergency department, specialist care that is resolved after one appointment, etc.), there is typically no expectation of ongoing care, making formal discharge unnecessary.

For more information, please review the *Episodic Care* and *Referral Consultation* standards of practice.

Unreasonable grounds for ending the physician-patient relationship

While each situation is nuanced and requires consideration of the context specific to a patient, below are examples of grounds where it would be unreasonable to discharge a patient.

If your situation is not addressed here, or you believe particular circumstances may indicate ending the physician-patient relationship, CPSA team members are available to discuss the matter with you: 1-800-561-3899.

Alternatively, you may wish to contact the Canadian Medical Protective Association (CMPA) for further guidance.

GROUNDS FOR DISCRIMINATION

Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained where impact is demonstrated even if the regulated member did not intentionally discriminate.[1] It is important to note that allegations of discrimination could also result in a complaint to the Alberta Human Rights Commission.

[1] From CPSBC's *Access to Medical Care without Discrimination* Practice Standard (Mar. 7, 2023).

The perception of discrimination is subjective and personal, including, but not limited to:

- race, colour or national/ethnic origin
- religion
- age
- sex, sexual orientation, gender identity or expression
- marital or family status
- genetic characteristics
- disability[2]
- conviction of an offence (including those for which a pardon has been granted or a record suspension has been ordered)[3]

People may also feel discriminated against based on their health needs, such as addiction/substance use disorders, chronic pain, mental illness, gender-affirming care, etc. Refusing to treat anyone in such circumstances violates the medical profession's ethical principles.[4]

One of the best ways to prevent allegations of discrimination is through education and getting to know your patients as individuals to better understand how their lives are affected by these matters. The Anti-Racism & Anti-Discrimination Advice to the Profession may be helpful as well as the Micro-Aggressions Training Course.

COMPLEXITY OF MEDICAL CARE

As physicians, you have a duty of care to patients with whom you have an established, continuous physician-patient relationship, regardless of the patient's medical complexity. While it is reasonable to consult with another regulated health professional with expertise on a condition outside your clinical scope, you are still expected to provide care that is within your scope (e.g., referring a patient with a heart condition to a cardiologist but still providing all other general family medicine health care).

It would be unreasonable to discharge a patient simply because they have a condition outside your clinical scope, as would discharging a patient whose medical needs require additional preparation and provision of documentation, reports or forms. For more information, please refer to the *Responding to Third Party Requests* standard of practice.

[2] From the *Alberta Human Rights Act*, Preamble (Dec. 15, 2022).
[3] From the *Canadian Human Rights Act*, Section 25 (Mar. 6, 2023).
[4] From CPSBC's *Access to Medical Care* Practice Standard (Mar. 7, 2023).

PATIENTS CONTACTING CPSA

Patients have the right to know what to expect when seeking medical care, understand what that care might entail and to ask questions or seek guidance in navigating situations with their physician. This includes contacting CPSA for information and assistance in resolving an issue with their physician.

Depending on the nature of the issue (e.g., if the concern is about low-risk, non-clinical matters), with the consent of the patient, CPSA may make a courtesy call to the physician to attempt to help resolve the concern raised[5].

The expectation is that you will not automatically discharge a patient simply for contacting CPSA. The primary consideration should be whether the mutual trust and respect that are essential to an effective physician-patient relationship are undermined and, if so, whether the relationship can be repaired.[4]

Consideration for the specific circumstances of each situation is needed, with exercise of professional judgment and adherence to the standard of practice (e.g., by considering the factors that may have led to the call with an open mind and by undertaking reasonable efforts to resolve the situation whenever possible).[5] If you learn a patient has contacted CPSA, this may be an opportunity to discuss the patient's concerns or needs and come to an agreement on joint expectations.

There is an exception if the patient's purpose for contacting CPSA is filing a formal complaint: for more information, please see "Patient files a complaint" below.

NO-SHOWS, OUTSTANDING FEES & BLOCK FEES

Healthcare providers' time is an important resource, and it is understandably frustrating when a patient has a pattern of missing appointments–with or without notice. Additionally, it can be difficult to determine how many missed appointments should be forgiven or how many fees can accumulate before taking action.

Having a clear, concise policy in place outlining clinic requirements for providing advance notice before missing an appointment, associated fees, how payment will be managed, etc. is important in setting expectations with patients. New patients should be advised of the policy when they become your patient; if a policy is instituted with an established panel, existing patients must be made aware of the policy as soon as reasonably possible and should be notified of the terms of the policy before being penalized for breaching them.

In circumstances where a patient has refused to pay an outstanding fee or has accumulated a number of unpaid fees and provided no reasonable justification for non-payment (e.g., financial hardship),

[5] From CPSO's "Ending the Physician-Patient Relationship" Advice to the Profession.

you must consider the patient's socioeconomic factors, like the financial burden that paying the fee will place on the patient. For example, you may need to work with a patient who lives in a remote location and has to travel a considerable distance and relies on childcare if they miss an appointment (e.g., encouraging them to call the clinic if they cannot make it, considering virtual care where possible, etc.); charging this patient no-show fees instead of determining why they are unable to make their appointments may create a barrier to care.

If appropriate, you can consider waiving a fee, allowing for flexibility with the amount levied or providing a payment plan.

Policies should not be applied in a blanket manner without consideration of each patient's unique circumstances. For example, a patient who does not drive and relies on public transit will not have control over a bus breaking down and being late; a patient whose child becomes ill may not be able to provide advance notice of not being able to attend their appointment. It is important to consider the reason why a patient is late or misses their appointment before taking action (e.g., a warning, a fee charged, etc.). In many cases, a conversation with the patient should take place to gain a better understanding of the issue and a reminder of the clinic's policies in order to come to a mutually acceptable resolution. Discussions of this nature should be documented in the patient's record.

It is not appropriate for clerical staff to make these determinations without prior input from the physician.

Similarly, patients cannot be discharged for choosing not to pay block fees or purchase uninsured professional services. For more information, please refer to the *Charging for Uninsured Professional Services* standard of practice.

FAILURE TO FOLLOW YOUR MEDICAL ADVICE

It is equally important to respect patient autonomy and to understand why they may not follow your medical advice. Again, the context of the non-compliance should be considered: for example, while smoking cessation has a great impact on improving overall health, a patient's refusal to quit smoking would not be reasonable grounds to end the physician-patient relationship.

However, a patient who continually refuses to follow your medical advice may face discharge if the matter cannot be resolved and there is no further care that can be offered. These situations tend to be rare, typically occurring if the discussion has become so contentious that the physician-patient relationship is irreparably harmed.

Having a fulsome conversation is fundamental to understanding why a patient refuses the care suggested. All discussions on the matter should be documented in the patient's record.

PRACTICE RELOCATION

Relocating practice is not a sufficient reason to discharge a patient from your practice. According to the *Relocating a Medical Practice* standard of practice, patients must be given up to 12 months to follow a physician to their new location if it is within a distance that patients could reasonably be expected to travel. (If the move is to a location beyond which patients would normally be expected to travel, they could be discharged in accordance with the *Closing or Leaving a Medical Practice* standard.)

For more information, please refer to the *Relocating a Medical Practice* standard.

Respecting patient autonomy

Patient autonomy empowers patients to be active participants in their health. It promotes informed decision-making and ensures patients have access to the information necessary to make choices about their health care. It fosters a collaborative relationship between physician and patient which can build trust and potentially result in better health outcomes.

While patients should be given the driver's seat, they still need the full details of their condition, symptoms and treatment options. "Autonomy" may also be subjective: some patients might not want to exert as much control over their decisions and may look to you for help in making those decisions.[6]

DIFFERING BELIEFS OR IDEOLOGIES

It can be challenging to reconcile a patient's healthcare or treatment choices when their beliefs differ from yours. Making an effort to ask questions and educate yourself on the patient's individual ideologies, beliefs, cultural background, rationale, etc. will help you understand the patient's perspective.

CONTROLLED SUBSTANCES

Medical complexity is a protected class: discharging a patient solely due to an addiction, dependence or for being on a high dose of a prescribed controlled drug or substance contravenes the *Terminating the Physician-Patient Relationship* standard of practice.

There are tools and resources available to assist you with navigating care and supporting patients experiencing conditions of this nature. You are also welcome to contact CPSA for a discussion with a Senior Medical Advisor should you wish to discuss the situation with another physician. You may contact 1-800-561-3899 to arrange this discussion.

[6] From Medifind's "Why is patient autonomy important?"

CONSCIENTIOUS OBJECTION

The *Code of Ethics & Professionalism* requires you to act according to your conscience but not abandon a patient who seeks treatment that the you may object to based on your conscience, religious beliefs or cultural practices.

The expectation is that all other care, outside of the service to which you object, would be provided. Ending the physician-patient relationship because a patient requests healthcare you object to based on conscience contravenes the standard of practice.

For more information, please refer to the *Conscientious Objection* standard.

Prior to ending the physician-patient relationship

Ending the physician-patient relationship is a difficult decision that many physicians struggle to make, worrying about the patient's care needs and how a discharge may affect the patient. Each case needs to be considered individually, taking the patient's unique circumstances into account.

If your situation is not addressed here, or you have questions about particular circumstances, CPSA team members are available to discuss the matter with you: 1-800-561-3899.

Alternatively, you may wish to contact the CMPA for further guidance.

REASONABLE ATTEMPTS TO RESOLVE ISSUES

Because everyone has a complex personal life, it is important to attempt to understand each patient's unique circumstances.

A reasonable attempt to resolve an issue would generally involve having a conversation with the patient that touches on:

- what the issue is and exploring the causes
- what the patient needs/expects from you related to their health care
- how their behaviour is affecting your ability to provide care[7]
- what you are able to offer
- expectations of acceptable behaviour

For example, discharging a patient who historically has been on time, respectful, compliant, etc. because they came in late and shouted at the administrative staff or were disrespectful to you may be unreasonable without trying to understand the change in behaviour. If they were laid off that morning and got into a car accident on their way to the appointment, the behaviour may be understandable.

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

While this provides an opportunity to understand and show the patient grace in a difficult situation, it may also be a chance to remind the patient of the clinic's policies regarding appropriate behaviour.

If the unacceptable behaviour were to continue at subsequent appointments, it may be reasonable to discharge the patient.

Be clear in your expectations, as well as potential consequences for continued issues (i.e., you may need to end the physician-patient relationship). Conversations of this nature should be documented in the patient's record.

In situations where the patient, or those close to them, are abusive, threatening or unwilling to respect professional boundaries, immediate discharge may be appropriate. For more information, please see "Immediate Discharge" below.

MANAGING ABUSIVE PATIENTS & THOSE CLOSE TO THEM

CPSA does not expect physicians, their colleagues or staff to tolerate inappropriate behaviour from patients or those close to them (e.g., substitute decision-maker, partners/spouses, friends, children, etc.). In fact, a patient could potentially face discharge if the behaviour of their associate is abusive or threatening.

Generally speaking, a discussion should be had with the patient and their associate, clearly outlining expectations around acceptable behaviour and potential consequences for failure to adhere to them (e.g., the patient's associate may no longer be welcome to attend appointments/at the clinic, the patient may be discharged, etc.). For safety reasons, it may be appropriate to conduct this conversation virtually or with another staff member in attendance.

All instances of inappropriate behaviour and any subsequent conversations should be documented in the patient's record. If the behaviour continues, it may be reasonable to discharge the patient.

Reasonable grounds for ending the physician-patient relationship

What is considered "reasonable" grounds to end an established, continuous physician-patient relationship will depend on a variety of factors. The circumstances of each case, including the patient's specific healthcare needs, should be considered when making this decision.[8]

SIGNIFICANT BREAKDOWN IN THE PHYSICIAN-PATIENT RELATIONSHIP

Some examples of a significant breakdown in trust include:

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

- the patient making an unambiguous declaration of non-confidence in the physician[9]
- prescription-related fraud
- altering requisitions for investigations after the patient has been advised this could be considered fraudulent
- where a patient repeatedly misses appointments without appropriate cause or notice or continually refuses to pay fees for same
- as a result of behaviour which significantly disrupts the practice
- other forms of inappropriate behaviour, including abusive or threatening language

In these circumstances, efforts must be made to resolve the situation in the best interest of the patient, including proactively communicating expectations for appropriate behaviour, considering whether a problematic incident or behaviour is an isolated incident or part of a larger pattern, discussing how the patient's actions are affecting your ability to provide care, etc.[8]

PANEL SIZE REDUCTION

Your panel may become too large to safely provide patient care or maintain your own health and wellbeing. An important first step is determining why you are considering reducing your panel size to ensure it is defensible. For example, you may need to consider whether your panel could be managed by utilizing trends in supply and demand or whether you need close the practice to new patients, even if just temporarily. If this does not address the issue, you may need to consider reducing the size of your patient panel.

After ensuring all other efforts within your control have been made to safely manage your existing panel, you may need to determine the approximate reduction in panel numbers required to reach a panel size you can safely manage. Please see "Companion Resources" for tools to assist in this process.

You will need to establish a system to triage patients based on their health needs. This requires exercising professional judgment when determining which patients to remove from your panel, ensuring the selection process is:

- fair
- transparent
- compassionate

[9]From CPSBC's *Ending the Patient-Registrant Relationship* Practice Standard (May 2022).

- considerate of the medical needs of each patient and any other relevant factors (e.g., patient vulnerability, like a patient newly diagnosed with cancer)[10]

There is currently more demand for care than the system can support, and different patients require different levels of care: those who need access to care should be retained. For example, you may consider discharging patients who do not need access to care or patients who have been absent from practice for an extended period of time as opposed to new patients who urgently need primary care.[11] See below for more information.

The strategy you use to select patients for discharge must avoid grounds of discrimination.[12] It is not appropriate to selectively or disproportionately discharge difficult or complex patients. At a time with limited access to healthcare, the focus should be on ensuring those who need care the most are able to obtain care.

Patients selected for discharge must be notified in accordance with the *Terminating the Physician-Patient Relationship* standard of practice.

PATIENT ABSENT FROM PRACTICE FOR EXTENDED PERIOD OF TIME

There is no specified length of time after which a patient is automatically considered removed from the panel.

In these circumstances, a good-faith effort should be made to determine whether the patient intends to maintain the relationship. This might involve calling, emailing, sending a letter of inquiry to the patient's last known address, etc. If no response is received, or the patient advises they have a new healthcare provider/have moved, the patient may formally be removed from the practice.[8] All contact attempts made should be documented in the patient's record.

Please refer to "Appropriately ending the physician-patient relationship" below.

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[10] From CPSBC's *Access to Medical Care* Practice Standard (Mar. 7, 2023).
[11] From CPSBC's College Connector - "Navigating the patient-registrant relationship: responsibilities for dismissing inactive patients" (Jan/Feb 2024).
[12] The perception of discrimination is subjective and includes, but is not limited to, race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction of an offence (including those for which a pardon has been granted or in respect of which a record suspension has been ordered). People may also feel discriminated against based 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.

PATIENT HAS MOVED AWAY

If you are able to confirm that a patient has moved a significant distance where in-person care is unreasonable (in accordance with the *Virtual Care* standard of practice), you may discharge the patient as outlined in "Appropriately ending the physician-patient relationship" below.

While it is reasonable to provide virtual care to a patient who has moved out of province for a limited time while they find a new healthcare provider (e.g., 90 days), you will need to be explicitly clear in how long you can offer care (i.e., a date after which you will no longer be able to provide care virtually), what services you can provide without them being able to attend in person and what they will have to do for matters that need to be assessed in-person. This may include providing prescription refills for a length of time (e.g., 90 days) following the date you will cease providing virtual care.

You will also need to ensure you have confirmed license/registration requirements of the college in the province to which the patient has moved, as well as whether your liability protection through CMPA is valid across provincial borders.

PATIENT FILES A FORMAL COMPLAINT

A formal complaint often will disrupt the physician-patient relationship. If you believe your ability to provide unbiased care is compromised after learning a patient has filed a complaint, you may unilaterally end the physician-patient relationship.

The patient should be provided with advance written notice (see "Appropriately ending the physician-patient relationship" below) until or unless the patient's behaviour escalates to be considered abusive, threatening or failing to respect professional boundaries, in which case they may be immediately discharged. The rationale for discharge should be documented in the patient's record.

For more information, please see "Immediate discharge" below.

RETIREMENT, LEAVE OF ABSENCE OR CHANGE IN SCOPE OF PRACTICE

These are all examples of reasonable grounds for ending the physician-patient relationship; however, the appropriate standards of practice must be followed in addition to the *Terminating the Physician-Patient Relationship* standard:

- *Closing or Leaving a Medical Practice*
- *Continuity of Care*
- *Re-entering Medical Practice or Changing Scope of Practice*

Appropriately ending the physician-patient relationship

Because ending an established, continuous physician-patient relationship is a complex and serious matter, it is not a task that should be delegated: the decision and communication should be made by the physician.

In clinics that provide walk-in care, where patients may see more than one physician in the clinic without an established relationship, patients who are abusive, threatening or fail to respect professional boundaries may be discharged from the clinic as a whole. However, this decision should be made by consensus of the physicians in the clinic, and the patient should be notified by the physician lead or the last physician who provided care.

You may wish to have a conversation in person or virtually with the patient to discuss the discharge y (e.g., telephone, videoconferencing). However, if you have concerns about the safety of yourself, colleagues/staff or other patients, advising the patient in writing may be best.

Document any discussions with the patient in the patient record. Inform staff members about the discharge and instruct them on how to transfer copies of the medical records with appropriate consent. You should be as helpful as possible in ensuring the transfer to the new healthcare provider is done promptly.[13]

To reduce the risk of a potential claim of abandonment or a formal complaint by a patient, the following should be considered.

ADVANCE WRITTEN NOTICE

Notify the patient in writing that you are ending the professional relationship and include:

- The reason(s) for discharge, unless disclosure of the reason(s) could be expected to:
  - Result in immediate or grave harm to the patient, yourself or colleagues/staff
  - Threaten the mental/physical health or safety of another individual
  - Pose a threat to public safety
- Advice to the patient that they need to find a new healthcare provider, including resources for same (see Patient Termination Letter template)
- A timeline commensurate with the patient's continuing care needs: CPSA does not dictate how long the notification period is because this should be considered on a case-by-case basis (e.g., how

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

complex the patient's care needs are, whether you are located in an urban area where it may be easier to find a new physician vs. a rural location where it may take longer, etc.)
    - A reasonable notification period is generally between 30-90 days
- Instructions on how to obtain a copy of their record, along with an estimate of any fees associated with providing copies of and/or transferring their record to a new healthcare provider
- Information on how follow-up care for any outstanding investigations, serious medical conditions or emergency care will be managed

Ensure a copy of the letter is included in the patient's record. While not a requirement, it is recommended that the letter be sent via registered mail or a secure email portal that provides delivery receipts to ensure proof of delivery (this may also be added to the patient's record).

This may be an opportunity to emphasize appropriate and acceptable behaviour until the notification period ends. Any remaining time left in the notification period may be forfeited if the patient's behaviour escalates to meet the threshold for immediate discharge (please see "Immediate discharge" below for more information).

FOLLOW-UP/ONGOING CARE DURING THE NOTIFICATION PERIOD

Under the *Continuity of Care* standard of practice, regulated members are responsible for following up on all investigations ordered: this still applies when a patient has been provided notice of discharge.

You are also required to provide or arrange for care related to any serious medical conditions or emergency care until the date of discharge. Additionally, ongoing medication refills must be provided for a reasonable period of time (e.g., 90 days). Again, this period of time will need to be commensurate with the patient's care needs and any potential challenges in finding a new healthcare provider to prescribe same.

This does not necessarily mean that you are responsible for providing the following-up, care or prescribing personally: if a colleague is willing to provide these services to the patient until the date of discharge, this is a reasonable way to manage the situation. You may wish to consider arranging this agreement for temporary transfer of care in writing (e.g., via email) and documenting the temporary transfer of care in the patient's record.

Consider notifying other healthcare providers involved in the patient's care (e.g., outstanding referrals) of the transfer of medical responsibility, to ensure there is no interruption in the continuity of care.[13]

TRANSFER OF MEDICAL INFORMATION

Timely transfer of the patient's medical record ensures appropriate and continuous care. Under the *Health Information Act* (HIA), every reasonable effort must be made to respond to the request for a copy or transfer of medical information within 30 days.[14]

It is important to obtain appropriate authorization from the patient before transferring any copies of medical records.[13]

While you may wish to consider waiving any fees associated with copying/transferring the medical record as a good faith gesture, the HIA allows the recoup of reasonable costs.[15] For a list of fees that can be charged, please see the Schedule in the *Health Information Regulation*.

The fees cannot exceed the actual costs of the services and the patient's ability to pay must be taken into consideration in accordance with the *Charging for Uninsured Professional Services* standard of practice. If the patient is unable to afford the cost, limited patient information (e.g., a high-level summary of pertinent medical history) must be provided to another healthcare provider at no cost in accordance with the *Patient Record Retention* standard.

When the patient ends the professional relationship

There are times when a patient elects to end the physician-patient relationship. You may wish to consider discussing their reasons with them to use this experience as an opportunity for learning and potentially making practice improvements.[13]

It is important to document any discussion or statement of termination in the patient's record, including if a patient tells someone other than you (e.g., administrative staff) that they will not be returning or seeing you anymore.

We recommend you formalize their choice with a written letter, acknowledging their statement/choice as the reason (see "Advance written notice" above).

Immediate discharge

While it is important to consider inappropriate behaviour from patients on a case-by-case basis, you are **not** expected to tolerate situations that put the safety of yourself, your colleagues or other patients at risk.

[14] HIA, Part 2: Individual's Right to Access Individual's Health Information (Apr. 2024).
[15] HIA: Power to charge fees (Apr. 2024).

If a patient, or someone closely associated with them, is making threats of violence, they may be immediately discharged.

As soon as it is safe, be sure to thoroughly document the encounter and steps taken in the patient's record.

SAFETY RISK TO PHYSICIAN, STAFF OR OTHER PATIENTS

Despite your best efforts to resolve conflicts, some situations may not improve and could escalate to threatening behaviours or even violence. The response to assault and threats to your personal safety should be decisive and designed to protect. Despite the duty of confidentiality, you should not hesitate to contact the police if you feel your safety or the safety of others is at risk due to a patient's aggressive or threatening behaviour.[16]

If you are faced with imminent violence or threats of assault, harm or disorderly conduct, move away from harm and prioritize protecting yourself, your colleagues/staff or other patients by calling security or 9-1-1, as appropriate.[17]

CONTACTING THE POLICE

It is absolutely acceptable to contact the police if a patient, or someone close to them, makes threats of violence or escalates abusive behaviour (e.g., refuses to leave the premises, continues to call after being advised to stop, etc.). If there is a serious threat to safety, notify the police or if in a hospital, notify a security guard. A report to police should include only the information necessary for the police to address the threat, such as the name of the threatening individual and the nature of the incident. Divulging any further patient medical information should be avoided, if possible.[16]

The police may be able to provide suggestions through their non-emergency line for steps to take or measures to put in place to protect yourself, colleagues/staff and other patients.

ABUSE OF PHYSICIAN, STAFF OR OTHER PATIENTS

Abusive behaviour generally includes, but is not limited to:

- harassment
- bullying
- racist/discriminatory/obscene language or gestures
- psychological or verbal abuse
- threats

[16] From CMPA's "When physicians feel bullied or threatened" (Oct. 2020)
[17] From CMPA's "Challenging patient encounters: how to safely manage and de-escalate" (June 2021).

- actual physical abuse.[18]

The response to abusive behaviour should be calm, professional, non-confrontational and preferably in private, away from other patients. Make sure to consider and address you and your staff's security needs.[16] You 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 the standard of practice.

Any instance of perceived abuse should be documented in a factual manner in the patient's record.

FAILURE TO RESPECT PROFESSIONAL BOUNDARIES

Generally speaking, a patient who fails to respect professional boundaries should be given the opportunity to correct the behaviour before being discharged. This should involve a conversation between the physician and the patient (see "Reasonable attempts to resolve issues" above); however, if the behaviour continues or is egregious, the physician-patient relationship may be immediately ended.

Some examples of failure to respect professional boundaries include, but are not limited to:

- refusing to follow office policies/protocols, misusing or abusing after-hours coverage, emailing confidential health information, etc.
- asking probing or intrusive questions about your personal life, seeking you out on social media, giving overly extravagant/inappropriate gifts, asking you on dates, pushing their political views/religion on you, etc.
- asking you to enter a business relationship, lend them money, support their charity/political party, etc.

If you are unsure whether a situation falls under this category, CPSA team members are available to discuss the matter with you: 1-800-561-3899.

Alternatively, you may wish to contact the CMPA for further guidance.

LEAVING MEDICAL PRACTICE

If you need to leave practice because of personal illness or other urgent circumstances that do not allow adherence to the *Closing or Leaving a Medical Practice* standard, you may immediately end the physician-patient relationship.

If you need to close your practice urgently, please ensure you notify CPSA as soon as reasonably practicable, as outlined in the *Duty to Report Self* standard of practice.

[18] From Law Insider's "*Abusive behavior*" definition.

Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact 1-800-561-3899 or support@cpsa.ca.

RELATED STANDARDS OF PRACTICE

- *Terminating the Physician-Patient Relationship*
- *Charging for Uninsured Professional Services*
- *Closing or Leaving a Medical Practice*
- *Code of Ethics & Professionalism*
- *Conscientious Objection*
- *Continuity of Care*
- *Episodic Care*
- *Establishing the Physician-Patient Relationship* (update pending)
- *Patient Record Content*
- *Patient Record Retention*
- *Referral Consultation*
- *Relocating a Medical Practice*
- *Responding to Third Party Requests*
- *Responsibility for a Medical Practice*
- *Virtual Care*

COMPANION RESOURCES

- Patient Termination Letter template
- Advice to the Profession documents:
  - Anti-Racism & Anti-Discrimination
  - Charging for Uninsured Professional Services
  - Closing or Leaving a Medical Practice
  - Continuity of Care
  - Episodic Care
  - Establishing the Physician-Patient Relationship
  - Physicians as Custodians of Patient Records
  - Referral Consultation
  - Relocating a Medical Practice
  - Responsibility for a Medical Practice
  - Virtual Care

- Advice to Albertans:
    - Ending the Physician-Patient Relationship
    - Establishing the Physician-Patient Relationship
    - Personal & Sexual Boundary Violations
    - Virtual Care
- Micro-Aggressions Training Course
- Prescribing tools & resources
- Alberta Medical Association: Enhanced Access Resources
- CMPA:
    - Challenging patient encounters: how to safely manage and de-escalate
    - College complaints on the rise: better communication can help
    - When physicians feel bullied or threatened

Review Date	Revision/Change
Dec. 2024	"Panel size reduction" section updated to better reflect the current state of the healthcare system.