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COLLEGE OF PHYSICIANS & SURGEONS OF ALBERTA

ADVICE TO THE PROFESSION

# Establishing a Continuing 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 *Establishing a Continuous Physician-Patient Relationship* standard of practice (awaiting approval and implementation). The June 11, 2015 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.ab.ca.

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

## Preamble

The *Establishing a Continuing Physician-Patient Relationship* standard of practice will set expectations regarding when a continuing physician-patient relationship is formed. It will also identify several protected classes based on which a patient cannot be refused, as this may be considered discriminatory.

For the purpose of the standard and this document, an established continuing physician-patient relationship is formed when care is initiated and there are reasonable expectations that care will extend beyond what is considered episodic care.

Access to equitable health care is a fundamental tenet of Canadian society. All patients should receive high-quality medical care regardless of their circumstances. The *Alberta Human Rights Act* identifies protected grounds under which people cannot be discriminated against or refused care. Additionally, the perception of discrimination is subjective and personal. However, this does not negate a regulated member's right to decline accepting a patient into their practice for legitimate reasons that will be explored in this document.

While primary and consultative care differs, this standard applies to all regulated members in all practice settings 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.).

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# Establishing a Continuing Physician-Patient Relationship

## Established continuing physician-patient relationships

An established 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 established, continuous physician-patient relationships, the *Terminating the Physician-Patient Relationship* standard must be followed when discharging a patient.

### EPISODIC CARE

When providing episodic care (e.g., a walk-in clinic, care in an emergency department, specialist care that ends after one appointment, etc.), there is typically no expectation of ongoing care. Additionally, there is no specified number of repeat visits to the same episodic care physician that automatically causes the patient to be considered part of the physician's practice.

However, it is important to ensure patients understand that an established continuing physician-patient relationship has **not** been established. You must inform patients about the limitations of the service and ensure they understand the care is episodic in nature, even if they have had multiple visits.

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

## Unreasonable grounds to refuse establishing a continuing physician-patient relationship

While each situation is nuanced and requires consideration of the context specific to a patient, below are examples of circumstances when refusal to include a patient in your practice would be unmerited.

If your situation is not addressed here, or you believe particular circumstances may support refusing a patient, 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.

## ALLEGATIONS OF DISCRIMINATION

There are protected classes that cannot be part of selection criteria when accepting new patients. These include, but are 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[1]
- Conviction of an offence (including those for which a pardon has been granted or a record suspension has been ordered)[2]

The perception of discrimination is subjective and personal. 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.[3]

Allegations of discrimination against a patient are carefully considered on a case-by-case basis and may be sustained where impact is demonstrated, even if the regulated member did not intentionally discriminate.[4] It is important to note that allegations of discrimination could also result in a complaint to the Alberta Human Rights Commission.

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

It would be unreasonable to refuse a patient simply because they have a condition outside your clinical scope, as would refusing a patient whose medical needs require additional

[1] From the *Alberta Human Rights Act*, Preamble (Dec. 15, 2022).
[2] From the *Canadian Human Rights Act* (1985).
[3] From CMPA's *Code of Ethics & Professionalism* (2018).
[4] From CPSBC's *Access to Medical Care without Discrimination* Practice Standard (Mar. 7, 2023).

preparation and provision of documentation, reports or forms. For more information, please refer to the *Responding to Third Party Requests* standard of practice.

Patients have the right to equitable care regardless of their 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).

### BLOCK FEES & UNINSURED SERVICES

Patients cannot be refused 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 and the corresponding Advice to the Profession document.

As physicians, you are expected to adhere to the *Code of Ethics & Professionalism* in providing all professional services (insured and non-insured, public and private), specifically:

- Never exploiting patients for personal advantage (Commitment to Respect for Persons)
- Discussing professional fees for non-insured services with the patient and considering their ability to pay in determining fees (Precept 26)
- Supporting the profession's responsibility to promote equitable access to health care resources and promoting resource stewardship (Precept 40)
- Avoiding using your role as a physician to promote services or products to the patient for commercial gain outside of your treatment role (Precept 24)

## Respecting patient autonomy

Patient autonomy empowers people to be active participants in their health and wellbeing. 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.

Patients should be provided the full details of their condition, symptoms and treatment options, and complete access to their health information. However, '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.[5]

### DIFFERING BELIEFS OR IDEOLOGIES

It can be challenging to reconcile a patient's healthcare or treatment choices when their beliefs differ from your own. A patient should not be refused inclusion to your practice based solely on differing beliefs.

An effort should be made to ask questions and educate yourself on the patient's individual ideologies, beliefs, cultural background, rationale, etc. to help understand the patient's perspective.

### CONTROLLED SUBSTANCES

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

There are tools and resources available to assist you in 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.

### CONSCIENTIOUS OBJECTION

The *Code of Ethics & Professionalism* requires physicians to act according to their conscience but not abandon a patient who seeks treatment that the physician objects to based on their conscience, religious beliefs or cultural practices.

Refusing to establish a continuing physician-patient relationship because a patient requests health care you conscientiously object to would contravene the draft version of the standard.

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

## Considerations when establishing continuing physician-patient relationships

Entering into a physician-patient relationship needs to be considered individually, taking the patient's unique circumstances into account and your ability to provide the care they

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

need based on your scope of practice and panel size. If your panel is becoming unwieldy or you have a large waitlist, you may wish to consider temporarily closing your practice to new patients until you have capacity to take on more patients.

Patients must be accepted on a "first come, first served" basis; however, this may be foregone to prioritize access to care for higher need and/or complex patients.[6]

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.

## PROVIDE OR ARRANGE FOR EMERGENT CARE NEEDS REGARDLESS OF RELATIONSHIP

Under the *Code of Ethics & Professionalism*, physicians are required to provide whatever appropriate assistance they can to any person who needs emergency medical care, regardless of whether an established physician-patient relationship exists.

If you are unable to provide the necessary care, you will need to arrange for appropriate care (e.g., call 9-1-1).

## INFORMING PATIENTS OF PRACTICE CONDITIONS OR RESTRICTIONS

Prospective patients must be advised of any limitations of care or practice restrictions as soon as practicable to assist them in determining if establishing a continuing physician-patient relationship will be a good fit.

For example, patients should be advised at the first appointment if you do not participate in TPP Alberta, if you are required to have a chaperone present, etc.

## SELECTION CRITERIA

You can establish selection criteria for accepting new patients as long as the criteria are relevant to your clinical competence and medical practice[7], are made in good faith[6], are clearly advertised and communicated to all patients seeking care and are available to CPSA upon request.

Selection criteria **cannot**:

- Include grounds that could be perceived as discriminatory

[6] From CPSNFL's *Accepting New Patients* Standard of Practice (June 19, 2022).
[7] From CPSM's *Practice Management* Standard of Practice (Jan. 2019).

- Exclude patients based on medical complexity or need for preparation/provision of additional documentation or reports
- Exclude patients who choose not to pay block fees or purchase uninsured services

## Introductory appointments

Trust and honest communication are fundamental to physician-patient relationships.

While an introductory meeting is acceptable practice for you to get to know a new patient and learn of their health concerns and history, it cannot be used as a means to select the "easy" patients or screen out those with more complex health concerns (e.g., chronic disease).

Decisions not to accept a patient should be conveyed respectfully and honestly, unless disclosure could reasonably be expected to cause harm to yourself, your staff/colleagues, the patient or another individual and should be appropriately documented.[8]

Introductory appointments can take two forms: introductory appointments including medical care and non-medical introductory appointments.

### INTRODUCTORY APPOINTMENTS INCLUDING MEDICAL CARE

You are not expected or required to review a patient's medical history prior to the first appointment. However, if you do review information available to you, a duty of care may exist, as only healthcare providers involved in the care of a patient may access that patient's medical information.

If medical advice is given or care is provided (e.g., prescription issued, investigation ordered, advice given), the patient may reasonably assume a relationship has been established. A duty of care may exist in ensuring follow up in accordance with the *Continuity of Care* standard of practice.

### NON-MEDICAL INTRODUCTORY APPOINTMENTS

These are appointments where only information about you as the physician, your philosophy, services available, clinic policies, etc. are shared.

For non-medical introductory appointments, you must advise patients in advance that no medical care will be provided and refrain from accessing medical information (e.g.,

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

Connect Care, Netcare, PIN, etc.) prior to the appointment. Medical history may be reviewed during the appointment, with patient consent, and discussed; however, if care is provided (e.g., prescription issued, investigation ordered, advice given), a duty of care may exist.

As long as patients are advised of charges in advance of a non-medical introductory appointment, you can charge them for the uninsured service in accordance with the *Charging for Uninsured Professional Services* standard of practice.

## 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

- *Charging for Uninsured Professional Services*
- *Code of Ethics & Professionalism*
- *Conscientious Objection*
- *Continuity of Care*
- *Episodic Care*
- *Establishing the Physician-Patient Relationship* (awaiting update)
- *Patient Record Content*
- *Referral Consultation*
- *Responding to Third Party Requests*
- *Terminating the Physician-Patient Relationship* (awaiting update)

### COMPANION RESOURCES

- Advice to the Profession documents:
  - Anti-Racism & Anti-Discrimination
  - Charging for Uninsured Professional Services
  - Ending the Physician-Patient Relationship
- Advice to Albertans:
  - Establishing a Continuing Physician-Patient Relationship
  - Ending the Physician-Patient Relationship (TBD)
- Micro-Aggressions Training Course

- Prescribing tools & resources

- CMPA:
  - Accepting new patients: the key to effective practice management
  - 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