

What to do when the Relationship Sours

They're everywhere. On the highways, at the gym, in our offices, at the grocery store, maybe even in our own homes. Despite our best efforts to avoid them, difficult people are an unfortunate reality of modern life. Thus, a warning to every physician who opens their door to the public; it is only a matter of time before a difficult patient finds their way into your treatment room.

In most instances, you'll be able to deal with the difficult patient just as you would any other patient. That is, you provide them with competent, professional care and treatment. With the really difficult cases, you may also need to limit your contact with them to only that which is necessary and remind yourself to take lots of deep breaths while in their presence.

But what should you do when the circumstances are more dire? How do you handle the patient that is verbally abusive to your staff, physically threatening to you or displaying drug-seeking or other potentially destructive and/or illegal behavior? Although the American Medical Association's Principles of Medical Ethics provide that a physician is "free to choose whom to serve," the law takes a somewhat different stance where a physician/patient relationship already exists.

In a nutshell, a physician has a legal duty not to abandon a patient once treatment has been undertaken. It is especially important to note that this duty exists not only where the physician terminates the relationship, but also when the patient fires the physician. In order to ensure that a patient is not deemed "abandoned" in either case, the following steps should be taken:

- I. You must provide the patient an opportunity to obtain treatment elsewhere. You cannot abandon them in the middle of a course of treatment.
- II. If the patient requires ongoing treatment, you must be clear with the patient that further treatment is necessary and that they will be adversely impacted by not seeking continuing treatment.
- III. You must give the patient a reasonable amount of time to secure the services of another physician. Thirty days is the usual time frame.
- IV. You should give the patient some idea of how to find a new physician.

- V. In situations in which a patient fails to continue treatment, it is a good idea to formally terminate treatment using the patient's failure to follow up as the reason. If the patient requires ongoing treatment, that point should be emphasized to them.
- VI. Regardless of which party terminates treatment, you should always send a termination letter. There are no magic words. Typically the letter should state that there is a termination, why, that the patient should secure other treatment, how to secure other treatment and a terminal date. Again, thirty days is the usual time frame. A copy of the letter should be placed in the patient's chart.
- VII. If termination is mutual and as a result of a therapeutic process, then documentation in the record should be sufficient. If the termination is mutual but there are unusual facts that would make the termination fall into another category, some type of follow up letter is advisable.
- VIII. Records should be forwarded to the new provider after the patient signs an authorization. Copies, not the original record, should be sent.

In most instances, these steps will be sufficient to provide the patient with a smooth transition in treatment as well as some peace of mind to you. However, just as the proper course of treatment must be determined on a case-by-case basis, the proper course of action for terminating treatment is largely dependent on the attendant circumstances as well. Termination of the physician/patient relationship raises a number of legal issues that must be considered. Thus, when in doubt, you should always seek competent legal advice.

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