



DRAFT Standard of Practice: Establishing and Ending the Physician-Patient Relationship (2024)

A **Standard of Practice** is the minimum standard of professional behavior and ethical conduct expected by the College on a specific issue.

Establishing and Ending the Physician-Patient Relationship

Preamble

The physician-patient relationship is unique and based upon trust, honesty, respect, and a shared desire to improve health outcomes.

When deciding whether to accept a new patient, physicians must ensure their decision is fair and non-discriminatory. Once a relationship is established, physicians are expected to continue to provide services within their scope of practice until these services are no longer required or until after the patient has been given reasonable notice that the physician intends to end the relationship.

In situations where the therapeutic relationship ceases to be effective, a physician may decide to end the physician-patient relationship. In such cases, the reasons for the decision and the process used to end the relationship must align with this Standard of Practice.

Standard of Practice

Accepting New Patients

In the selection of new patients, physicians must ensure that access to medical care for patients is fair and non-discriminatory.

Non-Discrimination

Physicians are bound by the [Human Rights Act, 2010](#), which prohibits discrimination regarding provision of, or access to, services or facilities.

The following grounds of discrimination are not acceptable reasons for denial of a patient into a medical practice: race, colour, nationality, ethnic origin, social origin, religious creed, religion, age, disability, disfigurement, sex, sexual orientation, gender identity, gender expression, marital status, family status, source of income, and political opinion.¹

Patient Selection Process

Physicians who are able to accept new patients into their practice must use a First-Come, First-Served approach. Decisions to accept or refuse new patients must be made in good faith.

Where a prospective patient's medical needs are outside of a physician's competence, area of practice, or scope of practice (e.g. terms, conditions, or restrictions of licensure), the physician must promptly communicate this information to the patient or the referring healthcare professional to facilitate timely access to care from another suitable provider.

A physician who restricts or selects patients for their practice for any reason must establish a selection process which is non-discriminatory and clearly articulated to the prospective patient. The selection criteria for accepting patients must be relevant to the physician's clinical competence and medical practice and to a patient's healthcare needs. A physician must not refuse to accept a patient on the basis that the medical care required could or will become complex or time consuming unless the care required is outside of the clinical competence of the physician.

Physicians should not refuse to accept a patient seeking to transfer their care for the sole reason that they are rostered to another physician. There could be many reasons why that relationship is no longer serving the patient's healthcare needs, and patients in these circumstances should have the ability to transfer to another physician.

Potential Exceptions to First-Come, First-Served Approach

Physicians are permitted to depart from the First-Come, First-Served approach to prioritize access to care for higher need and/or complex patients. Decisions to prioritize a patient's access to care must be made in good faith.

Physicians must use their professional judgment to determine whether prioritizing or triaging patients based on need is appropriate, considering the patient's healthcare needs and circumstances (e.g. a patient with urgent healthcare needs which require ongoing management).

¹ *Human Rights Act, 2010* SNL2010 CHAPTER H-13.1 at s. 9

The College acknowledges that caring for patients and their immediate family members (e.g. spouse or dependent child) may assist in the provision of quality care. Accordingly, where a family physician's practice is otherwise closed, physicians are permitted to prioritize the immediate family members of current patients.

"Meet and Greet" and Medical Questionnaires

Physicians must not use 'meet and greet' appointments and/or medical questionnaires to vet prospective patients and determine whether to accept them into their practice. Physicians are permitted to use 'meet and greet' appointments and/or medical questionnaires to share information about the practice and obtain information about the patient after a patient has been accepted into a practice.

Establishing the Physician-Patient Relationship

A physician-patient relationship is established when an individual forms a professional relationship with a physician. Indicators of a physician-patient relationship include circumstances where the physician has engaged in one or more of the following activities:

1. gathered clinical information for the purpose of making an assessment;
2. provided medical advice, treatment, counselling, or a diagnosis for the individual;
3. authored a medical record for the individual;
4. charged or received payment for medical services to the individual;
5. prescribed a drug to the individual; or
6. provided other services which are typically associated with a physician-patient relationship.

Excepting circumstances such as one-time consultative or emergency care, once a relationship is established, physicians are expected to continue to provide services until these services are no longer required or until after the patient has been given reasonable notice that the physician intends to end the relationship.² When ending the relationship, physicians are expected to meet the expectations of the College as set out below in this document and in the College's Standard of Practice on [Closing or Taking Leave from a Medical Practice](#), as applicable.

Ending the Physician-Patient Relationship

The expectations outlined in this Standard of Practice apply only in circumstances where the physician-patient relationship is terminated by the physician as a result of a breakdown in the relationship or for other legitimate reasons.

² CMA Code of Ethics and Professionalism (2018)

These expectations do not apply in situations where the physician’s involvement with a patient reaches its natural or expected conclusion, such as consultative care or emergency medicine.

When ending the physician-patient relationship, a physician must:

1. make reasonable efforts to resolve the issue and only end the relationship if those efforts have been unsuccessful;
2. have reasonable grounds to end the relationship;
3. provide adequate notice to the patient or their representative; and
4. facilitate continuity of care and the transfer of medical records.

The College expects physicians to take reasonable steps to meet the above-noted requirements as follows:

Make a Reasonable Effort to Resolve the Issue

Before ending a relationship with a patient, the College expects a physician to make a reasonable effort to address the issue with the patient and to only move to termination if those efforts are unsuccessful. The efforts and the outcomes should be recorded on the patient’s medical record.

A physician who is considering ending a relationship should recognize the negative consequences for the patient, such as limiting access to medical care, and apply sound judgment and empathy to determine the most appropriate course of action.

The College recognizes that there are circumstances where a physician would not be required to attempt to resolve an issue with a patient prior to ending the relationship. In these situations, the physician is under no obligation to engage with the patient directly prior to ending the relationship. An example of such a circumstance includes a patient who is abusive or poses a safety risk to the physician, office staff, or other patients.

Have Reasonable Grounds to End the Relationship

A physician must have reasonable grounds for terminating the relationship. These should be recorded on the patient’s medical record.

Circumstances which may lead a physician to consider ending the physician-patient relationship may include but are not limited to:

- the patient displays threatening or abusive behaviour towards the physician or their medical office staff, including comments of a sexualized or racist nature;
- the patient poses a risk of harm to the physician or their medical office staff;
- the patient makes a clear declaration of non-confidence in the physician’s ability to provide medical care;
- the patient engaged in prescription-related fraud;

- the patient frequently misses appointments without appropriate cause or notice;
- the patient has been absent from the practice for an extended period of time and the physician’s office policy on terminating the relationship on this basis has been communicated ahead of time to the patient;
- the physician is aware that the patient has relocated and/or that another physician has assumed the care of the patient; or
- the physician is reducing the size of their practice.

In circumstances where a physician must end their relationship with patients to decrease the size of their practice, the physician must use a method to select which patients to remove which is fair, non-discriminatory, transparent, compassionate, and take into consideration the medical needs of each patient. A patient must not be removed from the practice for the sole reason that their medical care is complex or time-consuming.

The following may not be used as justification for ending the relationship (a non-exhaustive list):

- the medical care required by the patient is or will become complex, unless the care the patient requires is beyond the clinical competence of the physician (in this case the physician must refer the patient to another physician);
- the medical care takes the physician more time than required for other patients;
- the patient makes unhealthy lifestyle choices;
- the patient chooses not to follow the physician’s advice;
- the patient has missed one appointment;
- on a prohibited ground of discrimination including race, colour, nationality, ethnic origin, social origin, religious creed, religion, age, disability, disfigurement, sex, sexual orientation, gender identity, gender expression, marital status, family status, source of income, and political opinion.³

Provide Adequate Notice

The College expects a physician to provide notification of their intent to end the relationship to the patient or their representative. The notification must:

1. be in written form. If the physician gives verbal notification during an office visit, it must be followed up in writing;
2. give the patient sufficient time to find an alternative healthcare provider, considering the continuing care needs of the patient and the availability of other healthcare providers, but be no less than 30 days prior to date of termination; and
3. include the reasons for why the relationship is being terminated, unless disclosure of the reasons could be reasonably expected to:

³ *Human Rights Act, 2010* SNL2010 CHAPTER H-13.1 at s. 9

- i. result in immediate and grave harm to the patient’s mental or physical health and safety; or
- ii. threaten the mental health or physical health or safety of another person or pose a threat to public safety.

Facilitate Continuity of Care and the Transfer of Medical Records

Despite ending the physician-patient relationship, a physician must:

1. ensure appropriate follow-up on all investigations ordered;
2. provide or arrange for any urgent or emergent medical care until the date of termination of the relationship;
3. provide or arrange for renewals of ongoing medications, where appropriate;
4. inform other healthcare providers to or from whom the physician has been referred that the physician will no longer be caring for the patient; and
5. transfer the patient’s medical records, if requested, in accordance with the College’s Practice Guideline on [Uninsured Services](#).

Acknowledgements

CPSBC (2022) Ending the Patient-Registrant Relationship
CPSA (2019) Practice Management: Patient Restriction or Selection
CPSM (2019) Practice Management
CMA (2018) Code of Ethics and Professionalism
CPSO (2017) Ending the Physician-Patient Relationship
CPSO (2017) Accepting New Patients
CPSA (2014) Terminating the Physician-Patient Relationship in Office-Based Settings
McCurry, T.M. Jr. & Kasdan, M.L. (2006) Patient selection. *Clinics in Occupational and Environmental Medicine*, 5(2), 217-223.

Related Documents

[Human Rights Act, 2010, SNL 2010 Chapter H-13.1](#)

Document History

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