



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.

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

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

Patient Selection Process

The College generally expects physicians to use a first-come, first-served approach when accepting new patients into their practices. Physicians may, however, use their clinical judgment to prioritize care for patients due to circumstances such as urgency of medical needs or complexity of health and social circumstances. Decisions to prioritize a patient's access to care should take into consideration the patient's healthcare needs as well as any factors which may influence the patient's health outcomes.

Family physicians may also prioritize immediate family members (e.g. spouse or dependent child) of current patients in a family practice setting.

Physicians are expected to continue to acquire knowledge and skills to maintain competence in the area of practice in which they are licenced. A physician who restricts their practice for any reason must establish a selection process which is non-discriminatory and relevant to the physician's clinical competence and medical practice. A physician must not refuse to accept a patient solely on the basis that the medical care required could or will become complex or time consuming.

Where a prospective patient's medical needs are outside of a physician's competence or scope of practice, the physician must consider the impact of not accepting the patient into their practice and promptly communicate the reasons for the refusal to the patient or referring healthcare provider.

Family 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 who are able to demonstrate legitimate reasons for requiring a transfer, should have the ability to transfer to another physician.

"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

An established relationship between a physician and a patient is formed when the physician provides care that would reasonably be expected to extend beyond episodic care. This includes, but is not limited to, long-term relationships based on regular attendance (e.g., a family medicine practice); and short-term relationships based on a presenting concern, referral or identified

medical condition (e.g., a patient seeing a specialist physician until their condition is managed in a way that can be transferred back to their family physician). Provision of medical care through virtual means does not alter the establishment of the physician-patient relationship described above.

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 or 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.

The following expectations do not apply in situations where the physician's involvement with a patient reaches its natural or expected conclusion, such as consultative care, emergency medicine, "walk-in" care, or independent medical examinations.

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 must 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.

² CMA Code of Ethics and Professionalism (2018)

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.

Significant Breakdown in the Relationship

A significant breakdown of trust could be considered reasonable grounds to end the relationship. Examples include, but are not limited to:

- the patient displays threatening or abusive behaviour towards the physician, their medical office staff, or other patients;
- the patient poses a risk of physical or psychological harm to the physician, their medical office staff, or other patients;
- the patient makes a clear declaration of non-confidence in the physician's ability to provide medical care (e.g. patient commences medical malpractice litigation);
- the patient misses multiple appointments without appropriate cause or notice; or
- the patient engaged in prescription-related fraud.

Patient Absent from Practice

Physicians who are considering ending a relationship on the basis of a patient's extended absence from practice must first make a good-faith effort to contact the patient and determine whether the patient intends to maintain the relationship. Attempts made to contact the patient should be documented in the patient's record.

Alternatively, physicians may choose to establish an office policy which sets out the length of time a patient can be absent from the practice. In order to terminate a physician-patient relationship on the basis of such a policy, the physician must be able to demonstrate that the policy was communicated to the patient in advance of a termination.

Patient Has Moved Away

If a patient moves to another community and appropriate care can no longer be provided, the physician can choose to end the physician-patient relationship.

Reducing Practice Size

Physicians can choose to end their relationship with patients in circumstances where they are decreasing the size of their practice. In these circumstances, the physician must use a method to select which patients to remove which is fair, non-discriminatory, and transparent. A patient must not be removed from the practice for the sole reason that their medical care is complex or time-consuming.

Patient Files a Formal Complaint

While a formal complaint about a physician's care can disrupt the physician-patient relationship, the act of filing a complaint does not automatically end a physician-patient relationship. Where practicable, physicians are encouraged to make good-faith efforts to maintain the physician-patient relationship, particularly in circumstances where the patient will be disadvantaged as a result of ending the relationship.

If a physician is unable to resolve the conflict or feels that their ability to provide unbiased care is compromised, the physician may choose to end the relationship. The rationale for discharge, including factors considered, and any attempts made to maintain the relationship, must be documented in the patient's record. In circumstances where the patient will be significantly disadvantaged as a result of ending the relationship, a physician should make reasonable efforts to transfer the patient's care to another qualified healthcare provider.

Unreasonable Grounds

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 opinion³

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

Provide Adequate Notice

Physicians must 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:
 - 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 Standard of Practice on [Medical Record Documentation and Management](#) and the 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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