Checklist: ending a relationship with a patient at a critical stage in treatment

- To adequately inform patients, doctors should give written notice of their intention to end the relationship, preferably by certified mail, requesting acknowledgement of receipt.
- Doctors should include in the notice a brief explanation for ending the relationship, such as the patient failing to comply with advice or to keep appointments.
- To facilitate “arrangements for the continuing care of the patient”, doctors should offer to continue to provide treatment and access to services for a reasonable period of time, such as 30 days, so that the patient can find another doctor. This is especially necessary if the patient may have a serious or life-threatening condition that needs urgent attention; or the patient has a non-English speaking background.
- Doctors should assist the patient as needed to find another doctor or specialist in the patient’s vicinity to take over the patient’s care.
- Doctors should offer to provide a report to the new doctor or to send copies of the patient’s medical records to the new doctor, if the patient authorises that in writing.
- Doctors should answer any questions that the patient raises and try as far as possible to maintain civil relations with the patient.

but not life-threatening as it was in the first case above of “a patient presenting with signs consistent with a malignant tumour who fails to re-attend or undergo relevant pathology tests”. There was nothing to suggest to the doctor that the patient would decide not to have the test. The doctor’s duty to follow up might be different if a patient does not speak English, or has an intellectual impairment; or if the patient’s condition may be life-threatening. The court listed factors that were relevant in deciding whether the doctor had a continuing obligation to the patient. These included the patient’s family history of cancer, continued bleeding without diagnosed cause, previous compliance with suggested procedures and tests, 10-year relationship with the doctor, and non-English speaking background.

Although these cases concerned a failure to follow up, similar principles might be suggested in deciding what duties a doctor may have in ending a relationship with a difficult patient at a critical stage (Box). These suggestions are based on paragraph 3.13 of the Code and the standard of reasonable care under the civil liability legislation in all states and territories, and the common law. The steps suggested could be adopted in any case where a doctor–patient relationship has ended, regardless of the reason — a difficult, non-compliant or threatening patient, or the doctor’s cessation of employment, relocation or retirement, taking account of the possible impact on the patient if the relationship has ended.

Ensuring a patient’s continuing care

The above steps may not always resolve the issues. There may be no other doctor or specialist in an isolated rural area to whom the patient can be referred; or the doctor may be concerned about how such a referral should be made. Where a patient may present a serious risk to the new doctor, the doctor’s duty of confidentiality may be outweighed by the need to protect the new doctor’s safety. However, that is not the case in other circumstances, and the referring doctor would ordinarily be required not to reveal the reason for the referral if it relates to the patient (although the new doctor may guess what it is). The initial doctor may therefore feel obliged to continue treating the patient, perhaps seeking assistance from a more distant colleague, if that is possible.

If it is necessary to terminate the clinical relationship, the treating doctor may take comfort from the fact that any litigation or other risk in such circumstances can be minimised by telling the patient that they should terminate their clinical relationship, and by ensuring that what happens afterwards is in accordance with what the doctor perceives to be the patient’s best interests (especially in regard to facilitating transfer of care).

Competing interests: No relevant disclosures.

Provenance: Commissioned; externally peer reviewed.

Poem

**Large interior in red: Matisse**

Kitsch red Swedish modernity
As functional and expendable
As throw-away swabs
In an operating theatre
It casually meets itself
And introduces us coolly
To the new etiquette

This is nearly the twenty-first century
And we no longer recognise
Our friends so easily. Wasn’t he
In Vietnam? Weren’t we
At school together? I now manage a hospital
And that girl at the table in the Black Cat Cafe
Playing with her cutlery as if
They were surgical implements, wasn’t she
The first one in that tiny room as a student
Fascinated with the little lake of blood?

Now she doesn’t know you, or at least gives no sign
You watch the shimmer of veins
Just under the eyelids’ skin
And embarrassed
Turn the colour of the painting.

This is the new nonchalance. It is just like
A waiting room
The colour of an extraction. All who view it
Are synonymous with catalogues.
Watch the small red dots appear
In front of your pale faces.
Take off your dark cold coats. Warm yourselves
At its glow. It is as flat
And red
As an accident.

Lyndon Walker
Psychologist
The Blue Door, Launceston, TAS.
walker@eftel.net.au
doi: 10.5694/mja14.00773