

PRACTICE STANDARD

Ending the Patient-registrant Relationship

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Related topic(s): [Access to Medical Care Without Discrimination](#); [Leaving Practice](#); [Medical Records Documentation](#); [Medical Records Management](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

The expectations outlined in this practice standard apply only in circumstances when the patient-registrant relationship is terminated by the registrant as a result of discord with a patient or for other legitimate reasons. It does not apply in situations where the registrant's involvement with a patient reaches its natural or expected conclusion, such as consultative care provided by a specialist.

College's position

The patient-registrant relationship is a fiduciary relationship based on honesty, respect, and trust, where the registrant prioritizes the patient's care and well-being, and acknowledges the patient's autonomy regarding personal choice, including lifestyle or treatment options.

In situations where the therapeutic relationship ceases to be effective, however, a registrant may choose to stop treating a patient. The decision to end the patient-registrant relationship must not be based on reasons that may be considered discriminatory under the BC Human Rights Code, including race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, sexual orientation, gender identity or expression, or age of that person or class of persons.

Similarly, registrants must not end a patient-registrant relationship based on the complexity of a patient's care needs, such as chronic pain, addiction, or mental illness. In such cases, patients must be counselled, cared for and prescribed appropriate medications with due caution, based on well-documented assessments.

Allegations of discrimination are carefully investigated on a case-by-case basis and may be sustained by the College where impact is demonstrated even if the registrant did not intentionally discriminate.

Expectations

When considering ending the patient-registrant relationship, registrants must:

- make all reasonable attempts to resolve the situation first, and only end the relationship if those attempts have not been successful
- recognize that this decision may have significant negative consequences for the patient, such as limiting their access to medical care
- apply sound clinical judgement and empathy to determine the most appropriate course of action

When a registrant decides to end the patient-registrant relationship after thoughtful consideration, they must undertake the following actions:

- provide written notification to the patient of the decision—the decision should normally also be communicated in person, unless meeting with the patient is reasonably considered to pose a safety risk

- document the reasons in the patient's medical record, including all efforts made to resolve the issue prior to ending the relationship
- provide the patient with a copy of their medical record or transfer the patient's medical record to another registrant or clinic in a timely manner
- provide the patient with a time frame to find another registrant or clinic, which can vary depending on the circumstances of the situation, including the patient's medical condition
- where possible, assist the patient in finding another registrant or clinic where care can be transferred
- ensure medical services are provided in the interim period, such as renewing prescription medication and arranging for appropriate follow-up on any diagnostic tests ordered

While the registrant is not obligated to continue to care for a patient indefinitely, they must not abandon a patient in an emergency situation where harm may be imminent. In the event of a complaint, abrupt discontinuation of necessary medical care and treatment may be determined to constitute unprofessional conduct.

Examples

Registrants must base their decision to end the patient-registrant relationship on the unique facts and circumstances of each situation, including whether a particular incident or behaviour is isolated, or part of a larger problem.

The following are examples of situations where ending the patient-registrant relationship may be appropriate, where a:

- patient exhibits threatening or abusive behaviour towards the registrant or their medical office staff, including behaviour or comments of a sexualized or racist nature; as employers, registrants have a legal obligation to make reasonable efforts to ensure that their employees are afforded a harassment-free workplace
- patient poses a risk of harm to the registrant or their medical office staff
- patient makes an unambiguous declaration of non-confidence in the registrant; where a patient's behaviour makes it clear that the practice is not being utilized as a primary care home by (for example) repeatedly attending at other clinics unnecessarily
- patient has repeatedly failed to pay for services after multiple discussions
- patient moves to another community making required in-person assessments impracticable
- registrant chooses to reduce the number of patients in their practice due to personal health or similar reasons

Note: In this instance, the registrant must not selectively discharge difficult or complex patients and take care not to be perceived to have otherwise discriminated. The process of patient selection must be well documented and consistently applied.

The following are examples of situations where ending the patient-registrant relationship would not be appropriate:

- it is prohibited by the BC Human Rights Code
- the patient's care is considered too complex and difficult to treat
- the patient's objectionable behaviour is reasonably attributable to cognitive impairment, unless it is determined that the patient poses a significant safety risk to the registrant and/or staff
- the patient respectfully declines to follow the registrant's advice
- the patient seeks treatment to which the registrant objects on the basis of scientific, conscience or religious beliefs

Note: When care is transferred to a willing registrant with the consent of the patient, this will not be construed as improperly terminating the patient-registrant relationship.

References

College of Physicians and Surgeons of Ontario policy: *Ending the Physician-Patient Relationship*