



College of Physicians and Surgeons of British Columbia

Practice Standard

Withdrawal of Physician Services

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| Related topic(s): | Medical Records |

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians 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*.

Registrants may seek advice on these issues by contacting the College and asking to speak with a member of the registrar staff, or by seeking medical legal advice from the CMPA.

PREAMBLE

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

This standard applies to a withdrawal of physician services in relation to a dispute which is undertaken by an individual physician or a group of physicians. The ultimate responsibility for any withdrawal rests with each individual physician to act in the public interest and to ensure that his or her actions are consistent with the ethical and professional standards expected of registrants.

COLLEGE'S POSITION

1. Physicians contemplating a withdrawal of services have an ongoing ethical and professional responsibility to consider first the best interests of their patients and act in a manner which will not result in undue risk of harm to patients and the public.
2. Individual physicians must not engage in a withdrawal of services unless they have ensured that the proposed withdrawal will not pose an undue risk of harm for patients and have taken steps to mitigate the impact of the withdrawal including those listed in paragraph four below.
3. An **entire group of physicians or an entire hospital department** must not engage in a **complete** withdrawal of services. While individual physicians have the right to resign from any position with reasonable notice, which may be defined in contracts, an entire group of physicians must stagger such resignations, allowing reasonable time for replacements to be found or alternatives to be established.
4. A **group of physicians in a community or a department in a hospital** may only engage in a **partial** withdrawal of services if the same does not pose an undue risk of harm to patients and the public and they must do the following:
 - Consider the nature and location of the physicians' practice and the patient population served.
 - Consider the availability and adequacy of alternative resources for the care, ongoing monitoring and transfer of patients.
 - Establish arrangements for communication or consultation to ensure the appropriate transfer of care of patients to other physicians or facilities. There must be a physician available to assess the patient prior to transfer, and a process or protocol in place which would include physician-to-physician communication.
 - Provide written notification of the intended withdrawal of services to medical directors and others involved in the delivery of hospital and medical services. The period of notice (i.e. up to 90 days) may vary depending upon the specific circumstances, but must be reasonable to allow the hospital or health authority an opportunity to review with the physicians the nature, extent and impact of the proposed action, and to consider any arrangements that need to be made in response.
 - Monitor the impact of the withdrawal of services on an ongoing basis to ensure that the initial arrangements for patient care continue to be adequate.
 - Continue to provide care for currently ill or recovering patients for whom they have a responsibility and establish an appropriate contingency plan for patient care to deal with unforeseen emergency situations including the designation of an on-call physician.

5. Where the College, in evaluating a dispute involving a limitation or withdrawal of physician services, determines that the alternative resources established are ineffective or inadequate, such that an undue risk of harm to patients has been created, the College may insist that some or all of the physicians involved in the withdrawal of service must continue to provide medical services. In these circumstances the College, in accordance with its legislated responsibility to establish and enforce ethical and professional standards of practice, must consider the prevention of patient harm as its primary responsibility and take whatever action is necessary to meet that responsibility.
6. An individual physician or group of physicians must not provide written notice of their intended withdrawal of services until such time as provisions for dispute resolution available under the Physician Master Agreement have been exhausted.
7. Physicians must also act in accordance with the guidelines set out in the *CMA Code of Ethics*, and the College's guidelines on *Ending the Patient-Physician Relationship* and *Leaving Practice*.