

TO SPECIFIC **OUESTIONS**

When and how is it appropriate to terminate CLINICAL the physician-patient relationship?

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• This should be a last resort, done only • in extreme cases, such as if a patient's nonadherence with treatment poses an immediate danger to himself or herself and a potential liability to the physician, or if the patient is verbally abusive or physically threatening, and only after trying to work things out, giving fair warning, and making sure you are not abandoning the patient.

If, after all, it becomes necessary to terminate the physician-patient relationship, you should put it in writing.

IS IT NONCOMPLIANCE, OR POOR COMMUNICATION?

Effective communication is at the core of the physician-patient relationship and is essential for successful treatment outcomes. Occasionally, however, a breakdown in the relationship occurs, for a variety of reasons.

Negotiation and bargaining are implicit in any relationship, including that of doctor and patient. Doctors and patients continually evaluate the adequacy of each other's performance according to their own values and expectations. Unfortunately, if expectations are consistently not met for either physician or patient, the relationship will erode over time. This may ultimately hinder the patient from receiving optimal care, thus necessitating a new approach, such as starting over again with a new doctor.

Certainly, patients have the right to participate in decisions about their care, but if they are continuously nonadherent with recommendations and treatments prescribed, it may be necessary to terminate the relationship. As noted, an example would be a patient whose inconsistency of taking necessary medication or of coming in for critical monitoring presents an immediate danger to himself or herself, and a potential liability to the physician.

MANAGING THE CHALLENGING PATIENT

Physicians are expected to see all kinds of people every day, including some who have "difficult" personalities.

It is not reasonable or advisable to drop a patient just because he or she is a challenge. The physician and the patient share the responsibility for shortcomings in their relationship, and together they can work to correct them. When necessary, physicians should seek the advice of a colleague, ombudsman, or patient advocate when they find they are frustrated in their dealings with challenging patients. Good interpersonal skills are important, along with an understanding of the patient's values and expectations.

The most extreme example of a challenging patient is one who is verbally abusive or physically threatening. In such circumstances, trust in the medical relationship is nearly impossible.

When this occurs and termination is being considered, the physician should advise the patient of the problem. At the least, the patient should be told that his or her behavior must change or the relationship will be terminated. This gives the patient the opportunity to modify his or her behavior so that the relationship can be salvaged. Sometimes a behavioral contract can be written in which the patient agrees to refrain from certain behaviors in order to maintain the relationship.

If it becomes necessary to terminate the relationship, put it in writing

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(Date) (Patient) (Address) (City, State, Zip Code)	
Dear:	
I regret to inform you that I am no longer in the position to effectively provide for your med I suggest that you take immediate steps to place yourself under the care of another practiti	
Should a medical emergency arise before you have had the opportunity to engage a new pl I will, of course, be available to you. After ten (10) days following the receipt of this letter, I you to have arranged for medical services with another physician.	
Upon your written request, my office will provide your new physician with a summary of yo treatment, together with copies of any record that your physician may require.	ur care and
Sincerely,	
(Physician)	

FIGURE 1. Sample termination letter.

In either case, the patient should be advised that there is a problem, so that he or she is not surprised to receive a termination letter.

LEGAL REQUIREMENTS

Certain legal requirements should be kept in mind when terminating a relationship.

The primary concern is to avoid a charge of abandonment. The patient must be given notice of the termination and a reasonable opportunity to arrange for care elsewhere. The patient's condition should be evaluated and stabilized. A letter, signed by the physician, should be sent to the patient's home by regular mail and certified mail with a return receipt requested (FIGURE 1).

The physician is generally not obligated to arrange for the patient's subsequent care unless the patient is currently in the hospital and the physician wishes to terminate the relationship prior to discharge.

PHYSICIAN GROUP TERMINATIONS

If an entire physician group or facility chooses to terminate the relationship with a patient, the same process should take place. The letter must be sent from an official representing the group or facility, such as the

medical director, department chairman, or chief medical officer.

However, if a terminated patient returns to a facility through an emergency department seeking care, he or she must be accepted and examined in accordance with the Emergency Medical Treatment and Active Labor Act. If an emergency condition exists, it is necessary to treat and stabilize the patient prior to discharge or transfer to another institution; if a transfer cannot be arranged the patient must be admitted.

In this latter situation, the facility is obligated to resume the medical relationship. If this occurs and the medical relationship remains unsatisfactory to the facility or physician group, the entire termination process must be repeated.

At The Cleveland Clinic Foundation, the termination process is centralized in the ombudsman department. This allows for easy access to assistance in dealing with challenging patients, and also ensures that the appropriate termination procedures are followed and that the patient is blocked from scheduling future appointments.

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