

Tip #18: Discontinuing the Physician-Patient Relationship Properly

The Risk: Once the physician-patient relationship is established, physicians have a legal and ethical obligation to provide patients with care. However, there may be circumstances when it is no longer appropriate to continue the physician-patient relationship. A physician may choose to discharge a patient for a variety of reasons such as non-compliance with treatment, failing to keep appointments, or inappropriate behavior. Properly discharging a patient from care can be a complex issue. In order to avoid allegations of abandonment, providers should consider establishing a formal process for discharge.

Recommendations:

1. The discharge of each patient must be determined by the physician on an individual basis and based on medical record documentation of patient non-compliance or disruption. We recommend that you contact Mercado May-Skinner* for specific advice.
2. A formal patient discharge should be made in writing. You must give the patient at least 30 days from the date of the letter to call you for an emergency in order to avoid charges of abandonment. This time period may be longer depending on the patient's condition and the availability of alternative care.
3. The three most common reasons why physicians discharge patients are:
 - nonpayment;
 - noncompliance with the physician's recommendations; and
 - disruptions in the physician-patient relationship.
4. The discharge is to be effective the date of the letter.
5. Refer the patient to the local county medical society, their health insurer, or a hospital referral source to obtain the names of other physicians.
6. Provide the patient with prescriptions for an adequate supply of medication or other treatment during the 30 day emergency period.
7. Use the USPS certificate of mailing procedure, not certified mail, to send the discharge letter so it can not be refused/unclaimed by the patient, and it can be forwarded if the patient has moved.

8. When the patient to be discharged is in need of urgent or emergent care or continuous care without a gap, is more than 24 weeks pregnant, or has a disability protected by state and federal discrimination laws, the question of whether the patient can be discharged should first be discussed with counsel since discharge may not always be possible.
9. Become knowledgeable about the requirements regarding any restrictions on discharge imposed by the third party payors with whom you participate.
10. Promptly send the patient's records to the patient's new physician upon receipt of a proper authorization.
11. Flag the office computer or other appointment system in use to avoid giving the patient a new appointment after discharge.
12. Document the problems that have led to the discharge in the patient's record.
13. Form letters and a memorandum on the discharge of patients are available from Mercado May-Skinner.