
TERMINATION OF THE PHYSICIAN-PATIENT RELATIONSHIP

Once the psychiatrist-patient relationship has been established, the psychiatrist has an ethical and legal obligation to continue treating the patient until the relationship has been properly terminated. This article will discuss the generally accepted termination process; however, it is important to remember that this process, like every aspect of treatment, must be continually tailored to the needs of the individual patient.

Reasons for Terminating Treatment

There are many valid reasons for terminating a professional treatment relationship. The optimal reason, of course, is that the patient no longer needs treatment. You may also find that a patient could benefit from the care of another psychiatrist who specializes in treating your patient's particular disorder or you may be moving or retiring from practice. Unfortunately there are other less pleasant reasons for terminating the psychiatrist-patient relationship: your patient may be non-adherent to the point where you have concerns that you may be found liable when he suffers from his own neglect; you may have a patient who is overly demanding of your time and that of your staff; or the patient may be unwilling to pay your fee despite numerous attempts to work out a payment plan. All of these are perfectly acceptable reasons for ending care as is anything else that damages the efficacy of the treatment relationship. Whatever the reason, however, it is important that the relationship be terminated properly.

The Termination Process

The generally accepted process for ending the treatment relationship between psychiatrists and patients is well-established and is designed to protect the interests and well-being of both the patient and the psychiatrist. Psychiatrists must also be aware of any specific requirements or regulations that may be promulgated by their state licensing boards. In addition, it is important to review and be familiar with referral and termination provisions in all provider contracts.

Termination and the termination process should be discussed with the patient prior to the actual termination of the professional relationship, if at all possible. Abrupt and unilateral termination increases the psychiatrist's vulnerability to charges of abandonment. It is also important to document the decision-making process and discussions involved. Should a medical malpractice claim or lawsuit alleging abandonment of the patient occur, the contemporaneous record will support the assertion that the patient was treated fairly and professionally.

The following four scenarios are used to illustrate risk management recommendations in common treatment situations. Special circumstances in a given treatment relationship may generate exceptions to these recommendations. As with all aspects of psychiatric treatment, the psychiatrist must use his/her professional judgment.

Termination by the Psychiatrist in a Non-crisis & Non-emergency Situation

In a non-crisis situation, the psychiatrist can properly terminate the treatment relationship by doing the following: 1) giving the patient reasonable notice and time to find alternative treatment; 2) educating the patient about treatment recommendations; 3) assisting the patient with finding resources for treatment; 4) providing records and information, as requested; and 5) sending a follow-up letter to the patient.

1. Reasonable Notice

The length of the notice may depend upon the patient's condition and available psychiatric resources in the community. Usually, thirty days' notice of termination is considered adequate, however, individual state licensing boards, may regulate a different notice period. In areas where it may be difficult to find another psychiatrist, it may be appropriate to give longer notice. The psychiatrist should always provide the patient with a specific termination date after which the psychiatrist will no longer be available.

Note that although the psychiatrist is ethically and legally obligated to give notice and assist in finding alternative treatment, if for some reason (including the patient's unwillingness to cooperate) this is not possible, the psychiatrist is not required to continue treating a patient indefinitely. A genuine, concerted effort to find subsequent care is usually sufficient.

2. Treatment Recommendations and Education

It is important to give explicit treatment recommendations to the patient and to educate him/her about the need for continued psychiatric care and the potential risks of not obtaining recommended treatment. If the patient is a high-risk patient and does not understand the need for care or how to find that care, the psychiatrist may want to involve the patient's family members or significant others or take a more active role than is customary in transferring care.

It is crucial to give proper and detailed instructions regarding medications. Include the name and dosage for each medication as well as any other important information. For example, if stopping a medication abruptly could cause injury to the patient, this should be explained.

The psychiatrist should be wary of prescribing large amounts of medications around the time of termination. If the patient experiences an adverse event while in possession of the medication, but is not yet under the care of another psychiatrist, the original psychiatrist may be found liable. Additionally, prescribing or re-filling a prescription for a patient after termination has been effectuated re-establishes the psychiatrist-patient relationship, and the psychiatrist must extend the termination time period or, possibly, begin the termination process over from the beginning.

3. Resources for Treatment

When assisting the patient with finding alternative treatment, it is not necessary to provide names of psychiatrists who have agreed to accept the patient. Resources should always include the local community mental health services, a physician referral service (frequently associated with a local hospital), and a reminder that hospital emergency departments are available in the event of an emergency. For high-risk patients and for patients who have impaired judgment and no appropriate support system, the psychiatrist may choose to provide additional assistance.

4. Records and Information

The patient should be informed that a copy or summary of his record will be forwarded to the new treater upon receipt of proper written authorization.

5. Follow-up Letter

The follow-up letter is intended to summarize the termination conversation between the psychiatrist and the patient, and, thus, should contain all of the information discussed in section 2. This letter is not intended to be a patient's first notice of termination.

If the terminating psychiatrist is a member of a group practice, consideration should be given as to whether the termination applies to all members of the group. This may be important as the terminating psychiatrist could be called upon to treat the patient while covering for one of the other psychiatrists.

A copy of the letter should be filed in the patient's record. The most conservative risk management advice dictates sending a copy of the letter via regular mail and a copy via certified mail, return receipt requested. Not only does this provide evidence that the letter was sent, it helps ensure that the patient will receive it. In addition, there may be state requirements regarding mailing follow-up letters. Bear in mind, however, that some patients – particularly those who owe money – may avoid signing for a certified letter. It may be beneficial then to send the other letter with delivery confirmation.

The letter should be sent to an authorized address only. The issue of where mail may be sent should be discussed at the beginning of treatment. The return address on the envelope should be as generic as possible and should not indicate that the sender is a provider of mental health services. Such measures may seem extreme, but confidentiality is a concern with any correspondence. A model letter for termination of the psychiatrist-patient relationship can be found at the end of this article.

In some instances when the psychiatrist initiates termination, the patient may indicate that he does not want to transfer to someone else. At that point, the psychiatrist may want to re-evaluate the reasons for termination; however, it is not advisable to

reverse the decision based solely on the patient's appeal. If the psychiatrist believes that therapy is not working, he may risk liability exposure by continuing to see the patient, as ineffective treatment could be interpreted as substandard care.

Termination by the Psychiatrist in a Crisis or Emergency Situation

It is risky – but not impossible - to terminate with a patient who is in crisis. Psychiatrists sometimes think that they can avoid liability by terminating treatment with a patient who has become suicidal or who they fear may be a danger to others. Terminating abruptly in such circumstances is likely to have the opposite effect. A court is less likely to find that a psychiatrist has adequately discharged his/her responsibilities when he pulls out at the time when he is needed most. Unless care is successfully transferred to another psychiatrist or unless hospitalization is effectuated, termination is risky in a crisis situation.

If the patient agrees to hospitalization or if the patient qualifies for involuntary commitment, the psychiatrist may safely terminate while the patient is hospitalized. The psychiatrist should make very clear to the patient, the patient's family, and the hospital's staff that he will not be available to treat the patient after discharge. It is best to contact the attending physician directly and then to send a fax confirming the conversation.

Patients are not the only ones who experience crises. Psychiatrists can face unexpected and difficult situations in which they become unable to treat some or all of their patients. It is important to understand that even in the event of an unplanned or emergency closing of a psychiatric practice, there remains an obligation to the patients to terminate with as much care as possible. It is a good idea to have a written emergency or contingency plan regarding termination and transfer of care in the event of a crisis on the part of the psychiatrist.

Termination by the Patient in a Non-crisis & Non-emergency Situation

Occasionally, a patient may decide to end treatment. He may discuss the decision with the psychiatrist he may simply stop showing up for appointments. When a patient terminates, the psychiatrist should determine whether the patient is in crisis. If the patient is not in crisis, then the psychiatrist should offer to provide the same information that is provided in the termination process as discussed above. If the patient is unwilling to discuss the decision, the psychiatrist's attempts at communication should be documented and a detailed follow-up letter should be sent. Rather than sending a standard termination letter, the psychiatrist should send a letter that more accurately reflects the circumstances. A model letter for confirming a patient's decision to terminate the treatment relationship maybe found at the end of this article.

There may also be situations where a patient who has been seeing a psychiatrist for a period of time simply stops coming and does not respond to the psychiatrist's efforts at follow-up. When this occurs, the psychiatrist should assure himself to the extent possible, that the patient is not in crisis. If not, rather than simply closing the file, it is recommended that the psychiatrist write a letter to the patient to bring the treatment relationship to an end thus ensuring that there is no miscommunication as to the status of the relationship. A model letter for terminating an inactive treatment relationship may be found at the end of this article.

Termination by the Patient in a Crisis or Emergency Situation

If a patient decides to terminate treatment while in crisis, the psychiatrist should not automatically accept the decision and assume that he is free of any obligation or duty to the patient. If a psychiatrist is “fired” by a patient, it is important to evaluate the patient’s state of mind and understanding. If the psychiatrist thinks the patient is unable to make an informed decision, the psychiatrist may need to attempt to follow-up with the patient or involve members of the patient’s support network. Confirmation by letter is important when the patient abruptly or unilaterally terminates treatment, unless the patient has refused to permit such contact.

Financial Issues and Terminating Treatment

Changes in a patient’s financial situation can often trigger the need to end a treatment relationship, either because of changes in healthcare insurance or because of a patient’s inability or unwillingness to pay for treatment. Fees and payment schedules should be discussed with the patient at the outset of treatment. Ideally, the patient should sign a written copy of the policy at that time.

Change in a Patient’s Financial Situation

If a patient becomes unable or unwilling to pay for necessary -not optimum- treatment, then the psychiatrist must either find a way to accommodate the patient’s limited resources or terminate treatment appropriately. The care provided must be based upon the patient’s clinical needs and not solely on what services the patient can afford. The psychiatrist risks liability, if he continues to provide treatment that falls below the standard of care simply because the patient is unable or unwilling to pay for what is needed.

Outstanding Account Balances

Termination should not be the first response to an outstanding balance. If a patient is delinquent in meeting payment requirements, it is best to discuss the issue with the patient and address the problem clinically before the amount owed becomes substantial. An excessive outstanding balance can interfere with the therapeutic relationship, making it impossible for the psychiatrist to effectively treat the patient. However, the psychiatrist cannot deny needed care due solely to an outstanding balance; the psychiatrist must remain available to meet the patient’s needs until proper termination has been effectuated.

Collection Agencies

The use of a collection agency may be an appropriate way to collect an unpaid balance; however, a letter from a collection agency should not be a patient’s first notice that treatment has been terminated. The issue of outstanding balances should be discussed with patients prior to termination, and they should be educated about the psychiatrist’s debt collection practices from the beginning of treatment and prior to collections being pursued.

A letter from a collection agency may cause a patient or former patient to go into crisis or it may motivate him/her to file a lawsuit or an administrative complaint. Therefore, the decision to send an account to a collection agency should always be made by the treating psychiatrist, never solely by the office staff. When developing policies and procedures regarding the use of collection agencies, psychiatrists should consult with a local attorney to ensure compliance with all applicable state statutes and regulations.

Writing-off Outstanding Balances

In some situations, psychiatrists may opt to write-off an outstanding balance as opposed to pursuing it. Before writing-off outstanding balances, psychiatrists should check on any financial requirements or limitations imposed by third-party payers regarding outstanding bills, co-payments, etc.

Abandonment

Psychiatrists who do not properly terminate the physician-patient relationship expose themselves to allegations of abandonment (i.e., the inappropriate withdrawal of treatment) should litigation or investigation by a licensing board occur. Not uncommon, however, is the patient who does not wish to end the psychiatrist-patient relationship and tries to manipulate the situation by accusing the psychiatrist of abandonment if he ceases to provide care. Psychiatrists should not allow themselves to be manipulated in this way; if the relationship has been terminated properly this is, by definition, not abandonment. The formal termination process is a specific defense against the allegation of abandonment, and, like all good risk management strategies, its effectiveness as a defense lies in the fact that it primarily serves to support good patient care.

In Conclusion

As always, special circumstances in a given treatment relationship may generate exceptions to the above recommendations. As with all aspects of treatment, psychiatrists must exercise their professional judgment when terminating the psychiatrist-patient relationship.

Model Letter for Termination of the Psychiatrist-patient Relationship

This model letter is intended as a general guideline. Adjustments may need to be made in order to tailor this letter to the needs of a specific situation. Psychiatrists should contact personal counsel or their risk manager for guidance with difficult situations.

PERSONAL & CONFIDENTIAL

Date

Address

Dear [Name of Patient]:

This letter is to inform you that I believe it is necessary to terminate our professional relationship. [Psychiatrist may wish to specify reason.]

I have been serving as your psychiatrist since [specify date], and am currently treating you for [indicate diagnosis] with a program of [specify treatment modality, including drugs]. In my view, you [would/would not] benefit from continued treatment. [Describe risks of stopping meds abruptly.]

If you decide to continue to receive treatment, you are, of course, free to choose any psychiatrist. However, you may wish to call one of the following [psychiatrists/facilities/referral services], who may be willing to accept you as a patient. [Indicate specific referrals with telephone numbers.]

If you find that none of these choices is acceptable, please call me. I will make every effort to suggest other alternatives. If you decide to continue treatment, I will forward copies of your clinical record to your new doctor when I have received your written authorization. [Psychiatrist may want to include a blank authorization form for the patient's convenience.]

Finally, be assured that I will be available to treat you until [specify date]. After that date, your file will be closed. Remember that you can always contact the local mental health clinic. Remember also that the emergency room is available for crises. [The following factors, among others, may be used to determine what constitutes a reasonable length of time for continued availability in a particular situation: condition of the patient, availability of other psychiatric services in the community, reason for termination, and length of the psychiatrist-patient relationship.]

Sincerely,
[Psychiatrist]

Model Letter for Confirming Patient's Decision to Terminate the Psychiatrist-patient Relationship

This model letter is intended as a general guideline. Adjustments may need to be made in order to tailor this letter to the needs of a specific situation. Psychiatrists should contact personal counsel or their risk manager for guidance with difficult situations.

PERSONAL & CONFIDENTIAL

Date

Address

Dear [Name of Patient]:

This letter is to confirm your decision to terminate our treatment relationship.]

I have been serving as your psychiatrist since [specify date], and am currently treating you for [indicate diagnosis] with a program of [specify treatment modality, including drugs]. In my view, you [would/would not] benefit from continued treatment. [Describe risks of stopping meds abruptly.]

If you decide to continue to receive treatment, you are, of course, free to choose any psychiatrist. However, you may wish to call one of the following [psychiatrists/facilities/referral services], who may be willing to accept you as a patient. [Indicate specific referrals with telephone numbers.]

If you decide to continue treatment, I will forward copies of your clinical record to your new doctor when I have received your written authorization. [Psychiatrist may want to include a blank authorization form for the patient's convenience.]

Sincerely,
[Psychiatrist]

Model Letter for Terminating an Inactive Treatment Relationship

This model letter is intended as a general guideline. Adjustments may need to be made in order to tailor this letter to the needs of a specific situation. Psychiatrists should contact personal counsel or their risk manager for guidance with difficult situations.

PERSONAL & CONFIDENTIAL

Date

Address

Dear [Name of Patient]:

You were last seen in my office on [date]. Since that time, I have attempted to contact you by telephone on [dates]. As you have not responded to my calls, I can only assume that you have decided not to pursue further treatment. If I am mistaken in my assumption, please contact me within 10 [or another period of your choosing] days otherwise, I will close your file.

Sincerely,
[Psychiatrist]

Compliments of:



Call (800) 245-333
Email TheProgram@prms.com
Visit us www.psychprogram.com
Twitter @PsychProgram