

When breaking up can be hard to do

The breakdown of a doctor-patient relationship is stressful but should be approached in a measured way, writes Dee Duffy

MANY GPs CAN RECALL at least one situation where they felt the therapeutic relationship with a patient had broken down to the extent that it was impossible to provide effective care. The doctor-patient relationship is the cornerstone of good clinical care and the best ones are partnerships based on mutual trust, respect, honesty and accountability.

The Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Amended) 8th Edition 2019 states:

“36.2. If you are unable to continue to care for a patient or group of patients either as an individual practitioner or as part of a team or group, you should tell the patient(s) and make arrangements for another doctor or service to take over their care. Until care has been taken over by another doctor or service, you are responsible for your patients. This means that you must provide emergency services and any care or treatment that your patients may need. When alternative medical care is in place, you should facilitate the transfer of the patients’ medical records without delay.”

“36.5. If you feel unable to continue to provide effective care for a patient because the therapeutic relationship has broken down, you should get the patient’s consent to send all of his or her medical records to another doctor of your or the patient’s choice. You should document this in their medical records.”

There are many scenarios where the relationship can be stretched to breaking point. We regularly hear from members seeking advice on how to proceed in situations where:

- Patients refuse to comply with medical advice or exhibit serious drug-seeking behaviour, to the extent that treatment cannot be effective
- Patients display aggressive or threatening behaviour or present a risk of violence to members of the practice team
- Patients behave inappropriately/intrusively towards their GP.

Making the decision to remove a patient from a GP practice can give rise to complaints and therefore it is not a decision that should be made lightly. It is very important to adopt a fair, balanced and unbiased approach to manage a potential breakdown and to remain objective where possible. We recommend seeking advice from your indemnifier when considering how to proceed regarding a challenging doctor-patient relationship.

The personal safety of GPs and practice staff should be a priority in any situation where a patient has been violent. The Medical Council ethics guide acknowledges that some patients may pose risks to the health and safety of those caring for them. It states that doctors are not obliged to put themselves or others at risk of harm when assessing or treating patients but that reasonable efforts should be made

to conduct appropriate clinical assessment and treatment, taking appropriate measures to protect the doctor and others.

The Covid-19 pandemic has introduced some additional factors to consider. Some patient behaviours may be a manifestation of the instability and fragile environment of the past two years and might have led to actions that are generally uncharacteristic for an individual.

It goes without saying that the decision to remove a patient from the practice list should never be based on issues such as race, gender, religion, disability, medical condition, sexual orientation, appearance, or need for specific treatments.

Complaints

In addition, the mere fact that a patient has complained about a GP should not by itself be grounds for ending the relationship. Patients are entitled to make complaints and in fact, having a robust complaints policy within the GP practice can go a long way in restoring a relationship that may be on the brink of breakdown.

If patients are aware that they can complain to the practice directly, not only will it minimise the chances of a complaint being escalated to the HSE or the Medical Council, but it can give patients the opportunity to express any dissatisfaction and communicate what they want to gain from the doctor-patient relationship. In many cases, good complaints management can resolve issues between doctors and patients swiftly and efficiently. In some cases, recognising a misunderstanding and having an open dialogue can satisfy any issues raised by the patient and allow the relationship to continue.

The ICGP or indemnifiers can assist with complaints resolution toolkits including template documents for setting up a complaints policy.

Recommended steps before ending the relationship

The following steps should be borne in mind when faced with a potential breakdown in the relationship:

Consider explanations for the patient’s behaviour

In some circumstances, there may be a clinical reason for inappropriate or aggressive behaviour such as mental illness, dementia etc. This may require further exploration with the patient and/or their other healthcare providers.

Communicate and provide a written warning

It is generally best to have a face-to-face consultation with the patient, calmly informing them that you are considering ending the relationship, providing reasons as to why you believe it may be in the patient’s best interests to attend another GP and that you do not believe that in light of the breakdown in the therapeutic relationship you can provide effective and safe care.

Insofar as possible, efforts should be made to restore the relationship. It is a good idea to ask the patient for their

interpretation of the situation and whether there is a misunderstanding that can be cleared up easily. Some patients and GPs will jointly agree at this stage that the issues will improve and the relationship can continue.

In other circumstances, a GP may wish to provide the patient with a written warning after this discussion, referring to how it was set out that if the relationship doesn't improve, it may be necessary to end the relationship.

Make a record

Make a note of the discussion in the patient's medical records, outlining the reasons for the warning as explained to the patient.

Removing the patient

If there is no improvement in the therapeutic relationship after the steps above have been taken and the GP decides they can no longer provide good clinical care, consideration should be given to proceeding as below.

Write to the patient informing them of this, unless doing so would cause harm to the patient's physical and mental health. The letter should explain that regrettably, the GP feels the doctor-patient relationship, which must be based on mutual trust and confidence, has irretrievably broken down, and it would be best for the patient to attend another GP. It is important for the patient to understand that taking this step is in their best interests.

The letter should urge the patient to find a new GP as soon as possible and refer to any important clinical follow-up that should be prioritised with their new doctor. It should

state that on foot of consent, the patient's records will be transferred to their new GP.

Record the decision in the patient's medical record

If the patient is a GMS patient, write to the HSE/PCRS informing them that they can no longer treat the patient as the therapeutic relationship has irrevocably broken down and asking that the patient be transferred to another GP. It is advisable to ask that the contents of the letter be kept confidential, pursuant to the GMS contract. Until the patient has transferred, the original GP retains responsibility for the patient and emergency care must be provided to the patient during that period. When a new GP is allocated, transfer the patient's medical records as soon as possible in accordance with patient consent.

Records

Contemporaneous records of consultations and interactions with patients will be important if any decision to end a relationship is later questioned or criticised. Records should be objective and factual, remaining professional in nature and avoiding subjective descriptions likely to offend.

Conclusion

The breakdown of a doctor-patient relationship can be very stressful for all involved. It is important to approach it in a measured way, and where possible, having an open dialogue with the patient to see if the relationship can improve. [i](#)

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