

## Breakdown in the Doctor - Patient Relationship

Good medical practice is based on a relationship of trust between doctors and society and involves a partnership that is based on mutual respect, confidentiality, honesty, responsibility and accountability. Unfortunately, as in all walks of life, the relationship of trust can and does break down for a number of reasons.

Medisec regularly hears from GPs who are faced with challenging patients. This includes patients who:

- refuse to comply with medical advice and / or make the necessary lifestyle changes required to enable their treatment to be effective.
- display aggressive or threatening behaviour or present a risk of violence to members of the practice team.
- display inappropriate behaviour towards their GP. This may result in the doctor feeling uncomfortable and unable to provide care.
- have moved outside the practice area, thus posing a challenge to providing safe treatment.

Making the decision to remove a patient from a GP practice can be an emotive issue and may give rise to potential complaints. In certain circumstances, the relationship of trust may have broken down to such an extent that it is in the patient's and the GP's best interests for them to be treated by an alternative GP.

### Professional obligations

GPs are entitled to withdraw their care and treatment of a patient, in certain circumstances, but must ensure they comply with the Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners, 9th Edition, 2024* which states:

*"33.10 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 nominated doctor. You should document this in their medical records."*

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.

In addition, we recommend exercising caution if you wish to remove a patient from your practice where they have brought a complaint or claim against you or the practice. While we appreciate that this scenario may have a negative impact on the therapeutic relationship of mutual respect and trust with your patient, you must have due regard for the ongoing care and needs of your patient. You should act prudently and consider every such incidence on a case-by-case basis, contacting your indemnifier for specific advice.

### Steps before ending the doctor - patient relationship

If you believe the relationship has irretrievably broken down and if you are unsure about how to end a doctor - patient relationship, please do contact Medisec for advice.

Once a GP has raised concerns about the breakdown of the relationship with a patient, it is important that the practice adopts a fair, balanced and unbiased approach to manage the situation. Consider the following:

### **1. Discuss with colleagues, if possible**

Before taking any action consider discussing the patient and possible reasons for the patient's behaviour (e.g. possible mental illness, personality disorder) with colleagues.

### **2. Communicate with the patient and provide a written warning**

Inform the patient that you are considering ending the relationship, preferably face to face. Provide reasons as to why you believe the normal partnership between the GP and the patient, i.e., based on mutual respect and trust, has broken down. Ascertain the patient's interpretation of the situation. Depending on the nature of the conversation with the patient and the outcome, it may be advisable to provide the patient with a written warning, referring to what was discussed and clearly documenting that it may be necessary to end the therapeutic relationship.

### **3. 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 and retain a copy of any written correspondence issued to the patient.

### **4. Try to restore the relationship, if possible**

If both parties are amenable, efforts should be made insofar as possible to restore the relationship. For example, if there has been a misunderstanding, can it be rectified? It is important to be mindful that sometimes a patient's unreasonable behaviour is a result of worry, fear or misunderstanding. A calm non-confrontational discussion with the patient can often clarify issues and remove tension from a relationship.


### **5. Removing the patient**

If there is no improvement in the doctor - patient 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:

- The GP should write to the patient to inform 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 in the patient's best interests to seek an alternative GP. The letter to the patient should also include reference to specific difficult interactions, and any episodes of abuse or aggressive behaviour towards staff members by the patient, which should be carefully and factually documented in the patient's clinical file.
- The GP should record the decision and their decision-making process in the patient's medical record.
- If the patient is a GMS patient, the GP should 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.
- Please note that the patient's GP retains responsibility for the patient, until the care of the patient has been transferred to another doctor and emergency care must be provided to the patient during that period. It should be made clear to the patient in any written correspondence that emergency care will be provided pending their transfer to a new GP.
- When alternative medical care is in place, the GP should transfer the patient's medical records as soon as possible in accordance with the patient's consent.

## **Patient elects to change GP**

Transferring a challenging patient should be distinguished from the case where a patient elects to sign up with a new GP.



In those circumstances, if the patient is a GMS patient, they will be asked to sign a “change of doctor” form by the GP agreeing to take over their care. Once the patient’s current GP receives a request, including consent from the patient, to transfer the patient’s medical records to their new GP, this should be done without delay. The former GP should then keep a copy of the patient’s medical records.

When private patients notify their GP of an intention to move to another GP, they should be asked for their written consent to transfer their records to their new GP.

We appreciate it can be a difficult time for a GP when the doctor-patient relationship breaks down. Please do not hesitate to contact Medisec if you have any queries or wish to discuss a specific case.

**The contents of this publication are indicative of current developments and contain guidance on general medico legal queries. It does not constitute and should not be relied upon as definitive legal, clinical or other advice and if you have any specific queries, please contact Medisec for advice.**

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