



Ending a doctor-patient relationship

Key points about ending a doctor-patient relationship

Either a doctor or patient may end the professional relationship.

When ending a doctor-patient relationship, you should be fair and professional with the patient, and explain the reasons why.

Before transferring the patient's care to another doctor, you must be satisfied that the patient does not require urgent medical care.

How this statement applies

- 1 This statement is intended to provide guidance to the doctor on ending a doctor-patient relationship.

Examples could include (but aren't limited to):

- a if you want to downsize, relocate or close your practice
 - b if the patient is abusive, violent or poses a significant safety risk to you or your colleagues
 - c if the doctor-patient relationship breaks down.
- 2 This statement does not apply where a doctor's involvement with a patient reaches a natural or expected end. For example, care in an acute, emergency or life-threatening situation, or where treatment as a specialist in secondary care has concluded. It does not impose any obligation on a patient, who can end the relationship at any point.

What you should consider before ending a doctor-patient relationship

- 3 When considering whether to end a doctor-patient relationship, you should:
 - a Explain your concerns or change in circumstances with the patient and the reasons you are considering ending the relationship.
 - b Think about whether your decision may impact negatively on the patient and their family/whānau, such as limiting the patient's options for, or access to, medical care.
 - c Assess the impact on the patient, where treatment may be incomplete, acute, or ongoing unless their treatment has been transferred to another doctor or health professional.
 - d Think about the most appropriate and culturally safe¹ way to end the treating relationship. This could include helping to transfer the patient's care to another doctor or health professional.
 - e Consider discussing your decision with a peer, colleague, practice manager, or your medical indemnity insurer, while protecting your patient's dignity and privacy. Ending a doctor-patient relationship can be stressful so it is useful to seek support.

¹ Cultural safety focuses on the patient's experience to define and improve the quality of care. It involves doctors reflecting on their own views and biases and how these could affect their decision-making and health outcomes for the patient.

If the doctor-patient relationship breaks down, you should:

- f Try to find a solution, taking into account the patient's needs and circumstances, and the safety risk to you and/or your colleagues.
- g Only end the doctor-patient relationship if attempts to resolve the situation have not been successful.

What to do when the patient chooses to end the doctor-patient relationship

- 4 Sometimes, the patient may choose to end the doctor-patient relationship.
- 5 It may be difficult for the patient to tell you their reasons for ending the doctor-patient relationship but they should be supported to do so.² This may provide an opportunity to reflect on your interactions with the patient.

Process for discontinuation of care

- 6 Once you have decided to end the doctor-patient relationship, you must:
 - a Tell the patient in person or in writing that the doctor-patient relationship has ended and the reasons for this.
 - b End the doctor-patient relationship in a respectful and professional manner so that it does not damage how the patient engages or interacts with other doctors, or with the health system.
 - c Note the termination of the doctor-patient relationship in the patient's records.
 - d Give the patient sufficient notice to find another doctor, or help them find one (if needed). If you are a specialist in secondary care, you should refer the patient back to their general practitioner or to another secondary care specialist.
 - e Transfer a patient's records to another doctor only if the patient agrees to the transfer. If a patient is concerned about the content of their records that will be transferred to another doctor, you should give the patient the opportunity to review their records first. You should include any concerns the patient may have. The records should not be changed if the content is accurate, but it may be useful to separately document any specific concerns the patient has raised and provide these to their next doctor along with their records. Ask the patient if they would like a copy of their records.
 - f Send the patient's records to their next doctor to facilitate continuity of care.³ Medical indemnity organisations may advise you to keep a copy or summary of the patient's records in case there are queries in the future.
- 7 Only after all these steps have been taken, will Council consider the doctor-patient relationship to have been properly ended. Until then, the patient may still need acute or ongoing care. Advise the patient of alternatives if you are not in a position to provide that care.

Maintaining boundaries in the doctor-patient relationship

- 8 There is an inherent power imbalance in the doctor-patient relationship.⁴ Watch for warning signs that could indicate a blurring of professional boundaries and/or that professional boundaries are being crossed.⁵ It is important that you recognise this and take appropriate steps to maintain professional boundaries with your patient. Document the actions you have taken.
- 9 Sexual misconduct can cause significant and lasting harm to patients. As such, it is inappropriate and unethical for you to end a doctor-patient relationship if your sole purpose is to initiate a sexual relationship with that patient, or to achieve personal gain. Even if the patient has transferred to another doctor, they may still be harmed by having a sexual relationship with their former doctor where that relationship is strongly influenced by the previous doctor-patient relationship.

² For example, it may be helpful to involve another person such as a family member/whānau of the patient's or the Nationwide Health and Disability Advocacy Service.

³ See also the section on 'When patient records are transferred' in the statement on *Managing patient records*.

⁴ There are a number of reasons for a power imbalance in the doctor-patient relationship. They include the patient sharing personal information with the doctor that they rarely share with others, and the close physical contact that occurs in a consultation is solely based on you being a doctor. See the section on 'Power imbalance' in the statement on *Sexual boundaries in the doctor-patient relationship*.

⁵ See the section 'Recognising that boundaries are threatened' in *Sexual boundaries in the doctor-patient relationship*.

If you need more advice

If you are unsure about any aspects of this statement, please contact us at the Medical Council. You may find it helpful to seek advice from a trusted colleague, your medical indemnity insurer, or your professional college or association.

This statement may be used by the Medical Council, the Health Practitioners Disciplinary Tribunal, and the Health and Disability Commissioner as a standard by which to measure your conduct when you end a doctor-patient relationship.

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This statement was updated in December 2020. It replaces the March 2011 statement on *Ending a doctor-patient relationship*. It is scheduled for review in December 2025. Any changes to the law before that review may make parts of this statement obsolete.

