

When to Terminate the Patient-Physician Relationship | 6 Signs It's Not Meant to Be

We stated this in our previous piece, and it bears repeating. Physician-patient relationships end for numerous reasons. The reality is often a mundane affair. Objectives change. The patient's care develops. Sometimes a change of scenery is necessary. Still – physicians are human, and humans are animals bound by limitations. We have a limited amount of time. We have limited resources. Limited patience. Some relationships can be salvaged. Some should. Physicians can overcome frustrating headwinds by cleansing themselves of their emotions and focusing on their professional obligations.

But sometimes the most professional course of action is to terminate the relationship. Knowing when to take such action can be healthful for a physician and his patient.

And therein lies the trick – not... knowing *what* to do, but *when* to do it.

Years of experience have taught us how to recognize these moments – these proverbial red flags that herald the approaching death of the patient-physician relationship. The purpose of this piece is to share some of our knowledge with the public. By this article's conclusion, we hope you'll have enough information to make informed decisions about your own circumstances.

To help impart this knowledge, we've identified **six red flags** that typically indicate it is time to dismiss a difficult patient. Most of these flags are triggered by a patient's behavior. Study our list so you can spot these flags when they are raised. If you see one fluttering over the horizon, take heed and proceed with caution...

Red Flag 1 – If the patient's expectations will never be met, terminate the relationship.

Part of your job as a physician is to render the care your patient requires. But what the patient requires and what the patient expects are not always symmetrical. Fortunately, expectations can be managed with proper counseling. And outcomes are obviously influenced by the attending physician's level of skill. But if the patient's expectations are grossly incongruent with what you can deliver (or what you know is medically feasible), terminate the relationship and facilitate the transfer of the patient's care.

From the physician's point of view, a patient with unrealistic expectations will never be satisfied. A dissatisfied patient will likely grow into a hazard. He may vent his frustration online. He may take his beef to an attorney and tell him to find a bone to pick. He may become a distraction.

From the patient's point of view, you are a solution to a problem. The doctor-patient relationship is obviously more complex than that, but if you strip away the human elements, what you are left with is a problem seeking a solution. A physician who can't (or won't) provide a satisfying solution is not a solution. At best, he is a distraction. At worst, an obstacle.

The bottom line: Expectations impact outcomes. Unrealistic expectations inspire bad outcomes. Keep bad outcomes imaginary.

If the desired outcome does not exist, you must dismiss.

Red Flag 2 – If the patient refuses to comply with follow-up appointments and treatment recommendations, terminate the relationship.

You cannot treat a patient you never see, and you cannot preserve the health of a patient who refuses to follow your instructions. Patients reject the advice of their physicians for many reasons. If possible, the physician must identify why the patient is resisting treatment and attempt to correct the behavior.

If the patient's physical health is in turmoil, his spiritual and emotional well-being are likely compromised as well. These imbalances can spur patients to bite the hand that is attempting to cure them. If past experiences have bred within the patient an innate mistrust of doctors, your battle will be uphill. Sometimes the patient's refusal or perceived inability to co-operate is spurred by a trusted partner or spouse. In such cases "dismissing" the third-party is essential.

If possible, approach the patient and ask if you can treat him one-on-one. Make it clear the patient can share details of his treatment with the third-party. But if the third-party is anchored to the patient, your next action is clear. Terminate the relationship and direct the patient to another physician.

Red Flag 3 – If the patient abuses your staff (or you) more than once, terminate the relationship.

Sick patients are stressed. Stress drives rational patients to make mistakes. These mistakes compound and make sick patients sicker. The cycle repeats. When a patient lashes out at a physician or his staff, he's made a mistake, and that mistake places his health in jeopardy. While it is not the physician's job to judge the patient's character, it is his job to anticipate how a patient's future behavior could jeopardize the safety of his staff and the health of his other patients.

Different physicians have different levels of tolerance for abuse. Some are willing to forgive such acts, regardless of the perceived quality of the patient's character. Others are more conditional. A penitent heart goes a long way. We won't attempt to prescribe a magic number, but we'll say this much: Today's actions influence tomorrow's outcomes. If you suspect a patient's abusive behavior cannot be curtailed, he's a danger. Terminate your relationship with him.

Red Flag 4 – If the patient is harassing other patients, terminate your relationship with him.

Physicians deliver bad news to patients. They deliver good news, too – sometimes news so good it is life changing. But that scale swings both ways. Therefore, it is easy to understand why some patients perceive their physicians as antagonists. Veteran physicians are used to abuse. They've developed thick skins. Their work requires it. Most are willing to forgive and forget the abuse they've experienced at the hands of their patients. They are simply too busy to spend time occupied with it. And often the abuse passes once patients have recovered or healed.

Attitudes change when patients harass other patients. When this happens, the conflict's origins often do not matter. You can't harass other patients. Such acts jeopardize the care of the bully and the bullied.

Red Flag 5 – If your patient is delinquent on payments and will not make any good faith effort to address a reasonable payment plan, terminate your relationship with him.

The path of a physician is a noble one. But nobility does not pay the bills. Most physicians want to provide the highest quality care to as many patients as possible. Such an endeavor requires skilled staff, advanced equipment, and potent medicine. These necessities cost money. A physician who cannot collect money from his patients cannot remain in practice. If a patient refuses to pay his

bill and refuses to commit to any payment plan (even a few dollars a week), you must dismiss him. The amount of time and energy you'll waste playing debt collector is better spent caring for other patients. Even the most destitute patients demonstrate they value your care by committing to a modest and even symbolic payment plan.

Red Flag 6 – If a patient has stated they plan to sue you, terminate your relationship with him.

In order to render care, a certain quality of environment is required. Most doctors prefer to practice in a space that is familiar to them. This is not always possible. Many physicians do not have the luxury of practicing in a safe environment, let alone a familiar one. However – there is a difference between operating in a hostile environment and operating on a hostile patient. A hostile environment is hostile to every organism living within its ecosystem. Sometimes physicians are targeted, but such dangers are often expected. Warzones are dangerous. Population centers amid a viral outbreak are dangerous. But the professionals serving in these environments are trained to manage the risks.

When a patient announces their intent to sue you, you've entered a different kind of hostile environment. The patient is not attempting to injure your person, yet he's positioned himself as an obstacle. If he prevails, the impact on your career will be significant. You've nothing to gain by perpetuating the relationship. There are certain onerous situations a physician can overcome by distancing himself from his emotions and focusing on the objectives and outcomes. We argue this situation is not one of them. It is best to organize the transfer of the patient's care and distance yourself from him as soon as you've confirmed he's in capable hands. If he does take you to court, you'll spend a great deal of time in his company. Best to turn your practice into an escape from him, if possible.

A Final Warning – And a Piece of Advice...

Recognizing these red flags is helpful. But knowing when to dismiss a difficult patient is only half the battle. Prevailing in the long-term will require leveraging expertise that can be difficult for physicians to procure unassisted – a competent patient dismissal letter, chief among them. Getting this last step wrong leaves the patient in limbo, endangering his health and increasing the likelihood you'll get slammed with a malpractice accusation or a patient abandonment charge.

All three situations are undesirable. Luckily, physicians don't have to navigate these complex problems by themselves.

Medical Justice offers member physicians access to our **DISAPPEAR Program**. The purpose of the program is simple: Bring closure to a deteriorating patient-physician relationship and prevent escalation in an otherwise delicate situation. Our Founder and CEO, Jeff Segal, MD, JD, will collaborate with you to increase the likelihood your dilemma will come to a complete and amicable close.

The **DISAPPEAR Program** is equipped to help physicians do the following...

- Terminate the patient-physician relationship...
- Resolve refund requests and/or refund disputes...
- De-escalate threats of extortion...
- De-escalate threats to contact the media...
- De-escalate threats to post negative online reviews...
- De-escalate threats to sue...
- De-escalate threats to the doctor and his staff...

If you are embroiled in a medico-legal dilemma, call our admin, Wendy Cates ([336-358-5587](tel:336-358-5587)) and ask about our **DISAPPEAR Program**. Alternatively, submit a [contact request form](#) to get in touch with us. Once you become a member, Dr. Segal will communicate with you directly and remain a hands-on resource until your situation is resolved.