

A Physician has the Right to Terminate His Professional Relationship with a Patient

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A physician-patient relationship is consensual in nature. It is a contractual relationship. The expression "it takes two to tango" often times is applicable. A veritable physician-patient relationship is established when a person purposely seek a particular physician for purposes of obtaining diagnosis and treatment for a particular medical malady and the said physician accepts the person as a patient. A physician does not go out soliciting patients; he only waits for a prospective patient to come to his clinic. Nonetheless, it does not mean that a physician is duty bound to accept or treat all patients who seek his medical services. In fact, "(a) physician should be free to choose patients."¹ But this freedom to choose must not be discriminatory in nature. The Code of Ethics provides that "(t)he primary objective of the practice of medicine is service to mankind irrespective of race, age, disease², disability, gender, sexual orientation, social standing, creed or political affiliation."³

However, in some instances a physician is "forced" into a physician-patient relationship during "an emergency, provided there is no risk to his or her safety"⁴ or when "a patient (is) in danger of death" provided there is no risk to his or her life.⁵

A patient has every right to dismiss his attending physician and call another. He does not even need to justify it. On the other hand, an attending physician, once a physician-patient relationship is commenced, cannot just terminate his professional relationship with a patient. "In most situations, entry into the physician-patient relationship is discretionary for the physician, but once the relationship is established, its continuance is not entirely discretionary."⁶ He must secure the consent of his patient. He cannot just "walked-out" and leaves the patient "hanging." He must have a valid reason for doing so.

Valid reasons, among others, include "a patient who is abusive (including yelling or threatening physicians, staff, or others), a patient who fails to follow directions or who does not pay for/make arrangements to pay for services."⁷ An abusive or disruptive behavior unquestionably strains a physician-patient relationship. "A disruptive behavior can be defined as behaviors demonstrated by patients, families, visitors, and all other persons that (1) pose a threat to the health or safety of others (2) creates a barrier to the safe delivery of care (3) impedes the operations of the facility. Disruptive behavior can take the form of verbal abuse, which includes name calling, racial epithets, sexual harassment, or physical aggression such as hitting, kicking, biting, throwing objects, spitting, stabbing and shooting."⁸ Take note that the disruptive behavior comes not only from the patient but also from a family member, a visitor or other person.

And if the attending physician desires a self-initiated termination of his professional relationship under such circumstances, reasonable notice is required to avoid a charge of abandonment. Hence, a physician must give his patient such reasonable notice of his intention to withdraw so as "to enable the patient to secure other medical attention."⁹

"Abandonment, when used in cases dealing with the physician-patient relationship, generally means the unilateral severance of the professional relationship between himself and the patient without reasonable notice at a time when there is still the necessity of continuing medical attention"¹⁰ or "a failure by the physician to continue to provide service to the patient when it is still needed in a case for which the physician has assumed responsibility and from which he has not been properly relieved."¹¹ Remember, there is a big difference between terminating a physician-patient relationship and abandoning a patient.

References

1. Section 2, Article II, "Duties of Physicians to their Patients", Code of Ethics of the Philippine Medical Association
2. The provisions of the "Philippine AIDS Prevention and Control Act of 1998" [R.A. no. 8504] state the following:
 - a. "Discrimination in all its forms and subtleties, against individuals with HIV or persons perceived or suspected of having HIV shall be considered inimical to individual and national interest." Section 2(b)(3)
 - b. "Discrimination in hospitals and health institutions. — No person shall be denied health care service or be charged with a higher fee on account of actual, perceived or suspected HIV status." Article VII, section 40
3. Article 1, section 1, Code of Ethics of the Philippine Medical Association
4. Section 3, Article II, "Duties of Physicians to their Patients", Code of Ethics of the Philippine Medical Association
5. Section 24, R.A. no. 2382 "Medical Act of 1959"
6. Sparr LF, Rogers JL, Beahrs JO, Mazur DJ: Disruptive medical patients-Forensically informed decision making. *West J Med* 1992 May; 156:501-506
7. Ericka L. Adler, <http://www.physicianspractice.com/abusive-patient-behavior-physicians-have-rights-too>
8. "Disruptive Patient Behaviour: Balancing Patient's Rights and Protection for California Emergency Workers"; *Journal of Health Care Finance*, 2017 www.HealthFinanceJournal.com
9. *McManus v. Donlin*, 127 N.W.2d 22 (1964) Italics supplied.
10. *Lee v. Dewbre*, 362 S.W.2d 900 (1962) Italics supplied.
11. *Brandt v. Grubin*, 329 A.2d 82, (1974) Italics supplied.

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