

# Here's Why Your Doctor Might 'Divorce' You

*The patient-provider relationship doesn't always work out.*

By [Lisa Esposito](#), Staff Writer | Oct. 20, 2017, at 9:00 a.m.



Patients who repeatedly miss scheduled office visits may find the door [figuratively] closed when they finally feel ready to come in. (Getty Images)

"Patient termination" is the official term. It's when a doctor, therapist or other health provider makes an explicit decision to [cut professional ties](#) with a patient. It's not a voluntary parting of ways. Although you still need medical treatment or routine wellness care, you'll have to get it elsewhere.

Similar to a rocky marriage, poor chemistry, lack of cooperation, disrespect, miscommunication, money woes and fear of [violence](#) can doom a patient-provider relationship. And similar to divorce, the person being dropped may disagree with and resent the decision.

"Put it in writing," is sound advice for health professionals seeking to end a patient relationship, according to Rich Cahill, vice president and associate general counsel with The Doctors Company, a malpractice insurer based in California. His company's website recommends formal steps for termination. Among them: Patients should receive written notice – by both regular and certified mail – stating that they should seek another health care provider.

If possible, patients should have advanced warning of termination. Thirty days is often recommended as a reasonable period to allow them to connect with a [new provider](#). During that time, patients may continue to receive care from their current provider, who should supply them with a list of appropriate practice alternatives in their area. Updated [medical records](#) should be sent to the new doctor or other health care provider upon the patient's request.

Abandonment laws [protect patients](#) from being terminated without reasonable notice while they still need medical care and don't have another provider in place. In certain cases, such as women receiving obstetric care in later stages of pregnancy, or in rural areas with a single practicing physician, doctors must proceed even more cautiously before terminating patient relationships.

Laws vary from state to state, Cahill points out. Physicians should check with their state medical associations and look into state licensing laws on termination requirements, he says. Managed care organizations may place additional restrictions on terminating member patients. Medicare and Medicaid have specific policies that providers must follow.

The scenario for letting a patient go differs depending on the situation and type of provider. "The best way is to have a termination session where you talk it through in a mature, adult way," says Anita Gadhia-Smith, a [psychotherapist](#) who practices in the District of Columbia and suburban Maryland. "Ideally, you want everyone to feel good about the way it ends and really just focus on the best interests of the patient. That's kind of the golden rule."

Here are some reasons that doctors and other health practitioners may choose to cut ties with a patient.

- **Abusive, disruptive, threatening or violent behavior:** Sitting in the waiting room for over an hour is frustrating. Even so, yelling, cursing or causing a commotion that disturbs other patients (for whatever reason) won't be tolerated. Hopefully, a discussion can calm the situation, and providers and patients can interact with mutual respect. However, patients who threaten doctors, nurses or other staff members quickly wear out their welcomes. Crossing [personal boundaries](#), like showing up at a therapist's home, or making unwanted advances, clearly goes over the line.
- **Repeated no-shows:** Doctors, [nurse practitioners](#) and dentists keep tight schedules. Showing up for visits as agreed is important for continuity of care. Patients who repeatedly miss scheduled office visits may find the door [figuratively] closed when they finally feel ready to come in.

- **Ignoring medical advice:** Ideally, by reinforcing the benefits of treatment, like taking medication to control high blood pressure, doctors encourage patients to follow through – although some might need a reminder. However, Cahill says, blatant disregard of medical recommendations poses both health and legal hazards. "Chronic or persistent failure to adhere to the advice – whether it's treatment modalities, medication, losing weight or smoking – can adversely affect an optimal outcome and it may result in an adverse event," he says. "[That] would not only be detrimental to the patient, but could prove detrimental to the practice, in the event that the patient initiates litigation."
- **Not paying for services:** Medical practices often can work with patients who run into financial difficulties by intervening with insurers, referring patients to social workers and other resources and negotiating affordable payment plans. However, a pattern of disregarding medical bills without payment or explanation can lead health care providers to drop patients.
- **Issues beyond the provider's scope or expertise:** Health professionals can't always deal with new medical problems that arise during treatment. If a family doctor diagnoses advanced cancer in a patient with vague abdominal symptoms; or a therapist finds a client has deep underlying issues, a specialist may be needed, even if the patient would prefer to stay with a familiar provider. "You refer them to someone who can help them more than you can," Gadhia-Smith says.
- **Poor chemistry:** A mismatch between a patient and therapist can interfere with mental health treatment. "The fit between two people is very unpredictable," Gadhia-Smith, says. "In this business, the chemistry and the fit are very important. So you have to know what you can do, what you can't do and when you're up against something you know you can't handle."

As with so much in health care, prevention is the best strategy to avoid patient termination. By posting conditions of treatment on their practice websites, Cahill says, doctors and other providers spell out expectations for potential patients in advance. Once accepted into the practice, he says, the patient would read, acknowledge, sign and receive a copy of a document setting forth these conditions.

"If at some later date if there is an issue, the practitioner and an administrator or office manager could sit down with the patient and go through those to make sure there's no continuing misunderstanding," Cahill says.

"There's nothing more I can do for you," is hard for patients to hear. "Generally, if you explain it thoughtfully and carefully, usually they will understand that you're coming from a place of wanting what's in their best interest," Gadhia-Smith says. "You have to be kind and sensitive to their feelings when this happens."

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