

# Termination of Challenging Patients



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Recently, especially since Covid, there has been an increase in “challenging patients” – which can include patients who are non-adherent to treatment plans, are vaccine hesitant, habitually miss appointments, refuse to pay their bill, or those who become angry, disruptive and potentially violent. Misinformation on the internet and in the media, as well as a growing lack of trust in institutions as a whole, are often responsible for this behavior. The ever-increasing pressure on doctors and providers to see more patients in a day, combined with pervasive health care staffing challenges, has left health care providers feeling like they don’t have sufficient time to respond to or connect with their more challenging patients.

Physicians and providers sometimes summarily dismiss a patient as an emotional response. What they subsequently find out is that the potential consequences and the legal/procedural hoops they must jump through to properly dismiss the patient can often be

more time-consuming and emotionally taxing than working with the patient to remove existing barriers.

What are the potential consequences?

- Malpractice claims including, but not limited to, provider abandonment
- State Medical Board complaints alleging unprofessional/unethical conduct
- Allegations of State and Federal discrimination laws (ADA, age, race, religion, etc.)
- Violation of third-party payer agreements
- Negative social media posts and negative online ratings
- Harassing phone calls and visits by the patient or family members to the office

There are no guarantees – in other words, the physician/provider can do everything to appropriately dismiss the patient and still have the patient pursue some of these actions - most of which do not require the services of an attorney. By taking the steps outlined below, the hope is that the likelihood there will be negative consequences for the physician/provider will be reduced.

IF SAFETY IS NOT A CONCERN, physicians and providers should try to work with their patients to determine what barriers may exist that might be causing the issue. Sometimes the barrier may be a result of a patient's medical issue (physical/mental/emotional) or it might be due to a lack of resources such as reliable transportation, family/friends who can provide support or help, or it is because of a lack of health insurance or money. Other times, especially when non-adherence is involved, it can be due to a failure of communication or lack of comprehension by the patient, including language and educational barriers. These types of barriers can often be overcome through understanding, discussion, and referrals to outside resources.

If a patient continues to miss scheduled appointments or fails to pay their bill after the practice has made attempts to work with the patient to address any barriers or concerns, and appropriate contact attempts have been made to outline the consequences, the treating provider may follow their office policy and take steps to discharge the patient from the medical practice. The same goes for non-adherent patients, but terminating these patients usually presents greater risk.

Despite the very best efforts at overcoming barriers, circumstances may arise which make it uncomfortable or even impossible for the physician/provider to maintain an effective professional relationship and continue to care for a patient. It may be the patient's non-adherence interferes with appropriate treatment, or that the patient makes demands which the provider believes are not within the standard of care or the patient's best interests. In many of these cases, it may become necessary to dismiss the patient from the practice. HOWEVER, if the non-adherence is related to vaccination hesitancy or refusal, contact SVMIC to discuss the current status of legislation in your state. Although this may be a source of continued frustration for the provider, legally, the patient has a right to refuse treatment so long as the decision is informed and the patient understands the potential consequences of their refusal to follow the provider's advice. Moreover, with many state

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legislatures enacting laws providing a religious exemption to vaccine requirements, terminating a patient for vaccine refusal could be grounds for a religious discrimination claim.

When a decision is made to terminate a relationship with a patient, there are several important considerations to keep in mind:

- Termination may not be based on discriminatory or other legally prohibited grounds.
- Pertinent third-party payer or facility contractual provisions may outline required termination procedures.
- Any acute or chronic condition should be stabilized including providing the patient with a 30-day supply of medication.
- Ongoing treatment plan for a critical condition should be transferred to another care provider.
- Unilaterally terminating a patient without giving proper notice and following certain procedures may result in civil liability or disciplinary action for abandonment.
- When considering terminating a relationship with a patient, the focus should be to protect patient safety and care while minimizing any potential areas of concern regarding abandonment.
- Consider contacting SVMIC prior to termination of an Obstetric patient or vaccine hesitant patient/family.

The recommendations provided in this article are general in nature. Physicians/providers need to be familiar with the laws, rules, and regulations in their individual state as well as in their third-party payer contracts. Finally, it is recommended to consult our claims department prior to dismissing a patient for anything other than routine grounds such as habitual missed appointments or a failure to meet financial responsibilities. With any questions, call SVMIC at 800-342-2239 and ask to speak with the Claims department.

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