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Kanny Ooi  
Senior Policy Adviser and Researcher  
Medical Council of New Zealand  
PO Box 10509  
Wellington 6143

By email: [consultation@mcnz.org.nz](mailto:consultation@mcnz.org.nz)

### **Draft revised statement on ending a doctor-patient relationship**

Dear Kanny

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. As you know, the NZMA is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Board and Advisory Councils.

We welcome Council's proposed revisions to the statement on ending a doctor-patient relationship. In addition to re-ordering of some paragraphs, the use of plain language and the inclusion of a summary box, we note the revised statement provides more guidance on the following: what doctors should consider before ending a specific doctor-patient relationship; when to seek advice from a peer, colleague or a medical indemnity insurer when deciding whether to end the treating relationship with a patient; situations where it would be inappropriate and unethical to terminate the doctor-patient relationship. We believe that Council's proposed changes generally strengthen the statement. However, there are a few instances where we believe the draft wording needs some minor amendments. We elaborate on our feedback and provide suggestions for amendments in our responses to the specific consultation questions below.

#### **Question 1. Are there any changes we should make to the summary box?**

No. We welcome the addition of the summary box and do not have any suggestions for changes to the content in this section.

#### **Question 2. Are there any changes we should make to 'How this statement applies'?**

We suggest it would be useful for Council to specifically identify threatened violence (including verbal abuse) and/or unacceptable sexual behaviour by patients against any member of the practice/team as examples where ending a doctor-patient relationship is warranted.

**Question 3. Are there any changes we should make to the section on ‘What you should consider before ending a doctor-patient relationship’?**

Yes. We suggest the addition of “consider” to preface point 4 (f) and amending “discuss” to “discussing” so that this statement reads “consider discussing your decision with a peer, colleague, practice manager, or your medical indemnity insurer”. As it stands, when this point is read in conjunction with the opening statement, it reads as though it is mandatory for doctors to discuss their decision to end a doctor-patient relationship with a peer, colleague, practice manager or medical indemnity insurer.

**Question 4. What changes, if any, should we make to the section on ‘What to do when the patient decides to end the doctor-patient relationship’?**

We note that this section is new. There are differing views on whether patients should be asked for their reasons for ending the doctor-patient relationship. There is a view that doctors should not be asking patients who choose to end the doctor-patient relationship their reasons for doing so. On the other hand, there is a view that asking such patients whether the doctor or practice could have done anything differently could elicit useful information that could improve patient care. We believe that the most important thing is to offer a patient the chance to give feedback if they wish to do so, and feel that the current first sentence in point 6 captures this well. While this provides an opportunity to reflect on interactions with the patient, we do not believe that doctors should be attempting to salvage such relationships. Accordingly, we suggest deleting the second part of the second sentence in point 6.

**Question 5. Are there any changes we should make to the section on ‘Process for discontinuation of care’?**

Yes. We note that point 7e states that once a doctor has decided to end the professional relationship, they must send a referral letter and the patient’s notes to their next doctor. Our view is that sending a referral letter with the patient’s notes is not routinely necessary. Accordingly, we suggest qualifying point 7e by saying “send a referral letter if deemed necessary”.

We note that point 7d includes requirements to “ask the patient if they would like a copy of their records” and to “give the patient the opportunity to review their records first” if they are concerned about the content of their records that will be transferred to another doctor. This is not easily achieved in a hospital setting where there is a formal process that patients have to go through to request their notes. It would be useful for the statement to acknowledge this difficulty if it is intended to apply beyond the primary care setting.

We note that point 7c requires a doctor to “give the patient sufficient notice so that they can find another doctor, or help them find one (if you are a specialist in secondary care, refer the patient back to their general practitioner)”. If a secondary care specialist decides they need to end the professional relationship, our view is that they should offer to refer the patient back to their general practitioner or to another secondary care specialist, not just back to their general practitioner.

**Question 6. Are there any changes we should make to the section on ‘Where it would be inappropriate to terminate the doctor-patient relationship’?**

While we agree that it is inappropriate and unethical to end a doctor-patient relationship if the sole purpose is to initiate a sexual relationship with that patient or to achieve personal gain, we suggest that Council may wish to reword point 9 such that the focus is more on the inappropriateness of a sexual relationship with a patient, during or after a doctor-patient relationship, rather than just on the inappropriateness of transferring care under such circumstances.

**Other points**

Ending a doctor-patient relationship can be very stressful for a doctor. We suggest that it may be useful for Council to acknowledge this somewhere in the statement and consider including a comment about some form of peer support for doctors in this situation.

We hope our feedback is helpful and look forward to publication of the finalised statement.

Yours sincerely

A handwritten signature in blue ink that reads "K. Baddock". The signature is written in a cursive style with a large, sweeping flourish at the end.

Dr Kate Baddock  
NZMA Chair