

## How to avoid abandonment claims when terminating care

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sychiatric clinicians may unilaterally decide to end a treatment relationship with a patient when the relationship is no longer therapeutic, such as when the patient does not adhere to treatment, repeatedly misses appointments, exhibits abusive behaviors, or fails to pay for treatment.<sup>1</sup> Claims of abandonment can arise if ending the treatment relationship is not executed properly. Abandonment is the termination of a treatment relationship with a patient who remains in need of treatment, has no suitable substitute treatment, and subsequently experiences damages as a result of the termination.2 When a patient terminates a treatment relationship, there are no legal bases for abandonment claims.<sup>3</sup> In this article, I provide a few practical tips for properly terminating the doctor-patient relationship to limit the likelihood of claims of abandonment.

Know your jurisdiction's requirements for terminating the relationship. Each state has its own legal definition of a doctor-patient relationship as well as requirements for ending it. Abandonment claims are unfounded in the absence of a doctor-patient relationship.<sup>3</sup> Contact the appropriate licensing board to determine what your state's regulatory requirements are. If necessary, consult with your attorney or a risk management professional for guidance.<sup>4</sup>

**Communicate clearly.** Communicate with your patient about the end of the treatment relationship in a clear and consistent manner, both verbally and in writing, because a termination should be viewed as a formal, documented event.<sup>3</sup> Except in situations requiring immediate termination, psychiatric clinicians should inform the patient about the reason(s) for termination,<sup>4</sup> the need for continued

treatment,<sup>3</sup> and the type of recommended treatment.<sup>3</sup> This discussion should be summarized in a termination letter given to the patient that includes termination language, referral sources, the end date of treatment, and a request for authorization to release a copy of the patient's medical records to their new clinician.<sup>34</sup>

Give adequate time, set boundaries, and document. Thirty days is generally considered adequate time for a patient to find a new clinician,<sup>5</sup> unless the patient lives in an area where there is a shortage of psychiatric clinicians, in which case a longer time period would be appropriate.3 Ensure your patient has a sufficient supply of medication(s) until they establish care with a new clinician.<sup>4</sup> Offer to provide emergency care for a reasonable period of time during the termination process unless a safety concern requires immediate termination.4 Avoid situations in which the patient attempts to re-enter your care. Document the reason for the termination in your progress notes and keep a copy of the termination letter in the patient's medical record.4

## References

- 1. Mossman D. 'Firing' a patient: may a psychiatrist unilaterally terminate care? Current Psychiatry. 2010;9(12):18,20,22,29.
- Van Susteren L. Psychiatric abandonment: pitfalls and prevention. Psychiatric Times. 2001;18(8). Accessed April 30, 2023. https://www.psychiatrictimes.com/ view/psychiatric-abandonment-pitfalls-and-prevention
- Stankowski J, Sorrentino R. Abandonment and unnecessary commitment. In: Ash P, Frierson RL, Hatters Friedman S, eds. *Malpractice and Liability in Psychiatry*. Springer Nature Publishing; 2022:129-135.
- Funicelli A. Avoiding abandonment claim: how to properly terminate patients from your practice. Psychiatric News. 2022;57(12):13,41. https://psychnews.psychiatryonline. org/doi/10.1176/appi.pn.2022.12.12.23
- American Psychiatric Association. APA Quick Practice Guide: Ending the Physician/Patient Relationship. 2014. Accessed April 30, 2023. https://www.psychiatry. org/File%20Library/Psychiatrists/Practice/Practice Management/Practice-Management-Guides/ Generallssues-terminating-patient-relationships.pdf

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