

# Patients' Attitudes Toward the Closing of a Medical Practice

Keith Sinusas, MD  
Middletown, Connecticut

*A questionnaire probing various aspects of the termination of the physician-patient relationship was distributed to 200 consecutive patients during the last weeks of the author's private practice. The response rate was 89%. Although two thirds of the patients had already heard of the author's planned departure, only 25% of the respondents had made an attempt to secure a new physician. Their preference in most cases (92.5%) was to find another family physician. Examination of the physician-patient relationship revealed that most people felt there was a lag between the length of time it took the physician to understand their medical problems and the time it took to understand their emotional problems. Approximately one half (54.0%) of the respondents needed at least a few visits to become comfortable with a new physician. However, 8.6% needed years to gain that comfort. Eighty percent of those individuals who required years to become comfortable with a new physician were women. Further, the emotional attachment to the physician was greater in those families for whom the physician had delivered a baby.*

Although the effect of termination of medical care has been studied previously,<sup>1-8</sup> the termination of the physician-patient relationship has been principally evaluated in relation to the turnover of resident physicians in a general internal medicine residency program.<sup>2,3,5,6</sup> A study by Toms<sup>8</sup> in 1977 was the first to examine the effect of the closure of a private family practice. His study was a retrospective interview of patients who had just lost their family physician to retirement. The current study is the first to use a questionnaire to evaluate the attitudes of patients in response to learning that their family physician will be leaving. Particular attention was directed to gaining more insight into the physician-patient relationship.

## METHODS

This study took place in a small town (population 12,000) in rural Vermont. The author was closing his practice after

8 years in the community to assume a faculty position at a family practice residency program in another state. The practice was part of a group practice manned by three family physicians who were sharing expenses. No definite replacement physician had been identified, but the author's partners were willing to offer acute care to his patients until a new physician was in place. Those patients who would have required routine follow-up care for health maintenance and for chronic illnesses would have to locate a new physician. The author knew of his departure 6 months in advance and personally informed his patients during the final 4 months of his practice. An announcement was placed in the local newspaper on two occasions in the 2 weeks prior to the closing date.

A two-page, 17-item questionnaire was given to 200 consecutive patients during the last month of the practice. Patients were given the questionnaires at the end of their office visits and were encouraged to complete them before leaving the office. Stamped, addressed envelopes were provided to those who were unable to complete the form that day.

Of the 200 questionnaires administered, 178 were returned and sufficiently completed for analysis (89% response rate). The data obtained from the questionnaires were sorted and analyzed using a commercially available database program on a personal computer.

Submitted, revised, March 13, 1989.

From the Family Practice Residency Program, Middlesex Memorial Hospital, Middletown, Connecticut. Requests for reprints should be addressed to Dr. Keith Sinusas, Family Practice Residency Program, Middlesex Memorial Hospital, 90 South Main St., Middletown, CT 06457.



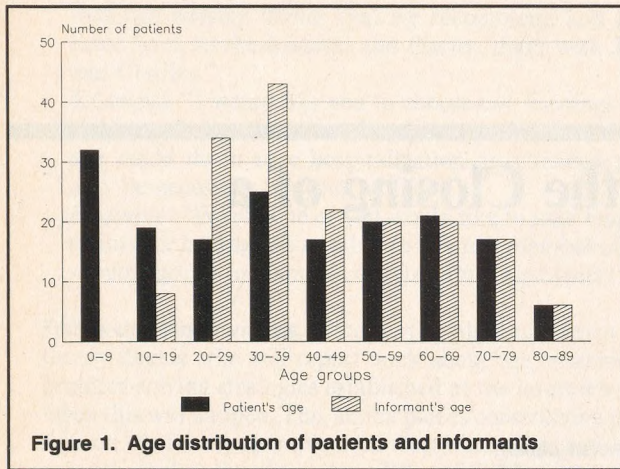


Figure 1. Age distribution of patients and informants

### Patient Demographics

Information was obtained regarding the patient seen for that day's office visit and, for those in the pediatric age group, for the individual completing the form. It was assumed that the patients seen during the 2 weeks of the study constituted a representative sample of the author's practice.

The ages of the patients seen were relatively evenly distributed throughout all age groups (Figure 1). Since the author included obstetric care in his practice, a broad base of patients was permitted, which avoided skewing the practice toward a more adult population, as has been previously reported.<sup>9</sup> The patients were 58% female, and their average age was 38.8 years. The informants were primarily female (67.1 percent) and had an average age of 44.8 years.

An inquiry was also made as to the payee for the office visit. The distribution was as follows: Blue Cross/Blue Shield 27.0%, health maintenance organization members 8.0%, other private insurance 22.4%, Medicare (with or without supplement) 21.3%, Medicaid 8.1%, workers' compensation 3.4%, self-paying 9.2%, and no response 0.6%.

### RESULTS

A number of factors were examined by means of the questionnaire. The first was an inquiry into how the patients learned that the physician was leaving his practice. The largest number heard by word of mouth from either a family member (22.5%) or a friend (39.8%). A remarkable number first heard directly from the physician (30.3%). The physician's staff was responsible for informing 6.2% of patients. One patient remarked that she first learned about the closing of the practice from her insurer, a health maintenance organization.

Patients were asked who they thought should be responsible for finding them another physician. Of the 170 respondents to this question, the majority (65.3%) felt that they themselves were responsible for locating a new physician. Some believed that the physician was responsible (10.0%), or that the physician's staff was responsible (14.1%), while other patients felt that the responsibility for finding a new physician should be shared by some combination of the physician, his staff, and the patient (10.6%). Those who felt it was their own responsibility tended to be younger (average age 40.6 years) and better educated (average education beyond high school). Those who believed the physician was responsible were older (average age 58.3 years) and less well educated (average education less than 12 years).

When asked whether they had tried to find a new physician by the time of the questionnaire, 76.6% responded that they had not yet tried. There were 41 patients (23.4%) who had made an attempt to locate a new physician. Of these, only 12 (6.8%) replied that they had found one easily, 13 (7.4%) had found one with difficulty, and 16 (9.1%) had had no success in securing a new physician. Difficulty in finding a new physician may have resulted from the limited number of physicians in the area who were accepting new patients. Nevertheless, over three quarters of the patients had made no attempt to find a physician.

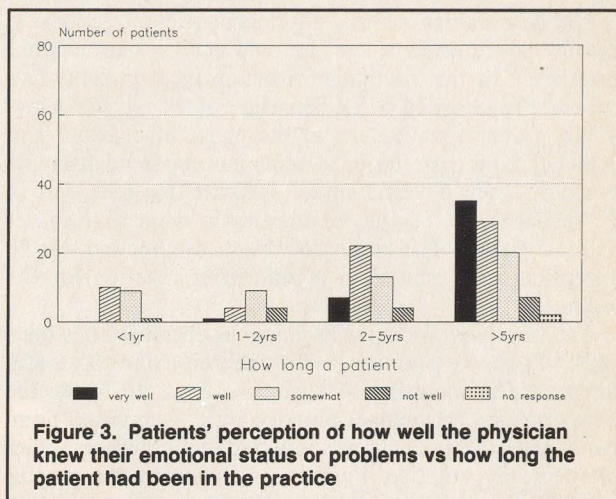
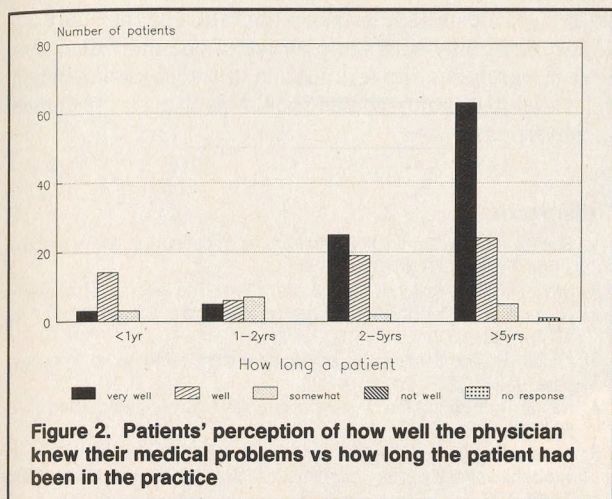
The patients were further asked what type of practitioner they would prefer in looking for another physician. The vast majority preferred to seek care from another family physician (92.5%). A small number felt they would be better served by a general internist (3.5%) or by a pediatrician (1.1%). Five respondents (2.9%) said they would be comfortable with either a family physician or any other primary care provider. No patients expressed a need to secure the services of a subspecialist.

An exploration was made into the development of the physician-patient relationship over time. Patients were asked how well they felt the physician knew them. This question was asked in relation both to the patients' medical problems and to their emotional problems. Their responses to these questions were compared with the length of time that they had been in the practice. It became clear that this population felt it took a long time for their physician to "know them" (Figures 2 and 3). In particular there was a perceived lag between the time the physician understood the patients' medical problems (Figure 2) and the time the physician understood the patients' emotional problems, with the latter being perceived as taking longer to develop (Figure 3).

As a corollary to this questioning, an inquiry was made as to how long it takes for the patient to become comfortable with a new physician. Most people required a few visits (54.0%) or several visits (32.8%) to become comfortable with their physician. It was of interest that 82.5% of those individuals who required several visits and 80.0% of those who required years to feel comfortable were women.

Many patients clearly become attached to their physi-





cian, and separation from the physician is a difficult process. In this study patients were asked how they felt about ending their relationship with the physician. Of the four answers available for this question, most respondents chose either very unhappy (43.3%) or unhappy (47.7%). A few patients (1.7%) were glad to end the relationship, while to several patients (6.2%) it did not matter that their physician was leaving. Only two patients (1.1%) did not respond to the question.

The author included obstetric care in his practice, and the relationship of those patients for whom he delivered a baby was investigated. For these patients the physician-patient relationship was postulated to be stronger. Analysis of the data from the questionnaire revealed that in only one area studied was there an apparent difference between obstetric and nonobstetric patients. This difference was found in response to the question "How do you feel about ending your relationship with the doctor?" Two thirds of the patients for whom the author delivered a baby, as well as patients in these women's immediate families, responded that they were very unhappy to end the relationship; in contrast, about 40% of nonobstetric patients were very unhappy with this change. No difference was found in perceived knowledge of medical or emotional problems or to satisfaction with care delivered.

Finally, the financial aspect of the physician-patient relationship was studied. Patients were asked how important it was to have their bill for services paid in full before the physician's departure from the area. This answer was correlated with the patient's insurer or method of payment for the visit on that day. Data were usable from 166 questionnaires. The majority of patients felt it was either very important (43.4%) or important (50.6%), with only a small number (6.0%) believing that it was not important to have their bill paid. Because of the small numbers in some of the groups, it was difficult to make any comments on statistical significance relative to the payer for the visit. It would appear, however, that those covered by Medicare were

more concerned than others that their bill be paid prior to the physician's departure.

## DISCUSSION

The patient-attitude questionnaire used in this study was effective in exploring the responses of patients to the impending loss of their family physician. Several key issues were discovered. The first is that most patients learned about the departure of their physician by word of mouth. That this study was conducted in a small-town setting might easily explain this phenomenon. An urban practice might require a series of newspaper<sup>10</sup> or other announcements to better publicize the closing of a practice, as has been previously recommended. Alternatively, individual letters could be sent to all of the physician's patients.

This study also demonstrated that the physician-patient relationship takes a significant time to develop fully. One half of the patients in this study needed a few visits to become comfortable with their physician, while one third needed several visits to gain this comfort. The respondents felt that it took time for the physician to know them as well. It took 2 to 5 years for a larger number to feel the physician knew their medical problems very well, and over 5 years for an even larger number to believe their emotional problems were very well known by the physician. These findings support the desirability of the longitudinal care provided by family physicians. As the study indicates, one cannot hope to know one's patients well after only a few encounters, especially with respect to the patients' emotional problems and needs.

An important consideration is that this study dealt with the patient population of only one practitioner. It may be that certain characteristics peculiar to the author have accounted for the patient responses in this and other areas of the study.



The termination of the physician-patient relationship can be looked on as a loss that can elicit a normal grief reaction.<sup>3,6</sup> In this particular situation most patients had only recently learned of the departure of the physician and would probably have been in the phase of disbelief and denial. That a majority of patients had made no attempts to secure a new physician might indicate that they were in the denial phase. The physician is not immune to this grief reaction either.<sup>6</sup> The closing of the study practice was no exception and resulted in a mild grief reaction for the author.

The family-physician who practices obstetrics has been shown to have a practice profile different from those who do not.<sup>9</sup> The inclusion of obstetrics tends to foster the development of a younger practice with a significant number of pediatric patients, as supported by the demographics of the study practice. Further, as shown by the greater number of people in the obstetric group responding that they were very unhappy about ending the physician-patient relationship, it would appear that the bond between a physician and the families for whom he has delivered a baby is stronger. Obstetrics has been touted as a good practice builder, but it can also serve as an excellent cement for holding that practice together.

The results of this patient questionnaire have shed some interesting light upon the family physician's relationship

with his patients. The primary limitation of the study was that it dealt only with the practice of one individual. Further research into the termination of the physician-patient relationship is indicated and should involve a large number of physicians.

#### References

1. Boekelheide P: Termination and transfer of patients in family practice. *J Fam Pract* 1978; 6:1019-1024.
2. Brown J: The resident leaves the clinic: The effects of changing physicians on appointment-keeping behavior. *J Gen Intern Med* 1986; 1:98-100
3. Freidin R: Terminating the physician-patient relationship in primary care. *JAMA* 1979; 241:819-822
4. Kay J: Terminating the doctor-patient relationship. *J Med Educ* 1978; 53:186-190
5. Lanska M: Effect of resident turnover on patients' appointment-keeping behavior in a primary care medical clinic. *J Gen Intern Med* 1986; 1:101-103
6. Lichstein P: The resident leaves the patient: Another look at the doctor-patient relationship. *Ann Intern Med* 1982; 96:762-765
7. Pumpian-Mindlin E: Comments on techniques of termination and transfer in a clinic setting. *Am J Psychiatry* 1958; 12:455-463
8. Toms W: An analysis of the impact of the loss of a primary care physician on a patient population. *J Fam Pract* 1977; 4:115-120
9. Mehl L, Bruce C, Renner JH: Importance of obstetrics in a comprehensive family practice. *J Fam Pract* 1976; 3:385-389
10. Branch W: *Office Practice of Medicine*. Philadelphia, WB Saunders, 1987, pp 1297-1298