

## **Terminating the Dentist/Patient Relationship**

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Once a dentist begins treating a patient, the dentist may not abandon the patient without incurring liability for resulting damages. The dentist is obligated to continue treating the patient until the patient's condition no longer warrants treatment or the dentist and the patient mutually agree to discontinue treatment by the dentist. In addition, the dentist may unilaterally withdraw from treatment if the patient is given appropriate notice of the dentist's intent to withdraw and an opportunity to secure a competent replacement. A dentist may not discharge an HIV-infected patient whose condition is within the dentist's current realm of competence. In addition, a dentist may not terminate a patient based on their age, race, sex, religion or ethnic origin.

### **What Justifies Withdrawal?**

In analyzing this question one must first recognize the basic tenet that a dentist has the absolute right to withdraw from the care of a patient if the appropriate procedures are used. If a dentist plans to terminate the dentist/patient relationship and the patient is with an HMO, the dentist should contact the managed care company or review their provider contract first before terminating the relationship. Some managed care companies have limitations in their contracts relating to termination of the dentist/patient relationship. As a result, the dentist may do so, and, if done appropriately, abandonment will not occur.

However, there are situations where dentists have sought to withdraw immediately without taking appropriate steps. The more commonly encountered situations are non-payment of a bill by the patient, the failure of the patient to keep follow-up appointments or follow dental advice, or the threat of suit by the patient. Even under these circumstances, it is prudent for the dentist to follow the appropriate steps in terminating the dentist/patient relationship.

### **How to avoid abandonment?**

The next question presented is what steps must a dentist take to avoid abandoning the patient? The first is to consider the patient's condition. If the patient requires immediate treatment, the dentist should render care, stabilize the patient, and only then consider withdrawal. To withdraw from a patient who needs immediate care risks not only injury to the patient, but also an allegation of abandonment.

If the patient is in a non-emergency condition, the dentist should provide the patient with a notice of intent to withdraw. The notice must inform the patient of the need for follow-up care and give the patient sufficient time to obtain the care. The length of time will vary according to the circumstances. In the interim, the dentist should remain available to treat the patient should the condition become acute. Finally, the notice should always be documented. The best method is to discuss it with the patient orally and follow up with a letter sent certified mail, with the return receipt maintained in the patient's chart. If it is impossible to discuss the matter orally with the patient, then the letter should provide sufficient protection.

In short, the following four elements need to be addressed in the letter to the patient:

1. Statement of intent to withdraw from treatment (see sample letter below).
2. A designated date for withdrawal (recommend 30 days).
3. An agreement that the dentist will see the patient for emergencies.
4. A referral of the patient to an appropriate source where the patient can find a new dentist.

As a courtesy, the dentist should inform the patient that a copy of the patient's dental records will be sent to the subsequent treating dentist. The letter must be sent by certified mail, return receipt requested. If the patient refuses the certified letter, the dentist should place the letter in the patient's records and another letter should be mailed by regular mail. These steps should be documented in the patient's dental records.

### Sample Letter of Dentist's Intent to Withdraw

Dear \_\_\_\_\_: (date) \_\_\_\_\_

*This letter is to inform you that I am no longer able to continue as your dentist. (Here you may insert the basis for your decision to terminate services if you feel an explanation is necessary.)*

*As you are aware, you are suffering from a condition that requires further attention. I recommend that you contact a dentist to provide those services to you without delay. During the interim, but for no longer than 30 days from the date of this letter, I will continue to provide you with emergency dental care.*

*At your request I will provide either you, or the dentist you select, a copy of your complete dental record. Please sign and return to me the attached dental record authorization. If you have a problem selecting a dentist, I suggest that you contact the local dental society for a list of dentists practicing in the area.*

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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