This issue of Clinic Tips replaces and supercedes Clinic Tips of November, 2004.

The nature of the physician–patient relationship is such that once this relationship begins, legal duties and responsibilities attach to the physician and the pregnancy help medical clinic. Such duties and responsibilities end only when this relationship is properly terminated.

The physician–patient relationship is terminated by: 1) dismissal; 2) mutual agreement of the parties; and/or 3) withdrawal of the physician. In the pregnancy help medical clinic setting this relationship will usually end upon referral of the patient for prenatal care and the subsequent withdrawal of your clinic and medical director from the issuance of further care.

A legal concern arises in terminating the professional relationship between the medical staff and the patient once the referral for prenatal care is made. If not done properly, or with inadequate notice to the patient, potential legal liability exists. However, this liability risk should be minimal as long as you follow certain steps.

Before a woman is given an ultrasound for confirmation of pregnancy, there are several important issues that need to be addressed. A Medical History should be taken by medical personnel to determine if the woman is presently experiencing any medical problems related to the pregnancy, such as pain or bleeding. The presence of pain or bleeding could be symptoms of impending miscarriage or ectopic pregnancy, which the PHMC is not prepared to deal with. If the Medical History reveals a problem, the woman should not be given an ultrasound exam, but instead, referred to an obstetrician or emergency care as the nature of the problem necessitates. Clear instructions need to be communicated verbally and in writing with precautions given to the woman. Copies of all communications should be placed in her chart.

When it is determined that an ultrasound will be done, a Medical Consent and Release form needs to be given to the woman, with explanation and a signature obtained. On the following page are some statements from a sample Medical Consent Form that need to be clearly communicated about the limited services of the PHMC:
I request an appointment for a limited ultrasound examination at the Pregnancy Help Medical Clinic for the purposes of confirming my pregnancy. I understand that the appointment will be limited to pregnancy confirmation and that a referral will be made to another medical provider for follow-up medical care.

I understand that no follow-up care will be provided at the Pregnancy Help Medical Clinic and its physicians and staff are not responsible for my follow-up prenatal care, and are not responsible for emergency care that I may need. I understand that a referral list with the names of local doctors and prenatal health care providers is available for my use. I acknowledge that I have the duty and responsibility to use the referral list or some other source to secure my prenatal care.

I am not presently experiencing any immediate medical problem (e.g., pain, spotting, cramping) and I understand that this exam is not a substitute for immediate medical care. Should any medical problems arise before my scheduled appointment(s) at the Pregnancy Help Medical Clinic, I acknowledge that it is my responsibility to seek emergency care.

Once a diagnosis of pregnancy is made and the patient is referred for prenatal care any liability risk from terminating the physician-patient relationship should be remote. If the patient is undergoing minor problems in her pregnancy that will be handled routinely by her obstetrician, or will just be undertaking routine checkups, then there are no legal complications in ending the physician-patient relationship.

A Discharge Summary signed by the nurse performing the ultrasound can be sent with the woman as she leaves and a letter that terminates the physician-patient relationship. Samples are on the following page:
DISCHARGE SUMMARY for Medical Follow-up

____________________________ was seen at (PHMC) on __________ for a limited ultrasound to determine gestational age and viability. Upon termination of this clinic visit our recommendation is that the patient receive follow-up care as indicated below based on preliminary findings:

1. Routine OB care.
2. Inability to detect fetal heart motion.
3. Gestational age – inconsistency of size versus dates
4. Rule out ectopic pregnancy
5. Other: _______________________________________________

Care should be obtained within _______ days.

COMMENTS:

The client has been directed to seek this medical follow-up as promptly as possible.

____________________________________________ ________________________
Patient Signature Date

____________________________________________ ________________________
Sonographer’s Signature Date

(original to patient – copy in patient file)

Sample Letter Terminating Physician/Patient Relationship

Dear Mary,

We at the Pregnancy Help Medical Clinic have been pleased to serve you during this time and provide you with medical services in order to diagnose your pregnancy. After providing you with a diagnosis of a pregnancy and crisis intervention counseling it is the policy of our clinic that you be referred to another physician for prenatal care. We are providing you along with this letter the names of two physicians who will be able to offer prenatal care to you during the remainder of your pregnancy.

Once this referral is given we ask that you act expeditiously and begin seeing a physician for prenatal care.

Upon notification that you are under the care of a physician for prenatal care your medical file at our clinic will be forwarded to such doctor, if you have signed a Release of Medical Information here at our clinic. This doctor will be responsible to honor the same policy of confidentiality regarding any matter in your file that the Pregnancy Help Medical Clinic has followed.

Thank you for allowing us to serve you at this time. If you have any further questions please feel free to call me.

Sincerely,
John Doe, M.D.
Medical Director
Pregnancy Help Medical Clinic