

LETTER TO EDITOR

Transfer Out Patient Not Abandon The Patient

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Physician-patient relationship is unique in some aspects and not-so-unique in other aspects when compared to other human interactions. Until-unless for the sake of health promotional activities, this relationship is almost always conceived in the times of human sufferings and consequently culminated when those sufferings have subsided as well as sought out happiness has ensued/been achieved. However, not all physician-patient relationships follow the normal course and/or meet the natural ends. These abnormal relationships are not inconsequential in terms of numbers and/or their effects (short-term and long term) on both patients and physicians. Every country has its own baggage in the wake of why, how and what about these abnormal ends to physician-patient relationships; however, the most common causes are the patients' inability to pay their medical bills, the conflicting goals of physicians and their patients in regards to patients' sufferings' management and finally the behavioral issues (patients' and/or physicians') interfering these relationships. Irrespective of any cause, the physicians should never forget that the patient can always discharge their physicians and discontinue their relationship with their physicians without any reason (until unless the physicians deem those patients either incapable/non-consentable to do so and/or potential threat to their own personal safety or other people's safety). Contrarily, physicians can also discharge patients from their care but cannot abandon these patients (1-3) which mean that physicians have to ensure their

discharged patients either are referred to or have sought another physician within appropriate time frame post-relationship-discontinuation. Each country has their own medico-legal liabilities that vary in terms of penalties imposed; however, irrespective of the feared legal concerns, the physicians should not forget that ethical essence of medicine is the art of healing that does not encompass part of deserting patients but rather appropriate transferring of patient care to accepting/receptive fellow brethren/colleagues. The transfer of care does not mean that a particular physician has failed to perform his/her duties for his/her patients rather that the particular relationship with a particular patient has failed to meet its ends. Therefore without abandoning the patient, the patient is given ample and honest opportunity to be transferred out to another physician with the sincere hope that the discharged patient will be able to achieve relief of his/her suffering with the new physician-patient relationship meeting their goals and means-to-the-ends. The one thing that need not be forgotten is that the terminated physician-patient relationship can always be revived if the causative concerns have been resolved in the interim and if the medico-legal laws and ethical practices allow the relationships' revival. In summary, it is prerogative of the patient (whose suffering made him/her to reach out to a physician and enter in a physician-patient relationship in the first place) when he/she wants to and decides to terminate physician-patient

relationship; whereas the prerogative of the physician is to recognize a dysfunctional physician-patient relationship early-on so that corrective measures (if possible) can be executed, and if that is not possible, then instead of patient abandonment, patients may be appropriately and timely transferred out off failed physician-patient relationship.

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