A physician’s first responsibility is to his or her patients. Having assumed care of a patient, the physician’s responsibility is to provide competent, compassionate, and economically prudent care within the standards of acceptable medical practice and to make treatment decisions that are in the best interest of the patient. It is the Board’s position that it is unethical for a physician to allow financial incentives or other interests to adversely affect or influence his or her medical judgment or patient care. Patient advocacy is a fundamental element of the patient-physician relationship and should not be altered by the health care system or setting in which a physician practices. All physicians should exercise their best professional judgement when making patient care decisions. When economic or other interests are in conflict with patient welfare, the patient’s welfare must take priority. Physicians who hold administrative leadership positions should foster policies that support the physician-patient relationship and enhance the quality of patient care.

Elements of the Physician-Patient Relationship

Receiving a license to practice medicine grants the physician privileges and imposes great responsibilities. The people of North Carolina expect a licensed physician to be competent and worthy of their trust. As patients, they come to the physician in a vulnerable condition, believing the physician has knowledge and skill that will be used for their benefit.

Mutual trust is fundamental to the physician-patient relationship and requires that:

- there be appropriate professional communication between the physician and the patient;
- the physician timely report all significant findings to the patient or the patient’s legally designated surrogate/guardian/personal representative;
- conflict of interest between the patient and the physician or third parties be resolved to the benefit of
there is respect for the patient’s autonomy;
- the physician maintains a compassionate and professional demeanor;
- the physician respect the patient’s right to request restrictions on medical information disclosure;
- the physician be an advocate for appropriate medical care;
- patient advocacy remains unaltered by the health care system or setting; and
- the physician provide neither more nor less than the medical problem requires.

The Board believes the interests and health of the people of North Carolina are best served when the physician-patient relationship, founded on patient trust and fostered by professional communication, patient primacy, confidentiality, competence, patient autonomy, compassion, selflessness, and appropriate care are foremost considerations of physicians.

This same fundamental physician-patient relationship also applies to all licensees of this Board.

Termination of the Physician-Patient Relationship

The Board recognizes the physician’s right to choose patients and to terminate the professional relationship with them when he or she believes it is best to do so. That being understood, the Board maintains that termination of the physician-patient relationship must be done in accord with the physician’s underlying obligation to support continuity of care.

Patient termination must be accompanied by appropriate written notice provided to the patient or the patient’s representative sufficiently far in advance (at least 30 days) to allow other medical care to be secured. A copy of such notification is to be included in the medical record. Should the physician be a member of a group or an employee of a large practice, the notice of termination must also state clearly whether the termination involves only the individual physician, other physicians in the practice, or the entire practice. In the latter case, those members of the group joining in the termination must be designated. It is advisable that the notice of termination also include instructions for transfer of or access to the patient medical records.

When a physician’s employment status is terminated by an employer, the physician or his or her employer should notify the physician’s patients that the physician will no longer be working with the employer and should provide them with the physician’s new contact information.
Patients should be given the choice to continue to be seen by the physician in his or her new practice setting or to be treated by another physician still working with the employer.