



College of Homeopaths of Ontario

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STANDARDS AND GUIDELINES

TITLE:	DISCONTINUING PROFESSIONAL SERVICES & REFUSING TREATMENT
DOC #:	Standard 7
STATUS:	Approved by Council
CIRCULATION DATE:	March – June 2013
REVISED:	June 2013
APPROVAL DATE:	July 29, 2013

Note to Readers: In the event of any inconsistency between this document and the legislation that affects homeopathic practice, the legislation governs.

College publications contain practice parameters and standards which should be considered by all Ontario homeopaths in the care of their patients and in the practice of the profession. College publications are developed in consultation with the profession and describe current professional expectations. It is important to note that these College publications may be used by the College or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.

POLICY

Homeopaths must provide reasonable grounds for discontinuing professional services and refusing treatment or referrals and in doing so must abide by the profession's regulations and Ontario's Human Rights Code.

INTENT

The intent of this standard is to provide guidance to registrants and the public about discontinuing professional services and refusing treatment of new or existing patients.

PREAMBLE

There are times in a professional setting when a homeopath may find it necessary to discontinue services, refuse treatment or turn away a referral. As an independent practitioner, a homeopath has greater discretion, provided she or he is not infringing human rights, to identify the patients to whom she or he will provide care.

While homeopaths should ethically accept or refuse new patients on a first-come, first-served basis and continue to provide care for patients based on the practitioner's ability, there are a number of permissible grounds for discontinuing professional services and refusing treatment.

In such situations it is necessary that the registrant inform the patient of the reason for discontinuing services, refusing treatment or turning away the patient. For example, contra-indicators to treatment, care requirements are outside of homeopath's individual or professional scope of practice¹, conflict of interest, the patient consistently

¹ Every homeopath has a unique scope of practice, which is determined by the homeopath's clinical competence, the patients the homeopaths cares for, the treatments provided and the practice environment. A homeopath's ability to perform competently in his or her scope of practice is determined by the homeopath's knowledge, skills and judgment, which are developed through training and



fails to comply with treatment protocol, the patient consistently fails to comply with the patient/practitioner agreement including missing appointments or failure to pay for services, etc.

In some cases, the homeopath may find there are laws that serve to direct their decisions in a particular direction. For example, the Human Rights Code in Ontario provides for everyone to be treated equally and without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status, or handicap. These values, which are enacted in law, are obviously an important consideration in the decision-making process, yet they will not necessarily lead directly to an answer.

DESCRIPTION OF STANDARD

Clinical Competence and Scope of Practice

Each homeopath is responsible for ensuring they are competent to provide service to patients. If a homeopath receives a referral for a service that is beyond his or her current knowledge, skill and ability, then he or she must identify their limitations, and decline or provide a further referral. Decisions to accept or refuse new patients must be made in good faith. Clinical competence and scope of practice must not be used as a means of unfairly refusing or discontinuing treatment.

It will not always be possible to determine if accepting a referral is appropriate without meeting the patient. Homeopaths may initiate a process of data collection and assessment which then reveals concerns for continuation. If the homeopath is in the initial assessment stage and has not initiated a therapeutic relationship with the patient, then it would be acceptable to choose not to accept the referral. However, if a full assessment or intervention has been started, and the homeopath would be seen to have accepted the referral, then the homeopath must follow an appropriate discharge process.

Conflict of Interest

It is necessary for the homeopath to identify her or his self-interests and determine if there is a conflict of interest which would be cause to refuse the referral or continuation of care. Homeopaths engage in professional misconduct if they practise the profession while in a conflict of interest.

A conflict can be defined as the homeopath having a relationship as a result of which a reasonable person would conclude that the personal interests of the Registrant improperly influences, or is likely to improperly influence, the Registrant's professional judgment or conflict with the Registrant's duty to act in the best interests of the patient. Conflicts are often clear and readily evident, but may also be more obscure or perceived. If there is such a conflict, or potential conflict, then the homeopath would be wise to refuse the referral or refer an existing patient.

Patient/Practitioner Agreement

Patient abuse of the therapeutic relationship or agreement may occur in a variety of situations. This list is not all inclusive, but may include when the patient consistently fails to comply with treatment protocol, repeatedly misses appointments or is chronically late, fails to pay for services, is abusive or disrespectful to the homeopath, staff or other patients, etc.

experience in that scope of practice. Further information about scope of practice is contained in the College's Standard on Scope of Practice.



It is important that the homeopath or clinic staff clearly communicate the rules of the clinic to the patient and have the patient acknowledge their understanding of these rules. The clinic rules and policies should be provided in written form, and verbally reviewed with the patient at the start of the therapeutic patient/practitioner relationship and periodically at regular intervals (i.e. semi-annually or annually). This same documentation may be reviewed again if policy changes or when failure to adhere to the agreement occurs.

Policy reviews should be recorded in the patient file and initialed or signed by the patient acknowledging the review has taken place and they understand it. Abuse of the clinic policies and the patient/practitioner agreement must be recorded in the patient's file and may be communicated to the patient in writing on clinic letterhead when concerns persist.

Referrals

Once a referral is received, the homeopath needs to review it and determine if she or he wishes to accept it. Accepting or refusing to accept the referral is not necessarily a simple decision. During the decision-making process, the homeopath should use a systematic approach. All homeopaths must take into consideration conflicts of interest, personal competency, caseload, and ability to achieve expected outcomes.

In the case of referrals, the homeopath should clarify the scope of the referral and the expected outcomes. These factors should be discussed with the patient, the referral source and any other authorized representative involved (e.g., patient's legal representative, family member) to ensure everyone's expectations are clear and agreed upon, before assessment and treatment begin.

Discontinuation of Service

There may be situations where discontinuation of service occurs before all of the patient's needs are fully met, or the homeopath's recommendations are completely carried out. This may occur because, following assessment and monitoring, the patient's condition is outside of the homeopath's individual or professional scope of practice. Some situations, when initiated by the homeopath, require careful consideration and some degree of risk management through assessment and clarification of the reason for discontinuing service and the potential outcomes of the decision to discontinue care. When terminating a therapeutic relationship, consideration must be given to the fair, just, reasonable and the legal rights of the patient as well as the practitioner. In all cases, it is recommended that the status of treatment and anticipated outcomes at the time of discharge be documented. Notes should include options for follow-up.

If discontinuation of services is required it is important that the homeopath communicates clearly with the patient, and, where applicable, the referral source, and takes appropriate steps, including:

1. Providing the verbal and written reasons for discontinuing the services to the patient and the patient's file;
2. Where appropriate, providing a referral to alternate care;
3. Otherwise, giving the patient a reasonable amount of time to arrange for alternate services before the services are discontinued when safe to do so; and



4. Settling the patient's account as soon as possible, collecting fees owed or providing a refund for a credit on the account.

DEFINITIONS

For the purpose of this standard the following definitions apply:

Conflict of Interest

A conflict within a clinical practice setting can be defined as the homeopath having a relationship as a result of which a reasonable person would conclude that the personal interests of the Registrant improperly influences, or is likely to improperly influence, the Registrant's professional judgment or conflict with the Registrant's duty to act in the best interests of the patient.

Homeopath

"Homeopath" means a registrant of the College of Homeopaths of Ontario.

Registrant

A Registrant is a member of the College of Homeopaths of Ontario.

Risk Management Assessment

Risk management assessment is the consideration of the context of risk, followed by identification, analysis, evaluation, and treatment of risk.

LEGISLATIVE CONTEXT

Ontario Human Rights Code

Registrants are reminded that the following provision may apply to this standard under *Homeopathy Act, 2007, Ontario Regulation 315/12 Professional Misconduct* (Note: This regulation is not yet in force. It comes into force on the day named by proclamation of the Lieutenant Governor.):

6. Discontinuing professional services that are needed unless the discontinuation would reasonably be regarded by members as appropriate having regard to,
 - i. the member's reasons for discontinuing the services;
 - ii. the condition of the patient,
 - iii. the availability of alternate services; and
 - iv. the opportunity given to the patient to arrange alternate services before the discontinuation.
48. Engaging in conduct or performing an act relevant to the practice of the profession that, having regard to all the circumstances, would reasonably be regarded by members as disgraceful, dishonourable or unprofessional.
49. Engaging in conduct that would reasonably be regarded by members as conduct unbecoming a member of the profession.



RELEVANT DOCUMENTS

- #1 Standard of Practice on Accepting New Patients
- #14 Standard of Practice on Principles of Professional Ethics
- #15 Standard of Practice on Scope of Practice
- #1 Guideline on Record Keeping and Privacy of Information
- #1 Interpretative Guide on Professional Conflict of Interest

SOURCE

College of Occupational Therapists of Ontario