



Quality
Insights

Renal Network 5

POSITION STATEMENT

on

Refusal of Patients by Nephrology Practice

The number of displaced patients due to physician practice refusal is a concern in Network 5 and throughout the country. More concerning is that many of these patients are being refused due to adherence, not because of threatening or dangerous behavior. These patients are at increased risk for death, and forced to go to hospital emergency departments for treatment, thus contributing to an already over-burdened system, and the patient receiving little or no continuity of care. To the extent possible, we all must work together to ensure each chronic ESRD patient has access to dialysis care in an outpatient facility.

Patients do have responsibility for the decisions they make, and should be included in the planning of their care to facilitate informed decision-making, and ensure patients are fully informed of the possible consequences of non-adherence.

Physicians' responsibilities include acting in the best interest of patients, balancing physician and patient performance expectations, promoting access to care, and notification of the patient to any foreseeable impediments to continuity of care. Physicians have ethical obligations to dialysis patients when the patient is not reasonably able to access needed treatment from another qualified physician.

The Network requests the cooperation of all nephrology practices in seeking creative solutions to difficult and special needs patients. It is important to identify what the obstacles and difficulties are that may be creating a false risk/benefit calculation about what is considered an essential health need. Are they experiencing pain or depression? Are obligations in their personal lives creating conflict with the dialysis schedule?

One physician may have a different impact on a patient than another, creating a more collaborative relationship. Rather than an entire practice divorcing from a patient collectively, each physician should attempt to connect in turn. If all physician options have been exhausted by the practice, an attempt to trade with another practice could be coordinated. Potential patients should not be refused on reputation alone; perhaps a change is all that is needed; the right person to reach them.

The revised 2008 ESRD Conditions for Coverage (§494.180 (f)) do not recognize discharge for non-adherence alone as acceptable; patients have the right to accept and reject treatment options. The Medical Director for each dialysis facility is required to enforce the discharge policies of the facility, and the Network believes that this person has some influence within their practice to ensure that all opportunities are taken to avoid the patient being without a physician, which may include the Medical Director ultimately accepting responsibility for the patient's care.

Punishing or excluding the patient from care is not the right answer. It can be difficult. It can be frustrating to work with them. But, a sincere effort must be made to manage these people and provide them the maximum health opportunity.

The Network's MRB supports the findings of the Decreasing Dialysis Patient-Provider Conflict (DPC) Ethical, Legal, and Regulatory subcommittee which states that discharging a patient solely for the reason of treatment non-adherence is an unethical practice, and blanket refusal of an entire physician practice is equally unethical.

If you have concerns about a patient involving treatment non-adherence, verbal abuse, verbal threats, physical threats, physical abuse, or other behavioral issues disruptive to the dialysis facility environment, we encourage you, your staff, and/or the facility to contact us. It is during the early stages of a concern that we can provide you with the best guidance and suggestions to resolve the problem and prevent escalation that could lead to patient discharge. Please direct questions or concerns to Patient Services Department staff of the Network.

Sources: AMA Code of Medical Ethics <https://www.ama-assn.org/delivering-care/ama-code-medical-ethics>; Federal Register 42 Conditions for Coverage for End-Stage Renal Disease Facilities <https://www.gpo.gov/fdsys/pkg/FR-2008-04-15/pdf/08-1102.pdf>

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