



# PRACTICE ADVICE

## DISCONTINUING SERVICES THAT ARE STILL NEEDED

DATE: 2008

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In general, CASLPO members are not allowed to discontinue patient/client services that are still required. However, the [Professional Misconduct Regulation](#) sets out some of the circumstances in which professional services that are still required can be legitimately withdrawn. Amongst the reasons that necessary services can be terminated are that discharge criteria are imposed by the employer, the patient/client has not provided payment, and that the member reasonably believes that he or she may be physically or sexually abused by the patient/client.

Nevertheless, when services that are needed are discontinued or refused, patients/clients should not be abandoned and reasonable attempts should be made to arrange alternative services.

Members who contact the College's practice advisory services when considering withdrawal of services recognize that this decision is to be taken only after careful reflection. The following practice scenarios present some situations brought forth by members in which services can be withdrawn, and also explain how to proceed when discontinuing services. Members are also advised to comprehensively document all relevant information pertaining to the service termination, for the protection of both the member and the patient/client.

#### FREQUENTLY ASKED QUESTIONS

Q: Through the process of assisting a patient/client in improving her communication skills, I learned of the patient/client's ongoing involvement in illegal activities. When I raised the matter with the patient/client, she confirmed my suspicions. Although I explained to her my discomfort at being informed of these activities and requested that she no longer share any of the information with me, she has continued to do so. I now wish to terminate this professional relationship. May I do so?

The member is not required to continue to offer services in this situation. The member should explain to the patient/client the reason for her decision to withdraw service, and as previously indicated, assist the patient/client in obtaining alternative services. This could consist of directing the patient/client to publicly-funded and private service providers or to

the professional associations, such as OSLA and the Communication Health Information Line.

Q: The publicly-funded organization with which I am employed has policies that limit services according to criteria such as the patient/client's age and the number of sessions offered. Nonetheless, the employer does not want me to allude to those restrictions when I communicate with patient/clients who still require therapy but whom, according to the organization's policies, will not be provided with any further services. Rather the employer is requesting that I simply indicate that any future services will be offered "as available".

In this case, it would appear that the services are being halted because restrictions in the length or type of service are imposed by the employer, which is one of the situations in which service can be discontinued, as stated in the [Professional Misconduct Regulation](#). Thus, the member should inform the patient/client of the need for further services and of the organization's policies, and provide advice on how to obtain other services through other community agencies, any available alternative funding sources or the purchase of private services.

Q: A patient/client has been consistently missing appointments and this is having a significant impact on the services provided. When the patient/client does attend, she is cooperative and consistently follows through with my recommendations. I have discussed the issue of the missed appointments with her to ensure she understands their impact, but she still continues to not show up for many appointments.

Many members and their employers have attendance and cancellation policies that are reviewed with patient/clients at the beginning of services, and patients/clients are made aware of the outcome of missed appointments. If a patient/client repeatedly does not show up for appointments, it can also be assumed that the patient/client has withdrawn consent for treatment, and has thus agreed to the discontinuation of services.

In this case, the member may want to review any existing policies anew with patient/client, and ask her to reconsider her commitment to the services offered by the member. In general, when patient/clients stop attending appointments, attempts should be made to contact them and remind them of any attendance policy. For example, a letter may be sent to them regarding the matter.