



D P C

Decreasing Dialysis
Patient-Provider
Conflict



Conflict resolution resources for the dialysis professional

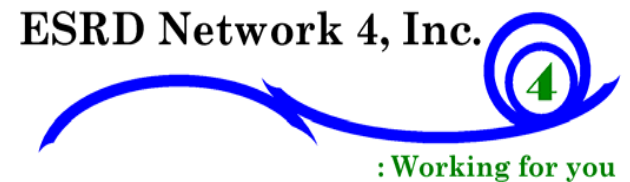


D DECREASING
P DIALYSIS
C PATIENT-
PROVIDER
CONFLICT

Executive Summary

NATIONAL TASK FORCE POSITION STATEMENT ON INVOLUNTARY DISCHARGE

*Distributed by ESRD Network 4, Inc.
with approval of the Network 4 Board of
Directors and Medical Review Board*



This publication was prepared by ESRD Network 4, Inc. under contract #500-2006-NW004C with the Centers for Medicare & Medicaid Services, Baltimore, Maryland. The contents presented do not necessarily reflect CMS policy.

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The DPC Task Force believes that there is a substantial need to give providers guidance regarding the Ethical, Legal and Regulatory issues related to the involuntary discharge of ESRD patients by either the nephrologist or a certified dialysis center of facility. Most ESRD patients are covered by the Medicare ESRD Program and as such are entitled to receive a payment subsidy to their ESRD providers by the federal government for the life saving chronic treatments they require.

Dialysis facilities become certified for this purpose and accept Medicare funding to provide these treatments and other services to Medicare Beneficiaries. When conflicts arise related to patient behaviors that are deemed unacceptable by the providers, then question arise as to the rights and obligations of both the patient and provider in the Medicare entitlement system.

This statement set forth the following positions:

- Medicare beneficiaries with ESRD are

entitled to partial government payment to providers for chronic dialysis treatments under the Social Security Act.

- Providers have legal authority to refuse to treat patients who are acting violently or are physically abusive thereby jeopardizing the safety of others.
- The use of contracts to facilitate effective and efficient use of facilities is permissible.
- Although a patient may unilaterally terminate the patient-physician relationship, the physician may terminate the physician-patient relationship only after taking steps necessary to fulfill ethical obligations and to avoid legal abandonment of patients.
- A certified facility cannot provide dialysis without a treating physician and thus must discharge a patient if the treating nephrologist terminates the patient-physician relationship, or transfer the patient's care to another treating nephrologist within that facility.

However, both the physician and the facility are obligated ethically, legally and by regulation to assist the patient in securing life saving treatment with another facility and/or nephrologist.

- It is unethical for patients to be left without treatment based solely upon non-adherent behaviors that pose a risk only to them, i.e. non-adherence to medical advice.
- Groups of providers should not exclude patients from acceptance and treatment from all their facilities or other physicians, except for irreconcilable cases of verified verbal/written/physical abuse, threats or physical harm. These groups should endorse and act on the ethical obligation to transfer patients to others within their group. An important purpose of transfer is to ensure that personality, language or cultural issues particular to an individual patient, professional or facility are not significant causes of the problem behavior of the patient.