

Patients Who Won't Let You Contact Their Family Doctor

Fortunately, most patients are happy to have their Doctors of Chiropractic coordinate their care with other healthcare providers. But what does it mean when patients won't give you permission to contact their family doctor?

by [Dan Zimmerman](#) in [Patient Interactions](#) on Thursday, December 19, 2019

When a patient says, "I don't want you to contact my family doctor," it's a major warning sign.

It requires asking tough questions, such as:

- Is there anything in the patient's background or history that would demand or encourage secrecy?
- Is this behavior a sign the patient will be reluctant to comply with your treatment regimen or other recommendations?
- Is there an issue with the family doctor that needs to be explored and resolved (e.g., the physician doesn't like chiropractors)?
- Does the patient, patient's family or patient's friend lack confidence in you or the proposed treatment?

Whatever the case, it's important that you get answers to these questions before you treat the patient, whenever possible.

Sometimes, even initially cooperative patients will be reluctant to allow contact with their family doctors when a particular health concern arises.

Consider the Following Scenario:

A young D.C. was treating a man for several weeks for unresolved low back pain. As the treatment progressed, the DC became suspicious that the man might have prostate cancer. However, the patient wouldn't consent to a PSA and was hesitant to let the chiropractor discuss the case with his family physician. Fortunately, the DC had obtained permission to contact his family doctor on the intake form.

The doctor broached the subject with the patient on two more occasions, but the patient was still reluctant to let her contact the family doctor. While the DC wanted to respect the patient's wishes, she believed the strong potential for a serious health problem superseded the patient's hesitancy. So she sent the patient a certified letter saying she couldn't treat him anymore because she suspected an underlying condition, which may require medical treatment but must be ruled out with proper testing. The DC copied the family physician on the letter.

At that point, the family physician called the patient who reluctantly agreed to see his family physician. Testing revealed the man's PSA was elevated, and further testing revealed prostate cancer. As a result, the patient's cancer was able to be treated in its early stages.

The doctor acted appropriately because she helped the patient, perhaps saving his life. In addition, she reduced her legal burden because she was persistent in referring the patient for further care.

Had she not done so, the DC might have treated the patient several more times, delaying needed care for the patient's condition. Ultimately, the patient's prostate cancer would have been revealed. And if the patient's

outcome suffered as a result of the delay, the DC could have been sued for failure to diagnose and failure to refer. Instead, because the DC responded appropriately and professionally, she made a lifetime supporter out of the patient and created a professional working relationship with the family physician.

What Can We Learn?

- **Avoid accepting patients who won't allow communication with the family physician.** On your intake history form, ask the patients to list their family physicians and to grant you permission to share findings with their other healthcare practitioners. If you receive a negative response, it's a huge indicator of potential problems with that patient. Plus, if you discover something amiss with the patient, you'll be placed in the unfortunate position of knowing something is wrong with the patient without being able to share it with anyone.
- **When first treating a patient, it's always helpful to write a letter to the family doctor** stating: "Dr. Jones, we share a mutual patient, John Smith, who consulted me for 'x.' My treatment plan is 'y,' and I'll continue to report to you on his progress." A copy of this letter should also be sent to the patient and be placed in his or her file.
- **If you wish to discuss an issue with the family physician later in the treatment process and the patient balks, consider it a red flag.** Ask the patient questions to reveal any reservations, but be prepared to stand your ground if you feel a discussion with another healthcare provider is warranted.
- **Communicate with the family physician to build a professional dialogue with others in the healthcare continuum.** These relationships will help ensure your patients receive the comprehensive care they need. In the case mentioned above, the D.C. was able to build rapport with another doctor in her community, which may not have been possible under other circumstances. Some D.C.s also find this approach to be an effective way to grow their practices.