

Module 7

Case 7.3: Retainer Practices—But I Can't Drive

Case Presentation

Dr. Sally Young, one of two primary care physicians in a small town, is tired of apologizing to her patients for the hours they spend in her waiting room and the constant rush to move on to the next patient. The 20-minute time slots Dr. Young's scheduler allots do not permit her to have a personal conversation with patients or allow them time to express all of their health concerns.

After some serious thinking and conversations with a colleague and an old friend of hers in Florida, Dr. Young has decided that she will transform her current practice into a retainer practice. She has worked out the finances and realized that she doesn't have to take a pay cut if she has fewer patients and charges them an annual fee in addition to the cost of the individual services she provides. She believes this arrangement will be more satisfying for the patients, and more fulfilling for her.

Dr. Young has sent each of her current patients a letter explaining that she will be changing her practice and that they will be charged a flat annual fee of about \$3000 to continue to see her. The letter explains that, under the new practice set-up, Dr. Young will have fewer patients and will offer same-day appointments with more time for each. Dr. Young will also start making house calls and carrying a cell phone so her patients can reach her 24 hours a day. She tells her patients that she will continue to keep appointments as scheduled for the next 6 months but will not schedule any new non-urgent visits for patients who do not wish to participate in the new practice. The other primary care physician in town has told Dr. Young that her practice is full and cannot take a large influx of new patients. So each letter Dr. Young sends contains a list of other physicians in nearby towns, complete with the types of insurance each physician accepts.

Since the letters were sent out, Dr. Young's office has been flooded with phone calls from her patients. Mrs. Liles, a 73-year-old patient, has called 4 times since she received her letter. She insists to the staff that an exception be made for her. The closest primary care physician who is accepting new patients is a 30-minute drive away. Mrs. Liles lives down the street from Dr. Young's office and does not drive. There is no public transportation to the suggested physician's office, and Mrs. Liles cannot afford the roundtrip cab fare.

What should Dr. Young do about Mrs. Liles? (select an option)

- A. [Tell staff to reinforce the new arrangements of paying the retainer or transferring to another doctor.](#)
- B. [Ask the other primary care physician in town to make an exception for Mrs. Liles since she is not able to travel to the physicians in nearby towns.](#)
- C. [Tell Mrs. Liles that she will continue to see her as a patient but that Mrs. Liles will not receive the extra services that are covered by the retainer fee.](#)

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Option Assessment

- A. Strict enforcement of a pay or transfer policy without consideration for the needs of individual patients with regard to access and continuity of care should be **avoided**. Opinion 8.055, "Retainer Practices" (3) states that "if no other physicians are available to care for non-retainer patients in the local community, the physician may be ethically obligated to continue caring for such patients." In addition, 8.055 (5) states: "Physicians have a professional obligation to provide care to those in need, regardless of the ability to pay...." Physicians who engage in retainer practices should seek specific opportunities to fulfill this obligation.
- B. If the other primary care physician will accept Mrs. Liles as a patient, transferring Mrs. Liles' care is the **preferred** action. Opinion 8.115, "Termination of the Physician-Patient Relationship" acknowledges that physicians may withdraw from a case but also cautions that "they cannot do so without giving sufficient notice to the patient...sufficiently long in advance of withdrawal to permit another attendant to be secured." Conditions for termination are further specified in Opinion 10.01, "Fundamental Elements of the Patient-Physician Relationship" (5) which adds the requirement of physicians to give the "patient reasonable assistance...."
- C. Creating a practice in which there are retainer and non-retainer patients is **acceptable**.

Opinion 8.055, "Retainer Practices" (2)

Physicians who engage in mixed practices, in which some patients have contracted for special services and amenities and some have not, must be particularly diligent to offer the same standard of diagnostic and therapeutic services to both categories of patients.

[Compare these options](#)

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Option Comparison

In order to insure Mrs. Liles' continued access to appropriate health care, option B is preferred. By arranging for the other physician in town to accept Mrs. Liles, this option provides her with continuity of care without special fees. The standard "sufficient opportunity to make alternative arrangements for care" is met in that Dr. Young will continue to see already scheduled patients for the next six months. While option C—allowing Mrs. Liles to be part of a retainer practice without paying the retainer or receiving special benefits—is acceptable, it may become confusing for the patient in terms of what she can and cannot expect from the doctor. Option A—enforcing the transfer policy without attention to Mrs. Liles' needs—should be avoided on the basis that it shows lack of "courtesy, respect, responsiveness, and timely attention" to Mrs. Liles' needs.

Preferable: Option B

Acceptable: Option C

Avoid: Option A

[Additional discussion and information](#)

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Additional Information

The *Principles of Medical Ethics* affirm the right of physicians to choose the environment in which to provide medical care and, except in emergencies, whom to serve. This right however, is not absolute. Loyalty to the interests of patients is essential and is a foundation on which the patient-physician relationship is based. This standard of putting patients' needs first imposes on physicians the "obligation not to abandon a patient who continues to require medical care."

Unlike large urban areas which have many medical care options, including transportation to and from medical offices and facilities, small towns and rural areas often have a limited array of choices. Retainer practices may be difficult to incorporate in small towns and rural areas because no other physicians are available or access to other physicians is compromised. Moreover, the creation of a retainer practice does not exempt a physician from the obligation to provide urgent care to those who cannot pay or to seek opportunities to provide non-urgent care to the needy.

[Module 7 Feedback Questionnaire](#)

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Module 7: Access to Care

Module 7 Feedback Questionnaire

In Module 7 on access to care, how would you rate the relevance of the cases?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate the explanation of courses of action?

- Excellent
- Very good
- Good
- Fair
- Poor

How would you rate the overall coverage of the topic?

- Excellent
- Very good
- Good
- Fair
- Poor

In answering the next 2 questions, consider all modules, 1-7.

The following changes would make this a more useful educational resource (check all that apply):

- More cases on each topic
- Fewer cases on each topic
- More alternative courses of action for each case
- Fuller discussion of alternatives and the Code of Medical Ethics
- Less discussion of alternatives and the Code of Medical Ethics
- Including more topics (e.g. research ethics)

How helpful would these case-based modules be if they were interactive so that learners could be scored and receive a certificate of satisfactory completion?

- Very helpful
- Somewhat helpful
- Not helpful at all

If the AMA provided more ethics educational resources, would you be more likely To join the AMA?

Yes

No

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