
“Turfing” vs Transfer: What’s the Difference?

By Emily Paulsen



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Patient transfers can help direct patients to the clinician and facility best suited to their needs. However, sometimes transfers happen for reasons unrelated to patient care or clinical decision making. These scenarios are referred to as “turfing” and can have problematic implications for patients and health care teams.

In an episode of the American Medical Association podcast “Ethics Talk,” Catherine Caldicott, MD, medical director at PBI Education, pointed out that turfing can undermine quality and continuity of care, as well as patient satisfaction. It can also cause tension and lower morale in health care teams.

“To turf a patient is to pass them to colleagues in a way that is more physician-centered than it is patient-centered,” Caldicott explained.

More Ethical Than Legal

The line between transfer and turfing can be tricky to identify, admits Victor Moldovan, attorney specializing in health care law at Holland & Knight in Atlanta. “There’s a lot of nuance,” he says.

If a patient is turned away from an ER because they cannot pay, the Emergency Medical Treatment and Labor Act (EMTALA) comes into play, he explains. In addition, there are legal requirements for terminating a patient from a practice—including a 30-day written warning required by most states. However, turfing is more often an ethical rather than a legal issue.

Transfers should occur primarily for clinical reasons, Moldovan says. But there are legitimate nonclinical reasons to transfer a patient. If the physician-patient relationship becomes contentious or if the patient has lost confidence in the physician and makes accusations of inadequate care, these can be valid reasons to end the relationship or transfer the patient to another provider.

But the transfer process should be conducted thoughtfully.

“If a physician accepts a patient, they have an obligation to treat the patient until circumstances make that not appropriate,” he says. That includes situations in which providing care to one patient threatens the ability to provide care to other patients or patients lack the means to pay for care. If the patient needs ongoing care or lives in an area where no other provider can treat their condition, it can be more difficult to justify terminating a patient, Moldovan says.

He suggests practices and clinicians have honest and open discussions about the difference between appropriate transfer and turfing and how to handle medically or socially complex patients in a way that honors the physician-patient relationship and needs of patients.