

Thinking about the unthinkable: closing the practice of a dying colleague

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Abstract

This paper describes the writer's experience of the many, necessary steps involved in closing the practice of a terminally ill colleague, both before and after the death of the therapist. Its focus is the particular complexity of this task when the therapist is in private practice. It is dedicated to the late Joan Welsh, colleague and friend of the writer. Joan asked that this paper be written as her gift to her colleagues and to the New Zealand Association of Psychotherapists.

Introduction

How do we go about closing a practice on behalf of a dying colleague? What is this like for the clients? What is it like for the therapist? What is it like for the colleagues who assist with the closure? What happens to the clinical records and files? Can the files be destroyed or must they be stored for ten years? Are our own files, papers and records in order in case of the unexpected?

In recent years much time, thought and energy has been given to the process of attaining membership of N.Z.A.P. and entering the psychotherapy profession. By contrast, although a significant number of members are becoming closer to retirement than to entry into full membership, little is being said regarding the closure of a therapy practice, be it by accident, terminal illness, sudden death or retirement. When I first mentioned the need for this to be written about and discussed openly at a conference six years ago, I was told by several people that the subject would be too upsetting for too many people, and to leave well alone. Since then, apart from Rosemary Tredgold's paper on retirement delivered at the 2001 conference in Wellington, little has been said or written about the issues involved in closing a practice. Sooner or later, these issues will face all therapists and counsellors, with particular complexity for those in private practice.

Uncharted territory

Questions about the closure of a private practice were first raised for me while I was working at the Community Counselling Centre in Gore, when a newly referred client expressed concern about what had happened to the records of her previous counselling. A couple of years earlier a counsellor in private practice from whom she had been receiving counselling had unexpectedly left the area, leaving no forwarding address. The client was anxious about what had happened to the records of that earlier counselling. Her questions about the security of the private information contained in her records, and how she might locate these records, were quite impossible for me to answer. All I could do was to explore her distress, her present concerns, and then describe the centre's policy about such matters.

When I set up my own practice in 1998, I began to realise what a different issue closure becomes for a person in private practice, in comparison with someone working within an organization, private or state, where there is always a clinical team leader, a manager or a director to take charge and process whatever is necessary, using established and agreed protocols. No such clear leadership or guidelines are available to those in private practice.

For want of guidelines at the time, I wrote out a list of instructions and arranged for a colleague to take responsibility should I become unexpectedly unable to practice through accident or serious illness. One copy of those instructions was given to my husband. Another copy was discussed with my lawyer and attached to my will.

Joan Welsh had preceded me into private practice when she left the Gore Community Counselling Centre in early 1996 to open a practice in Timaru. As the only qualified psychotherapist in the city, she received a large number of referrals. Over time she purchased and then developed her own attractive premises and garden. Prior to this Joan had been first my supervisee, later my colleague and friend. When I too entered private practice we had more in common, and were in contact, both in person and by telephone, until she died in April 2003. It was because of this shared history that Joan turned to me for support when confronted with a diagnosis of terminal cancer.

It has been a privilege, a challenge and an emotionally charged experience to have been involved with the sudden closing of Joan's clinical practice. With Joan's permission I will share with you how we went about this. We began without knowledge of how to approach it, with no previous experience, and at the time of the year when most people we might have consulted were away on holiday.

It was like tramping in the dark without a map and with an inadequate torch. While we may not have found the best possible route, it is a track that we hope will become clearer for others, as the process is explored and openly discussed.

A five-stage journey

Looking back we realised that the journey had five distinct stages:

The initial shocked response to an urgent situation.

The actual closing of the practice.

Follow-up arrangements and processes.

Updating and sorting through files, master cards and professional material.

The destruction or storage of professional material in a safe and confidential manner.

Stage one: the initial urgent response

On a Friday in early December 2001, I had several clients to see and was within a few hours of leaving to begin a tramping trip up the newly opened Hump Ridge Track. The phone rang and it was Joan. "Margaret, I'm phoning from hospital. I'm sick. I have to have an operation this afternoon. I need guidance about what to do about my clients. I wonder about putting a notice in the newspaper?"

My spontaneous response was "No". It seemed too public and there was no guarantee that her clients would read the notice. We talked briefly, but long enough for Joan to convince my unwilling ears that she would be unlikely to be back at work in a few days. Her sister, an experienced nurse, had visited Joan at home, discovered how ill she was and immediately arranged for her hospitalisation.

I needed time to cope with that bombshell, before I could suggest appropriate action and wording. I phoned the hospital and obtained permission to use their fax to send a draft notice and suggestions through to Joan and her sister. We agreed that a notice should be pinned to the door of her consulting room explaining that she was unavailable and would be in touch with clients as soon as possible. Clients were mailed that same weekend, with an apology for cancelling their sessions due to unexpected illness, and saying that Joan would contact them again in mid-January. Along with her good wishes Joan added: "If you would like to contact another therapist, I leave you to make your own decision out of your own wisdom. I know you will understand my need for privacy at this time."

Following her surgery Joan received the diagnosis of inoperable liver cancer.

Stage two: closing the practice

Joan made the decision to close her practice. She was determined to keep clear and firm boundaries between her private and her professional life. In shock, feeling unwell and recovering from surgery, she was concerned that she might not be able to exercise appropriate professional judgement in her dealings with clients. It was also important to her that her clients should not start feeling as though they needed to take care of her. Joan realized that the healthy task for her clients was to experience their disillusionment with her, their mourning, and to be able either to make a mature separation from her and thus be free to get on with their own lives, or to begin to form a secure relationship with another therapist.

Guided by these ethical concerns, Joan asked me to meet with her clients, explain to them what had happened, and to close her practice. Angela Stupples, who had worked for a number of years with both Joan and myself in Gore, offered to assist. The first step was to arrange interviews. Joan wrote to her clients and arranged appointments for them. About 75 percent attended the closing session, even though it was mid-January. Clients unable to attend were sent an explanatory letter using Joan's note paper and signed by Angela and myself.

Angela and I spent two days, working in separate rooms, meeting with clients and supervisees, each for approximately forty-five minutes. Difficult emotions were involved for everybody concerned. Angela and I needed to remain aware of our own emotions, yet carefully control them in order to do the work required of us. We were acutely aware that half of the clients would be asked not only to meet with a stranger, but to do so in an unfamiliar room across the passage from their usual therapy room. On a couple of occasions we were chided by clients for not having placed a particular article in exactly the right place.

Angela and I had planned together the following format for each interview:

- (1) We told the clients of Joan's terminal cancer, along with the information that she would not be working again and that we were regretfully closing her practice.
- (2) We asked whether they had expected anything like this. None of them had.
- (3) Then we focussed upon their responses, and worked with their initial shock and grief.
- (4) If requested we agreed to relay messages to Joan. When personal contact with her was requested we explained that this would not be possible, and then dealt with their distress about this. Some clients requested her business card as a keepsake. This was willingly given.

- (5) We made it clear that we had no idea if or when another psychotherapist would be coming to work in Timaru. We explored with each client what personal and professional support they had.
- (6) We alerted Joan's case managers at A.C.C. to the need to give priority to any phone calls from Joan's clients.
- (7) We asked A.C.C. clients to immediately contact their case manager and other clients their doctor, explaining that both would be made aware of the situation regarding the closure of Joan's practice.
- (8) If requested, and where appropriate, we suggested specific contacts in Dunedin, Christchurch or through the Executive Officer of N.Z.A.P. in Wellington. We let the colleagues we had recommended know that they might be contacted by one of Joan's clients, but did not disclose client names.
- (9) When appropriate, we explained that clinical files would be kept secure and confidential for ten years, and described the process should they wish another therapist to have their files: i.e. a signed request would be necessary, any reference to a third party would be deleted and a cost would be involved. In one case the client asked that her file be destroyed.
- (10) We explored with each client whether they had support available, whether they would like us to phone somebody to come and meet them, and what they were planning to do when they left the therapy rooms.
- (11) Finally we checked with each client how they were feeling, expressed our regret, and assured them of Joan's concern for them and her good wishes for their future.
- (12) In several instances we saw clients for a second time in order to ensure their well-being and safety. Several others were phoned as a follow-up check.

Stage three: following up

For some time Joan kept the mail box on her work phone open for messages. She monitored those calls and indicated to me the actions she wanted taken, and when in doubt checked out her decisions. There were also much appreciated letters and cards, some with requests, some with suggestions, sent to Joan by clients after they knew of her illness. As with the phone messages, these were responded to in accordance with Joan's wishes, but not by her.

In the days that followed the closing of the practice there were a variety of tasks to be completed and client requests to be processed. One supervisee phoned saying that her new supervisor wanted Joan's notes. I discussed this request with the supervisee, explaining that Joan's notes were for her own use and would not be helpful to a new supervisor. A week later the supervisee phoned to say that her supervisor no longer wanted the notes and that they could be shredded.

The next step was to arrange whom clients would contact if they should wish to make a professional enquiry. Before she stopped work, Joan had been more ill than she had realized at the time. Because of this she was anxious over the following months that there might have been grounds for a complaint. At the same time she realized that once she was dead the possibility of a complaint would be over, and then she wanted as few records left as possible.

The first step was to inform N.Z.A.C. and N.Z.A.P. of the situation in writing. The Executive Officer of N.Z.A.P. generously agreed to be the initial contact for any enquiry. She would then notify Joan's trustee, with whom records would be stored. Joan's supervisor, Angela and myself all offered to assist the trustee should there be an enquiry. To date there has been no enquiry.

An associated task was canvassing clients' wishes about what should be done with their records. We prepared a questionnaire (see page 52) and posted it to all the clients who had been seen over the last three years, including a stamped envelope addressed to me, care of Joan's Post Office Box number. (It would have taken too much time and been very expensive to contact all of the clients Joan had worked with over the six years she had been in private practice.)

Joan opened the returned envelopes. The majority of clients returned the questionnaire, although some were returned "address unknown". Most asked for their files to be shredded. Joan commented upon the possible reasons some clients had asked for their files to be kept.

"Maybe some individuals feel as though their records are all there is of them that is substantial" and

"Some clients find that it is good to have their experience all written down and acknowledged, and it is apparently very hard for those clients to let the file go."

Stage four: sorting through papers and records

Over the sixteen months we spent closing Joan's practice and putting everything in order, our progress was slow. There were several reasons for this. First, the

RE CLINIC RECORDS

For clients who have received therapy from Joan Welsh, Timaru

Due to ill-health, Joan has regretfully closed her practice, January 2002.

In the future, should you want to uplift a copy of your records there would be a financial cost and a process involved that would begin with contacting the Executive Officer of the New Zealand Association of Psychotherapists, P.O. Box 17 361, Wellington.

Copies of A.C.C. and Family Court reports would be available from those organisations.

Please indicate the ONE alternative you desire by TICKING the appropriate box. Fill in your details, sign and return in the enclosed stamped addressed envelope.

- PLEASE SHRED MY RECORDS.
- PLEASE SHRED MY RECORDS EXCEPT FOR DATES OF ATTENDANCE.
- PLEASE STORE MY RECORDS. I AM AWARE THAT THEY WILL BE DESTROYED TEN YEARS AFTER MY LAST SESSION.

FULL NAME: _____

ADDRESS: _____

SIGNATURE: _____

DATE: _____ PHONE NUMBER: _____

distance between Gore and Timaru is considerable. Second, Joan did not want to carry out this work on her own, yet her energy levels were such that we could not work for too long at any one time. Understandably she also had many other things she wanted to do with the life she had left.

Once I knew exactly what Joan wanted, I frequently wished that I could take all the files and master cards away and process them for her. It would have been so much faster and emotionally lots easier. I was mostly dealing with unknown names, dates and details, but for Joan their were many memories and emotions involved, and she wanted with company, to work through this final separation from her clients and her professional life.

At one stage she decided what she would do with her library and began to carry that out, only to rediscover how precious her books were to her and that she needed the books she treasured most in her home, where she could see them, even if she might not be able to read them.

March 2003 was the last time we worked together on Joan's files and master cards.

The final stage: safely destroying or storing records

Joan had faced her cancer, her dying and her death in a gracious, open, realistic and head-on manner. She knew herself well enough to make it very clear what she wanted, right to the end. She lived her "retirement" as she called it, to the full when she felt well enough, visiting people and places she loved and doing the things she most wanted to do. During our last times together just a week before she died we both knew this was the final good-bye. Work was not on the agenda except for Joan's command: "Take all the files, my records and professional papers from the filing cabinet and desk and safely destroy as much as you possibly can. It is such a relief to at last be able to let them go." She saw them safely deposited in the car before we drove away.

After the funeral it was time to continue with processing the rest of Joan's files and her papers, in the manner she had requested.

While Joan had consulted with her lawyer I did not at any time seek legal advice. Perhaps I should have done. She and I had at an earlier stage decided upon the process and accomplished some of it together. The master cards would record referral source, dates of beginning and ending of therapy, total number of sessions, dates of any reports, the outcome, and the date of closing the file. For any files that needed to be kept the date to shred was written on the top

of the face sheet and on all the master cards. Court and A.C.C. reports were destroyed as copies of these can be obtained from those organizations. Letters of referrals and copies of accompanying reports were destroyed as these too are available from the original source.

Joan was clear throughout that any papers involving clients were to be kept confidential and safe until finally destroyed. Audio-tapes of her work, her supervision, and of lectures attended during her years of training and practice, all carefully labelled, were also to be destroyed, apart from any lectures that would be helpful to others in the future.

The most poignant moment of all for me was coming across Joan's last N.Z.A.C. membership card and her practice certificate for N.Z.A.P., knowing they too had to be put out in the bag to be burnt. I found myself asking if all the effort, the studying, training, writing, listening, record-keeping, the expenditure of energy, the emotional investment and financial cost is worth it, for any of us.

It was a very low period, eased only by the recall of the genuine appreciation I had heard from Joan's clients, [and of] words spoken during her funeral: "Joan's spirit lives on within all those whose life she touched, her family, her friends, her colleagues and her clients." It was at this time that words of an ex-client came to mind: "I am sane now, even though the scars remain. If it had not been for the work we did and the clear boundaries you enforced, even when I continually tried so hard to break them, I would not be alive now."

We only need to hear words like these from one client and know full well that those words are accurate to realise that it is, after all, worth while.

Taking care of the therapist

Joan wanted it recorded in this paper that on the day she was hospitalised and told she would have to undergo an operation she was very unwell, in shock and in need of help to make decisions. "I had to talk immediately to somebody who could guide me." As time progressed Joan found that in an ongoing way she needed her clinical supervisor, her therapist, and me as a colleague and friend, all three, and that she used each of us differently.

Joan had been adamant that her clients be professionally, appropriately and empathically cared for. This we achieved, but in retrospect we felt we made one major mistake. We should have been thoughtful enough to arrange for a third colleague to spend time with Joan during those two days while we met with her

clients. Although she had family members with her all of the time, we realised later that she had experienced professional isolation in her own home, around the corner from her rooms. She was alone with her mountain of emotions, apart from being with us before we began the first day, at lunch times and in the evening. In reality she had taken care of us by providing information about the clients we were to see, bringing food for lunches, arranging to take us out for an evening meal and supporting us with encouragement and affirmation. We, on the other hand, sometimes felt like intruders in Joan's premises, in her space, even when guiltily picking and arranging flowers from the garden outside to decorate her room for her clients.

A month after the closure interviews, back in Timaru Joan and I were going through papers in her rooms while my husband spent the two days putting the garden in order ready for the property to be sold. Joan had instructed us to take down the professional nameplate outside her premises and to include it with the rest of the papers we had torn up and put ready to discard. This was the hardest and most final task of that weekend.

Financial costs: an unconsidered dimension

It was a surprise to me to discover how much expense may be involved in closing a practice. This needs to be planned for. The expenses we encountered included

- (1) Provisional income tax: even although one is not working or generating an income, this still has to be paid.
- (2) Professional assistance: it may be necessary to pay for this. Joan expressed her appreciation by thoughtfully selecting and gifting some articles from her practice that were important to her. It gave her pleasure to know they would be used, appreciated and treasured into the future.
- (3) Accommodation and meals: Joan generously paid for these over the two days spent actually closing her practice.
- (4) Professional indemnity insurance: Joan considered it was essential to keep this up until she died.
- (5) Legal and accountancy costs.
- (6) Stationery, copying and postage costs were substantial.
- (7) Telephone: once she cut off her business phone Joan still needed telephone contact with colleagues, supervisor, and therapist.

- (8) Business post office mail box.
- (9) Professional membership and activities: Joan wanted to continue these for as long as possible. (She achieved this goal up to the end of 2002.)
- (10) Travelling costs: these were high because of the geographical and professional isolation of Timaru.

What have I learned about my own practice?

The closure of a practice is complex and time-consuming even when, as in Joan's case, a therapist has maintained good records and filing systems.

Above all I have learned that when there is the pressure of a waiting list it is all too easy to provide clinical hours and to put the apparently nonessential processing of paperwork to one side for a later date. Joan's cupboards, drawers and filing systems were mostly in impressive order. Now I intend that mine will be the same. As a consequence I have spent many more additional hours putting my professional material, records, master cards, filing systems, tapes and papers in order and up-to-date. It's a good feeling, and I now have the experience and determination to make it a practice to keep them ship-shape, even if it means reducing clinical hours.

I now also discuss with clients, as we work through the last weeks of the termination process, how they would respond to signing permission for me to shred the records of their therapy, at a mutually agreed time, rather than store them for ten years. Most want that done and are relieved to know that it will be; others want the record of all their hard work kept safely in my possession. One client of Maori descent was especially relieved to know that what she described as "part of my spirit will not remain locked between the pages of those files". This had been a major issue for her and she had wondered if a non-Maori would understand her need to have the records safely destroyed.

I have also learned that it is important to make adequate financial, personnel and process provision for the closure of a private practice while we are healthy and operating effectively, and to review those provisions from time to time.

Epilogue

Not owning a shredder, I made several trips out to the farm and stood guard while the papers that had been torn up, were burnt to ashes. I phoned back to Joan each time

this had been accomplished, and on the final occasion contacted her trustee. That last occasion was a Sunday afternoon and it took all of an hour to reduce the remaining papers and tapes to ashes. I stood there and raked, poked, and remembered many things while experiencing a myriad of memories and emotions. The task was nearly complete when I suddenly came out of myself sufficiently to hear externally again, and to realize that from the grove of trees around me came a chorus of birdsong. A fantail arrived on a branch close by, soon another arrived and they fluttered about displaying their fans and cheeping in the delightful, yet fragile way of fantails.

I recalled Joan's Sister of Mercy colleagues and their beautiful rendering to Joan, before she died and at her funeral, of their song "Mother of Mercy". The birds' chorus and the fantails provided a similarly peaceful and supportive message. There was a sense of completion and the realization that even in the midst of death and endings, life and growth continues.

What had initially been unthinkable, we had actioned and accomplished in as good a way as we could manage.