



Disruptive Physician

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Identifying the Disruptive Physician

A disruptive physician is one whose behavior is punctuated by repeated disruptive events. One of the difficulties I have found in dealing with disruptive physicians is that many issues may occur which, if taken singly, would be of limited relevance but when taken together become highly significant, interrupting the functioning of the medical team. Although every instance is different, typically, disruptive physicians will exhibit a pattern of certain behaviors such as:

- 1) abusive language directed at nurses, physicians and hospital personnel. This behavior, which may include degrading or demeaning comments regarding patients, families, nurses, hospital personnel and other physicians is intended to belittle, berate or threaten others.
- 2) threatening physical contact. This may be physical, emotional or sexual.
- 3) creating medical and legal dangers for the hospital, staff and patients. Making derogatory public comments about the quality of care provided by other physicians, nursing personnel or the hospital is an example of this behavior. It is not unusual for the disruptive physician to write inappropriate medical record entries or legally damaging progress notes concerning the quality of care patients receive.
- 4) lack of harmonious relationships with other members of the health care team. This often takes the form of imposing idiosyncratic requirements that have nothing to do with better patient care on ancillary hospital staff.

Are Disruptive Physicians Just “Bad Docs?”

It is my experience that disruptive physicians are often some of the more highly trained clinicians on the hospital staff. They may generate very strong emotions on the part of their patients and seem to be either loved or hated by them. However, even with the best clinicians, disruptive physicians seem to be magnets for malpractice litigation, and have a higher incidence of malpractice claims filed against them.

The Underlying Cause

When we look at physician disruptive behavior, there are often underlying issues. The prognosis for physicians with an Axis I diagnosis such as depression, bipolar disorder or chemical dependence is actually quite good. Axis II personality disorders such as narcissism, often require long term treatment and the prognosis varies greatly. Some disruptive physicians are simply prone to angry outbursts, and the prognosis for this group also varies widely, and often depends largely on potential consequences for physicians unwilling to change their behavior.

Why do we hear so much more about this today?

In recent years, the definition of disruptive or behaviorally handicapped physicians has expanded to include a number of categories. Reporting of incidents of disruptive behavior has also increased. Several factors come into play in this new environment:

- Physicians no longer operate as independent entrepreneurs. Oversight by multiple parties such as insurers, hospitals, and patients rights groups exert greater influence and control today. Frustrated, fearful or angry physicians may lash out more readily in response to what they see as inappropriate oversight.
- Physicians almost without exception experience mental and verbal abuse in medical school and during subsequent training due partly to the emphasis on intellectual development at the expense of fostering appropriate and sensitive interpersonal skills. Abusive treatment during training has not only been tolerated in medicine, it has often been viewed as a sign of the abusers position or genius, leading to repetition of the behavior in succeeding generations of physicians.
- The empowerment of groups such as nurses and hospital staff that previously suffered disruptive physician behavior in silence, knowing that complaints would be either ignored or result in retribution.

The effect on hospitals and personnel

As physicians, we know and expect that all patients, hospital staff and other physicians have the right to be treated with dignity, respect and courtesy. The actions of a disruptive physician cause deterioration in morale in the hospital setting. Stress levels rise rapidly as hospital staff are required to spend inordinate amounts of time appeasing and avoiding disruptive physicians. Communication often breaks down, increasing the risk for medical errors and resulting in delays in making and implementing critical medical decisions. The cycle may continue with another escalated round of inappropriate behavior on the physician's part. It would be hard to create a more perfect breeding ground for malpractice litigation than the above scenario.

Addressing the Problem

As unhealthy and disturbing as disruptive physician syndrome is, there is hope. It is important for hospitals to follow JCAHO regulations and adopt policies concerning physician conduct, distribute them and follow them carefully.

Continued: Addressing the Problem

When policy fails to reduce disruptive behavior, hospitals can ask the PHP to assess the situation and recommend a course of action. The Physicians Health Program is well equipped to work with disruptive physicians to help them deal with the stresses that underlie their despair and anger.

Medical schools must educate students as to the new JCAHO guidelines requiring every hospital to adopt policies dealing with disruptive physicians and physician health. Medical education should include teaching and fostering of interpersonal skills in dealing with patients and colleagues.

Physicians can easily access the TMF Physicians Health Program by calling (615) 467-6411 or writing the TMF, 216 Centerview Drive, Suite 304, Nashville, TN, 37027. All communications to the program are strictly confidential.