

COMMONWEALTH OF MASSACHUSETTS

BOARD OF REGISTRATION IN MEDICINE

POLICY 01-01

(Adopted June 13, 2001)

DISRUPTIVE PHYSICIAN BEHAVIOR

The Board of Registration in Medicine (“the Board”) recognizes the commitment of today’s highly skilled and motivated physicians to the delivery of quality health care. As part of its ongoing effort to optimize patient care and support professional standards among licensees in Massachusetts, the Board provides information on topics of concern to its licensees. It does so in recognition of the fact that the most effective way to respond to a challenging issue in health care is through increased education and discussion.

The American Medical Association (AMA) has defined disruptive behavior as a style of interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care.¹ The recent Institute of Medicine study concluded that health care systems must promote teamwork, the free exchange of ideas, and a collaborative approach to problem solving if medical errors are to be reduced. Disruptive behavior by a physician has a deleterious effect upon the health care system and increases the risk of patient harm.

The Board strongly urges physicians to fulfill their obligations to maximize the safety of patient care by behaving in a manner that promotes both professional practice and a work environment that ensures high standards of care.² Behavior by a physician that is disruptive, and compromises the quality of medical care or patient safety, could be grounds for Board discipline.

The Board also urges physicians to support their hospitals as they work to identify and manage disruptive physician behavior, by taking an active role in this process whenever possible.

¹ AMA H-140.918 Disruptive Physician Policy

² Id.

NEW AMA POLICY

Behaviors such as foul language; rude, loud or offensive comments; and intimidation of staff, patients and family members are now recognized as detrimental to patient care. Furthermore, it has become apparent that disruptive behavior is often a marker for concerns that can range from a lack of interpersonal skills to deeper problems, such as depression or substance abuse. In order to more clearly delineate conduct that is unacceptable, the AMA has adopted the definition of disruptive behavior set forth above. The AMA distinguishes this behavior from criticism that is offered in good faith with the aim of improving patient care. The AMA has also reminded physicians of their ethical obligation to recognize their responsibility not only to patients, but also to society, to other health professionals, and to self. Physicians are urged to recognize that the symptoms of stress, such as exhaustion and depression, can negatively affect their health and performance, and are encouraged to seek the support needed to help them regain their equilibrium.

NEW JCAHO STANDARDS

On January 1, 2001, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) issued new medical staff standards that require hospitals to implement a non-disciplinary process for the identification and management of matters of individual physician health. The Joint Commission has stated that health care organizations have an obligation to protect patients from harm, and that they are therefore required to design a process that provides education and prevention of physical, psychiatric and emotional illness and facilitates confidential diagnosis, treatment, and rehabilitation of potentially impaired physicians. The focus of this process is rehabilitation, rather than discipline, to aid a physician in retaining or regaining optimal professional functioning, consistent with protection of patients.

However, the standards also direct that if, at any time during this process, it is determined that a physician is unable to safely perform according to the privileges that he or she had been granted, the matter is forwarded to medical staff leadership for appropriate corrective action. Such action includes, but is not limited to, strict adherence to any state or federally mandated reporting requirements.

Physician Health Services, a corporation of the Massachusetts Medical Society, has developed guidelines to assist hospitals in meeting the new JCAHO medical staff standards, entitled "Guidelines for Establishing Hospital and HMO Physician Health Committees." These guidelines, which include relevant statutory and regulatory information, can provide guidance to a facility in the establishment of a medical peer review committee that exclusively addresses physician health issues.

CONCLUSION

Physicians, in their role as patient and peer advocates, must recognize their obligation to speak out when faced with disruptive behavior. They must consider that “the importance of respect among all health care professionals as a means of ensuring good patient care is at the very foundation of the ethics advocated by the AMA.”

Physicians must recognize that disruptive behavior, if it directly impacts patient care or safety, may reach a threshold for discipline. Judiciously applied, such discipline has allowed institutions to function more smoothly while ultimately benefiting both the doctor and his patients. For any policy to function fairly, trust and cooperation, as well as disclosure, is necessary.

- 1) Disruptive behavior among physicians is recognized nationally as a problem that at its least is unnecessary, displays emotional instability or deeper problems and leads to poor morale; at worst it impacts directly on patient safety and is subject to discipline. Pursuant to the new JCAHO guidelines, every health care facility must have a mechanism for dealing with disruptive physician behavior.
- 2) Behavior that would not be tolerated in another work setting will not be tolerated in hospitals or other health care facilities.
- 3) It is the ethical duty of all physicians to promote standards of professional behavior among colleagues. However, when lapses in behavior place patients at risk, such lapses and risks should be reported to the hospital’s Quality Assurance Committee, which should record the events, the outcome, and steps to assure compliance and lack of repetition. In many cases, such behavior should also be reported to the Board, pursuant to M.G.L. c.112, § 5F.
- 4) A health care facility’s curtailment of a physician’s activity as defined by 243 CMR 3.02 is reportable to the Board of Medicine, pursuant to M.G.L. c.111, § 53B.

RESOURCES/LINKS

Further information on this subject can be obtained from the following sources:

American Medical Association (AMA) Policy: H -140.918 Disruptive Physician.
www.ama-assn.org.

Board of Registration in Medicine Website: The Board’s website provides answers to frequently asked questions, downloadable forms and educational bulletins. Physician Profiles also provide information about individual physicians. www.massmedboard.org.

The Institute for Healthcare Improvement: The Institute for Healthcare Improvement (IHI) is a Boston-based, independent, non-profit organization working since 1991 to accelerate improvement in health care systems in the United States, Canada, and Europe by fostering collaboration, rather than competition, among health care organizations. <http://www.ihl.org>.

The Institute of Medicine: Information about this organization can be found at www.IOM.edu.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO): Revisions to Selected Medical Staff Standards, Comprehensive Accreditation Manual for Hospitals, Effective January 1, 2001, Medical Staff Chapter, Physician Health, MS.2.6. www.jcaho.org.

National Patient Safety Foundation: The mission of the NPSF is to improve measurably patient safety in the delivery of health care. www.ama-assn.org/med-sci/npsf/main.htm.

The Partnership for Patient Safety (P4PS): P4PS is a collaborative network of people and organizations dedicated to reducing the harm caused by healthcare errors. www.p4ps.org.

Physician Health and Compliance Unit of the Board of Registration in Medicine: This Unit of the Board reviews and evaluates reported conditions that may limit or impair a physician's ability to practice medicine. These conditions include medical and psychiatric diagnoses as well as problems with substance abuse. PHC staff also monitor physician compliance with Board approved agreements.

Physician Health Services (PHS): PHS is a program established by the Massachusetts Medical Society to provide outreach, support and monitoring to physicians with behavioral health problems, as well as mental health and chemical dependency issues, throughout Massachusetts. PHS staff is available to assist in assessments and, where appropriate, interventions. Communications with PHS are confidential under state law, and chemical dependency cases have additional protection under federal law. The Director of PHS can be reached at 1-800-322-2302 or www.massmed.org.

Physician Health & Well-Being Committee: This is a physician wellness program administered by the University of Massachusetts Memorial Health Care Center to provide University of Massachusetts affiliated physicians with confidential treatment and monitoring of their behavioral, physical and mental illnesses, and chemical dependency. The Program Director can be reached at 1-508-856-4147 or www.umassmed.edu.

ProMutual Group: This medical professional liability insurer will conduct a risk assessment or office appraisal of an insured physician's office or hospital using a range of quantitative criteria. They may be reached at 101 Arch Street, P.O. Box 9178, Boston, MA 02205 or www.promutualgroup.com.