

## Physicians with Disruptive Behavior

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### Code of Medical Ethics Opinion 9.4.4

The importance of respect among all health professionals as a means of ensuring good patient care is foundational to ethics. Physicians have a responsibility to address situations in which individual physicians behave disruptively, that is, speak or act in ways that may negatively affect patient care, including conduct that interferes with the individual's ability to work with other members of the health care team, or for others to work with the physician.

Disruptive behavior is different from criticism offered in good faith with the aim of improving patient care and from collective action on the part of physicians. Physicians must not submit false or malicious reports of disruptive behavior.

Physicians who have leadership roles in a health care institution must be sensitive to the unintended effects institutional structures, policies, and practices may have on patient care and professional staff.

As members of the medical staff, physicians should develop and adopt policies or bylaw provisions that:

1. ( ) Establish a body authorized to receive, review, and act on reports of disruptive behavior, such as a medical staff wellness committee. Members must be required to disclose relevant conflicts of interest and to recuse themselves from a hearing.
2. ( ) Establish procedural safeguards that protect due process.
3. ( ) Clearly state principal objectives in terms that ensure high standards of patient care, and promote a professional practice and work environment.
4. ( ) Clearly describe the behaviors or types of behavior that will prompt intervention.
5. ( ) Provide a channel for reporting and appropriately recording instances of disruptive behavior. A single incident may not warrant action, but individual reports may help identify a pattern that requires intervention.
6. ( ) Establish a process to review or verify reports of disruptive behavior.
7. ( ) Establish a process to notify a physician that his or her behavior has been reported as disruptive, and provide opportunity for the physician to respond to the report.
8. ( ) Provide for monitoring and assessing whether a physician's disruptive conduct improves after intervention.

9. ( ) Provide for evaluative and corrective actions that are commensurate with the behavior, such as self-correction and structured rehabilitation. Suspending the individual's responsibilities or privileges should be a mechanism of final resort.
10. ( ) Identify who will be involved in the various stages of the process, from reviewing reports to notifying physicians and monitoring conduct after intervention.
11. ( ) Provide clear guidelines for protecting confidentiality.
12. ( ) Ensure that individuals who report instances of disruptive behavior are appropriately protected.

*AMA Principles of Medical Ethics: I, II, VIII*

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