

## Disruptive behavior

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Recently I participated in a listserv targeted at a narrow audience of subspecialty physicians. It was fun and instructive to understand what problems were arising in this subspecialty area and hear the discussion from many eminent physicians in that area about how to solve them. Although most of the participants enjoyed this interaction, 5–10% of the respondents were openly hostile and accusatory to the physicians who were involved in the discussions! This disruptive behavior on the part of a few served only to halt useful and helpful discourse and prevent others from participating in an open and educational dialog.

This observation is not isolated. Disruptive behavior is a very common problem throughout all of medicine in one form or another. Lack of appropriate discussion between physicians is at the heart of the communication problems that are responsible for many of medical errors. The real problem, however, goes much deeper than this. If physicians do not communicate in a respectful manner to their colleagues, is it really possible that their interactions with patients can be courteous and respectful? Many patients with serious medical problems are emotionally vulnerable. Even a slight problem with communication can cause long-term harm to the patient who may not be told in understandable terms why tests are being done, or what the actual diagnosis and prognosis are. I have seen many patients who consulted a physician and were so put off by their attitude that they did not return to that physician or any other, leaving their problem untreated.

As a group and as individuals, physicians must act NOW to eliminate disruptive behavior. We can no longer tolerate it in any form or forum. We are the leaders and if we allow this behavior to continue, other providers

will also feel that disruptive behavior is acceptable. Physicians are a highly educated group and we cannot simply dismiss disruptive behavior. Disruptive behavior occurs only because we as a group continue to permit it. If action were taken in each case, the disruptive behavior would disappear as would the resultant problems in medical care.

Is it difficult to determine when behavior is disruptive? NO. A simple rule is that if another person tells a provider that their behavior crosses a line or makes them uncomfortable, the behavior must stop immediately. Continuing such activity beyond this warning constitutes disruptive behavior. The details of who is “right” or “wrong” can be settled later when all parties are calm and collected. When a patient is in jeopardy, disruptive behavior cannot be tolerated and the supervisors of those involved must be available to “cut through the issues” and advocate for patient safety and quality of care.

Let’s take a ZERO TOLERANCE stand NOW! We can’t just make policies. We have to make it clear that each and every violation is serious and will lead to serious consequences to the provider. Patient safety depends on it!

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