

Dealing with difficult colleagues—when the problem is the doctor

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In the current issue of *Psychotherapy and Psychosomatics* a topic that is seldom discussed in medical journals is analyzed. Current health care requires effective collaboration among providers. Poor communication may lead to poor patient outcomes. Although emphasis has been placed on interprofessional communication (particularly between physicians and nurses) in the health system, little has been written about problems in communication within the medical profession.

There is not a single, unifying term or definition delineating difficult, impaired, disruptive, or problem doctors. These doctors are usually described as physicians who are unable to perform their professional duties, often due to issues including mental or physical illness, or whose intimidating and disruptive behaviors, including overt actions such as verbal outbursts and physical threats, compromise the care and well-being of their patients.

de Leon and colleagues highlight that [communication](#) difficulties occur from stable patterns of negative behavior on the part of physicians, which psychiatrists call personality disorders, and/or situational issues related to trust, clinical judgment, and interactions with consultants.

According to the authors, doctors can recognize "difficult colleagues" but they do not write about them because their traditional code of ethics encourages respecting other physicians as if they are family members, and because the pattern of medical education follows what is called "tacit learning" from a physician mentor but does not include

questioning how doctors think. However, reporting "impaired [doctors](#)" with obvious psychosis or signs of addiction is a straightforward, clear-cut responsibility for their colleagues.

Addressing [problems](#) that result in difficult communications between physicians requires interventions at different yet integrated levels starting with medical education, dealing with situational issues, and dealing with physicians with personality disturbances. For example, formal [medical education](#) concerning interpersonal communication, professionalism, [disruptive behavior](#) and dealing with disruptive or difficult physicians is crucial in dealing with the outlined issues and hopefully preventing them.

The authors concluded suggesting that special attention should be devoted to "problematic institutions." Indeed, few physicians practice in isolation or small medical groups; most work in institutions, such as academic centers, hospitals or outpatient organizations. This increases the possibility that communication problems may not be associated with a problematic physician but with a problematic [institution](#) that tries to control or force physicians to do things the [physician](#) finds unethical or inappropriate. Moreover, problematic institutions may empower problematic physicians to reach positions of power, making the institution progressively more abnormal.

More information: Jose de Leon et al. Dealing with Difficult Medical Colleagues, *Psychotherapy and Psychosomatics* (2018). [DOI: 10.1159/000481200](#)

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