

# Abusing the False Label of “Disruptive” in Today’s Medicine

By Michael J. Schoppmann, Esq.

The impact of being branded by a “Scarlet Letter” in Nathaniel Hawthorne’s time pales in comparison to what is wrought upon unsuspecting practitioners labeled as “disruptive” in today’s medicine. Virtually irremovable once affixed, the brand of “disruptive” can summarily ruin an otherwise brilliant medical career and should prompt every practitioner to immediately, and aggressively, risk manage their practice to avoid even the inference of any such status.

“Disruptive” – defined in countless fashions throughout medical staff bylaws, employee manuals/handbooks and other governing rules and/or regulations – is basically any style of interaction with practitioners, hospital personnel, patients, family members, or others that is deemed to interfere with patient care. While no one questions the need for the orderly administration of patient care, the abuse of that worthwhile goal is revealed when one considers the stunning breadth of “any style of interaction” – interpreted by some to include even facial expressions, tone of voice and/or body language.

Equally disturbing is the question of who will hold the power to “deem” such interactions to be disruptive? Does that person hold inappropriate (i.e., economic, personal, etc.) or appropriate motivations? Further, and in essence, is there anything that cannot be “deemed” to “interfere with patient care”?

The overly broad and unduly vague nature of such a label as “disruptive” can only lead to further misuse and greater abuse against practitioners. In order to begin to risk manage such a threat, every practitioner should immediately obtain, review and challenge, if necessary, the following from their employer and/or their medical staff:

- Any all Code(s) of Conduct
- Any Employee Handbooks/Manuals
- Any Medical Staff By-Laws
- Any Departmental Procedures and Protocols

If any standard therein is poorly defined, unworkable in its vagueness or subject to self-serving interpretation, it should be challenged immediately through any means or mechanisms available (i.e., the offices of the medical staff, human resources, union representatives, contract revisions and/or seeking new employment/affiliation). If accepting of the “behavioral standards” in either an employment setting or as a member of a medical staff (or both), every practitioner must orchestrate and maintain unwavering compliance with those standards or run the risk of being adversely and permanently labeled as “disruptive”.

In the event of an investigation of his or her conduct, every practitioner must be made aware of the fact that no investigation (even those couched as “informal” or “internal”) is brought that does not carry the potential for serious and irreparable professional damage. Therefore, no practitioner should (1) allow a complaint to go unaddressed and/or unresolved or (2) attend a meeting concerning their status (either as an employee and/or medical staff member) without first knowing (a) who will be attending; and (b) the topics to be discussed.

Every practitioner who attends such an investigative meeting should (a) take careful and copious notes of what is said and by whom (b) demand an opportunity to weigh what has been presented and respond at a later point – possibly in writing and (c) never be coerced into signing any document or documents at such a meeting.

Moreover, if an investigation is concluded in the practitioner's favor, that disposition should be committed to writing, provided to the practitioner and secured in the practitioner's relevant file (i.e., employee, medical staff, etc.) in order to accurately, and permanently, reflect the practitioner's tenure and standing.

In conclusion, every practitioner's ability to avoid the label of "disruptive" rests with whether he or she is willing to proactively secure a firm grasp of the standards by which such an adverse judgment may be placed and either abide by those standards, initiate the effort to change the standards or remove themselves from a climate in which the standards only serve to enable adverse action against the practitioner. To remain silent, unaware or uninvolved will only serve to empower the structures which seek to abuse the intentions, process and goals of those who honorably seek to address the truly "disruptive" practitioner.

References: American Medical Association (AMA) Policy: H-140.918 Disruptive Physician. [www.ama-assn.org](http://www.ama-assn.org).

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