

**The Miriam Hospital
Administrative Manual**

**Subject:
Physician Behavior**

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PURPOSE

The three corporate values of The Miriam Hospital - respect for every individual, delivery of quality care and constant pursuit of excellence should be reflected in the relationships physicians have with patients, with other physicians, with hospital staff and the public.

POLICY

Physicians' relationships with patients and their families are based on a professionalism originating 2500 years ago, rather than the traditional customer-client model. The nature of the relationship derives from the moral obligation of the physician to care for patients and to relieve pain and suffering. The relationship is based on trust rather than an explicit contractual agreement. This gives rise to the physician's obligation to place the patient's welfare above his/her own self-interest and that of other persons or groups. Within this context, physicians are required to use sound medical judgment and to hold the interests of the patient as paramount. Physicians, therefore, must abstain from behavior that would be detrimental to these objectives.

Beneficial lessons may be learned from the customer-client relationship, however, and may enhance the physician-patient relationship. A professional, well-groomed appearance is important and generally inspires confidence in the physician.

Privacy and confidentiality are an integral part of the trust the patient has in the physician. Privacy refers to the expectation of the patient that during medical diagnosis and treatment only those persons involved in the care of the patient will be present. Efforts should be made to take histories and conduct examinations in an environment as private as possible. Maintaining privacy may be difficult in the hospital environment, especially in a double occupancy room. Using curtains to provide some privacy and asking visitors to leave during interviews are among ways to increase privacy.

Confidentiality refers to the expectation of the patient that access to information in the medical record (and other information the physician may acquire during the course of the physician-patient relationship) will be restricted to those who are involved in the care of the patient. Physicians must preserve this confidentiality and not discuss such information when others may hear it. Dictation of reports in semi-public places may compromise confidentiality. Confidentiality of patient information extends beyond the walls of the hospital facility. Care should be taken to avoid discussing patient information in public places where it may be overheard.

Promptness is important to both patients and physicians. We expect our patients to be prompt and we should attempt to be similarly prompt. When the uncertainties of medical practice disrupt our schedules, patients should be notified and an explanation should be offered. Apologies for being kept waiting serve to inform patients that we care about them and that we realize their time is valuable. Anxiety and annoyance are usually dispelled. There are times in the hospital when errors or potential errors in the care system occur. Generally the patient should be informed by the physician if an error during the course of a hospital stay produces significant adverse effects on the care of the patient. Efforts to correct the system are critical to good care but must not include denigration of the staff in front of the patient. Such behavior may satisfy the ego of the physician but is not in the patient's best interests.

Communications are essential. Critical to communication is the ability to listen as an active participant. Equally important is the communication to the patient and the family of important medical information in terms which are sufficiently understandable and complete to provide bases for decision-making. Empathic concern is a part of healing. Specific active listening behaviors include:

- Focus on the patient's issues
- Try not to interrupt
- Maintain eye contact

Communications, both verbal and non-verbal, which favor the physician's interests rather than the patient's are not acceptable. The most egregious example is the violation of sexual boundaries but there are many others such as physician initiated conversations about personal problems experienced by the physician.

Courtesy and respect are important to patients. They should be greeted on the first encounter with an introduction including the physician's name. Generally patients should be addressed by their last names such as Mrs. Smith. The use of first name should be avoided unless the patient has requested such use or a prior relationship makes the use appropriate. Similar to the physician-patient relationship, the physician-physician-relationship requires that all individuals treat each other with respect, courtesy and dignity and conduct themselves in a professional manner.

Communication in a timely fashion between physicians is important. Direct communication to convey the need for, and results of, consultation is necessary. Arrangements for adequately informed cross-coverage are mandatory. If physician-physician conflicts pertaining to patient care can not be settled by the physicians themselves referral to the chief of service or the president of the medical staff is the appropriate approach. Conflicts of a personal nature should be settled outside the hospital setting and care must be exercised to prevent such conflicts from interfering with patient care.

Physician's relationships to members of the hospital staff must at all times be professional and directed toward the best interests of the patients. Courtesy and constructive advice will always result in better care than anger or abusive behavior. There is an inherent inequality in the relationship of physicians and staff members. The physician bears the moral and legal responsibility for the treatment of the patient. Effective patient care is achieved only through a team effort however. In spite of the power relationship the wise physician knows how to function as a member of the team and to achieve the goal of quality patient care by enlisting the best efforts of all members of the team. Abusive behavior, including verbal abuse is never appropriate and is destructive.

Conflicts with staff members about professional issues should be resolved in a reasoned and dispassionate manner through administrative channels. Conflicts with staff members about personal issues should be discussed and resolved outside the hospital. It is unprofessional to allow such conflicts to impair patient care.

Physicians continue to enjoy a high level of respect from the general public, and with this comes the expectation that the physician will exhibit a higher standard of personal behavior than that expected from the public at large. The physician is always representing the profession and frequently will be regarded as a physician even when he/she has no intent or wish to be so regarded.

When dealing with the public the physician must always be aware that he/she is dealing with a potential patient, or family of a patient. In addition, the public may assume a certain patient-physician relationship exists when one does not. The physician should therefore be aware of the context in which medical advice is given to members of the public where there is not a defined professional relationship.

When the physician relates to the public, he/she may be assumed to represent the weight and authority of the medical establishment. The line between medical opinion and personal opinion may frequently be blurred in the eyes of the public. Care must be taken to clarify this difference.

Confidentiality is an issue in caring for the public or famous persons. In such a situation there may be pressures from the public or the media to breach this confidentiality. Despite this, confidentiality must always be maintained, even after a patient's death.

In all of the above situations, actions or speech including but not limited to, behavior demeaning to other persons, lack of courtesy, impatience, anger, yelling, throwing equipment, unreasonably uncooperative activity and sexual harassment do not meet the standard of professionalism.

When the patterns of behavior of a physician relating to patients, colleagues, hospital staff or the public impair or potentially impair patient care confidential, assistance may be sought from the physician's health committee of the medical staff as an alternative to or in addition to administrative remedies.