

# Should You Warn Patients About Substandard Colleagues?

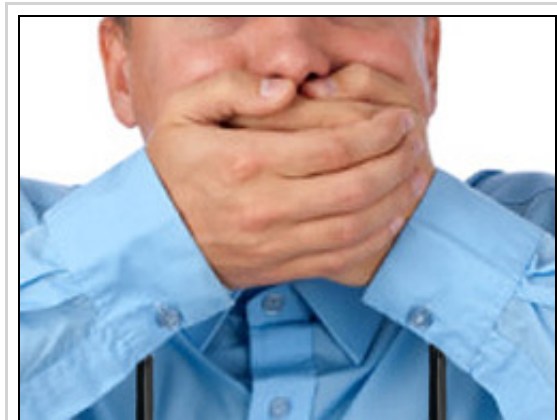
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## Introduction

Have you ever been caught between loyalty to another physician whose skills you don't respect, and wanting to warn a patient if you knew they were scheduled to have a procedure performed by that physician?

More than 24,000 physicians answered this question in Medscape's [2012 Top Ethical Dilemmas Survey Report](#). Some felt that it just wasn't their business to tell a patient. "I wouldn't destroy a patient-doctor relationship by interjecting myself," said one reader.

Others said it was their duty to make sure that patients are protected from potential harm at the hands of substandard colleagues. "The phrase 'do no harm' includes *protecting* patients from harm," one respondent said. In addition, substandard physicians harm not only patients but also the entire medical profession, as one reader pointed out. "We must stop protecting our less proficient colleagues, since they're the ones driving up our malpractice costs."



Close to one half of the respondents (47%) said that they would inform the patient, but 16% said "no," and 37% said "it depends."

"I think it very much depends on the situation," confirms Kenneth Prager, MD, Professor of Clinical Medicine and Director of Clinical Ethics, Columbia University Medical Center, New York, New York. "The question is nuanced and complicated, with a spectrum of scenarios that are highly individual."

Even respondents who felt strongly about informing the patients commented that the particular circumstances would influence their action. In the words of one respondent, "This is very touchy!"

### How Close Are You to the Patient?

Many respondents said that they would inform only if it were their own patient, family member, or friend. "If you have no relationship with the patient, then keep your opinions to yourself," one reader advised.

Others felt that the nature of the relationship was less important than the personality of the patient. "It depends on how receptive the patient would be to my input," a respondent wrote. Another quipped, "It depends on the patients' reputation for bringing lawsuits." And some thought the nature of the patient's relationship with the other physician played a role in the decision. "How invested are they in the other doctor?" one respondent queried. "Are they a regular patient, or is this a one-time procedure?"

A large number of respondents felt that the only important issue is whether the patient has asked for an opinion about the other physician. "I'd inform the patient *only* if the patient initiated the question," one reader said. Another added, "I wouldn't hunt down every patient on the other physician's schedule to issue a warning."

Several respondents felt that the seriousness and the complexity of the procedure make a difference. "I'd be less worried about a cholecystectomy than I would about major cancer surgery," one wrote.

## What Constitutes "Substandard?"

"It's important to distinguish between a 'substandard' doctor and someone with a different approach than yours," says Douglas S. Diekema, MD, MPH, Director of Education at Treuman Katz Center for Pediatric Bioethics, Children's Hospital and Regional Medical Center, Seattle, Washington.

"Often, there are many ways of treating a patient, and just because someone else does it differently doesn't mean that they're doing it wrong or causing their patients harm," he notes.

Dr. Prager agrees. "We all have our preferences, the favorite colleagues to whom we like to refer patients. Sometimes it has to do with personality, not only skills -- a better bedside manner, for example -- and sometimes it has to do with compatibility of approach. But this doesn't mean the other physician is 'substandard.'"

Several respondents felt that if a physician is board-certified and has never been disciplined by an authority, such as the hospital or medical board, that's all that matters. '

### How Do You Assess the Colleague's Skills?

"It's one of my obligations to be sure I'm making an accurate assessment of the colleague, based on reliable data that show they're truly practicing in an unsafe way. Hearsay isn't acceptable," says Dr. Diekema.

Medscape respondents concurred. "I have to be sure I'm not just listening to rumors," one wrote. Another said, "How can I know if the physician's skills are substandard, if I haven't personally witnessed substandard performance during a procedure -- which is impossible to arrange in the real world?"

Others felt that there has to be a leeway for human error. "Who am I to judge another doctor's skill level? Even the 'best' physicians make mistakes," one respondent wrote. Another added, "If I saw substandard results, I wouldn't know to what degree the patient contributed by not following the doctor's instructions."

And some felt that the relationship between the 2 physicians is important. "I'd be hesitant if the other physician was in a competing practice, as conflict of interests might be clouding my judgment."

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## Tact and Diplomacy Are Required

Numerous respondents felt that although they might not directly warn patients about the other physician's skills, they would definitely recommend a second or even third opinion. "I would redirect the patient without speaking negatively about the other doctor," one said.

Dr. Prager agrees. "I probably wouldn't tell the patient, 'You're about to see an awful doctor,' but I would gently but firmly indicate that the patient should see Dr. X instead of Dr. Y."

Many respondents weighed in on the delicacy of presenting this to the patient, saying that it has to be framed skillfully. "I would hint to the patient and let him or her decide," one wrote. Another said, "I would emphasize the strengths of an alternative practitioner." A third added, "I would suggest the procedure be done by someone with more expertise or experience and wouldn't impugn the other doctor."

Even if you decide to be candid, you need to be careful how you present your concerns to the patient.

One reader described a case of a patient scheduled to have a complex procedure with a colleague who had poor track record and wasn't qualified. "It was a terribly difficult and delicate conversation, but necessary. I helped her to find a different specialist."

"You might say, 'I've heard concerns from other patients who have seen this physician,'" Dr. Diekema suggested.

A respondent recommended having "a third party convey the information or at least be present for the discussion, and then having the conversation recorded in writing."

Some readers expressed concern that "slandering" another physician might land them in court. One exclaimed, "This is very tricky legally as well as morally!" Another added, "It's extremely difficult to censure a physician or revoke his license, since often he will sue in return and win." A third noted that a malpractice advisor should be consulted to see whether there are any legal repercussions. "I'd better be able to prove my opinion in court!"

### **Tell an Authority Rather Than the Patient**

"I feel that doctors are sometimes guilty of not being proactive enough in reporting suggesting an investigation of other physicians whom they suspect to be incompetent or substandard," Dr. Prager comments.

Dr. Diekema agrees. "The appropriate first step is with the local institution. The hospital will be aware of the physician's performance. In one case I knew, the outcomes were significantly poorer than those of other hospital staff."

Many Medscape readers emphatically concurred. "This question assumes that a physician who is known to be substandard by colleagues should be allowed to continue practicing," one respondent wrote, "but the duty would be to report the physician to the appropriate authority and protect all patients from substandard care, not just particular patients whom you happen to care for or meet."

Suggestions included reporting the physician to his or her supervisor, the hospital administration, or the medical board. "This is far more ethical than unprofessionally slandering another colleague," one respondent stated. Another recounted, "I have gone to department heads to register complaints, or have refused to work with substandard surgeons."

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## **Conclusion**

Respondents who personally faced this dilemma and intervened felt relieved and correct about having done so. And one respondent who refrained from doing so commented ruefully, "I've been there and I wish I had warned the patient before the case started."

"It's a challenging and difficult situation and, fortunately, not very common. You need to have solid facts and be sure of your motives," Dr. Diekema cautions. "The most appropriate first step is with the institution, but you may have to warn the patient as well."

"You have to be dealing with extreme circumstances, not just subtle differences in approach," Dr. Prager adds. "But if the physician is really incompetent, you have an ethical responsibility to protect the patient."

In the words of one physician respondent, "Ethical medical practice requires one to look first to the patient, understand one's limits and biases, and comment honestly about any concerns."

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