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## Professional Standard Regarding Disruptive Behaviour by Physicians

### Preamble

This professional standard specifies the College's expectations of physician behaviour in a professional environment.

Disruptive behaviour is conduct characterized by the use of inappropriate words, actions or inactions by physicians which shows disrespect for others or any interpersonal interaction that interferes with or is likely to interfere with quality health care delivery. Good faith advocacy is not considered disruptive behaviour.

Physicians may be accused of disruptive behavior by their colleagues, patients or administration and/or leaders at the institution where they practice. In such instances, physicians should contact the [Canadian Medical Protective Association](#) as these matters may come before the College.

Physicians may wish to consider accessing support as provided for by the Doctors NS [Professional Support Program \(PSP\)](#) and/or may wish to see their own physician. Interactions with the [PSP](#) are confidential.

Physicians should contact the CMPA for advice in situations where they have been accused of disruptive behaviour.

### Professional Standard

Physicians must comport themselves in a courteous, respectful and professional manner at all times. Physician behaviour must not inhibit the collegiality and collaboration essential to teamwork, impede communication, undermine morale, or inhibit compliance with or implementation of new practises.

## Guiding Examples

Disruptive behaviours can include words or actions, both overt and covert actions. It exists along a continuum of severity and the gravity depends on the nature and context of the behaviour, and consequences arising from it. A single isolated incident does not necessarily constitute disruptive behaviour. Disruptive behaviour is generally recognized as a series of recurring events.

Honest criticism made in good-faith to improve patient care, respectful disagreement with colleagues or good-faith complaints to an outside agency or a regulator are examples of behaviours that would likely not be considered disruptive.

The examples of disruptive behaviours below are not exhaustive. If one or more of the following behaviours interferes with a physician's ability to work with others and impedes quality health care, the behaviour is likely disruptive.

### Inappropriate Words

- Bullying or repetitive harassment of others;
- Profane, disrespectful, insulting, demeaning or abusive language;
- Humiliating or intimidating comments in-front of others;
- Inappropriate arguments with patients, family members, staff or other care providers;
- Speaking rudely or disrespectfully to patients or team members;
- Gratuitous negative comments about another physician's care (orally or in-chart notes);
- Passing severe judgment or censuring colleagues or staff in front of patients, visitors or other staff;
- Outbursts of anger;
- Insensitive comments about a patient's medical condition, appearance, or situation; and
- Jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance, and socioeconomic or educational status. Refer to the [Nova Scotia Human Rights Act](#).

### Inappropriate Actions/Inaction

- Throwing or breaking things;
- Refusing to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care;
- Using or threatening unwarranted physical force with patients, family members, staff or other care providers;
- Repeatedly failing to respond to calls or requests for information;
- Persistent lateness in responding to calls for assistance when on-call or when expected to be available;
- Failing to work collaboratively or cooperatively with others; and
- Creating rigid or inflexible barriers to requests for assistance/cooperation.

## Recommended Reading

College of Physicians and Surgeons of Nova Scotia

- [Professional Standard Regarding Physician Co-operation with the College](#)

## Resources

Doctors Nova Scotia

- [Professional Support Program](#)

Government of Nova Scotia

- [Nova Scotia Human Rights Act](#)

College of Physicians and Surgeons of Ontario

- [Guidebook for Managing Disruptive Physician Behaviour, 2008](#)

## Document History

First approved by the Council of the College of Physicians and Surgeons: **May 24, 2013**

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