

CAPSULE COMMENTARIES

Capsule Commentary on McDaniel et al., Physicians Criticizing Physicians to Patients

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Physicians are taught to think critically and practice evidence-based medicine. They read articles and review the works of others with a critical eye. But do physicians verbally criticize other physicians to patients? This study by McDaniel et al. suggests that they do, at a surprisingly high rate.¹

This study covertly recorded conversations between standardized patients (actors) and consenting physicians (oncologists and family physicians), and then qualitatively analyzed the content. The standardized patient portrayed a middle-aged man who had been treated elsewhere for advanced lung cancer and was getting established in a new community. The investigators report that in 14 of 34 encounters (41%), a total of 42 comments were made about the care they received by a previous physician. Two-thirds of those comments were critical, despite the fact that the patient received appropriate care as currently defined by the National Comprehensive Cancer Network. Importantly, these critical comments were initiated by the physicians and not the patients. Of the remaining comments, 29% were supportive, and 4% were neutral.

Why is this important? When physicians criticize other physicians, patient satisfaction and quality of care may be adversely affected. The American Medical Association and American College of Physicians consider such criticism as disruptive and unprofessional.^{2,3} Education and effective training may help prevent this behavior. Creating a “culture of respect” is important for improving communication, safety, job satisfaction, and, ultimately, patient outcomes.⁴ If a physician has concerns about a patient’s previous care,

speaking directly to the previous physician is usually the best approach.¹

This study is limited by the use of standardized patients, a relatively small number of encounters in one community, and a single clinical scenario. Nevertheless, the findings are important and warrant follow-up. Future studies, potentially with real patients, should study this phenomenon in larger numbers and assess methods for reducing this behavior.

Of course there is room for disagreement between physicians. Medicine is, after all, an art and not a science. But there is no place in medicine for unprofessional or disruptive behavior. This study is an important early contribution in a respectful “conversation.”

Conflict of Interest: The authors declare that they do not have a conflict of interest.

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