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The "Disruptive Physician" Label

Dr. Tamzin Rosenwasser writes that the "disruptive physician" label is frequently applied by hospital nurses and defended vigorously by nursing management.[1] The nursing profession advocates adamantly for the right of nurses to question doctors' judgment. However, when doctors complain about the interference of the nurse in appropriate patient care, the disruptive label appears.

As a hospitalist, I have no problem with being questioned by nurses. I take their questions or concerns seriously and explain my rationale for deviating from the CMS quality measure or giving an order outside the nurse's depth of knowledge or field of expertise. The problem I do have is with the nurse who refuses to carry out my orders for care or directly countermands my orders despite my explanation. Here's an example.

A restless man was found unconscious on the street and brought to the emergency department by police. I ordered a dose of lorazepam so that a CT scan of his head of acceptable quality could be obtained. The nurse refused to give lorazepam, citing hospital policy against the use of restraints, physical or chemical. I gave the lorazepam over the nurse's continuing and vigorous objection.

As I explained previously,[2] complaint within the institution was futile. I was labeled "not affable." I did complain about the nurse who refused my order to give lorazepam, but not to management within the hospital. I filed a formal written complaint with the state licensing board for nurses. I was told that complaints about nurses interfering with and refusing to carry out doctors' orders were sharply increasing.

If you want to file a complaint with a nursing licensure board, I suggest the following format. After you have summarized the details of your complaint, list the nurse's failings: (1) Refusing or countermanding my order [specify order] is the practice of medicine. The nurse is not licensed to practice medicine. She acted outside the scope of her license and should be disciplined accordingly. (2) Refusing or countermanding my order placed the welfare of the patient in jeopardy [explain how]. The nurse should be disciplined accordingly. (3) Refusing or countermanding my order for care amounts to patient abandonment. The nurse should be disciplined accordingly.

As a locum tenens physician, my "punishment" for filing the complaint with the nursing board of licensure is that I will not be hired by that hospital in the future. If you are a full-time attending staff member at the hospital who files a complaint with the nursing licensure board you can be sure there will be reprisal. Consider seeking formal peer review of your care of the patient. When your care is deemed appropriate, have the peer-review body notify nursing management. Document every reprisal or appearance of reprisal, and specify date, time, and circumstances–who, what, where, and when. Most reprisals will not be through formal peer review but apparent from attitude of nursing personnel, the scuttlebutt, or an increase in complaints about you. (Be on your best behavior!) Therefore, the reprisal is not protected from disclosure by state or federal statute, and you may be able to take legal action—libel, harassment, or other injury. As a last resort go to the media. The media love a good story about medical malfeasance. In any event, the message that you are giving to the hospital and nursing management is that you take the care you provide to patients very seriously and will protect your patients from harm.

Robert A. Peraino, M.D.
Franconia, N.H.

1 Rosenwasser TA. Physicians must learn from history, or become its victims. *J Am Phys Surg* 2011; 16:112-115.

2 Peraino RA. Affability: desirable physician attribute, or synonym for mediocrity?—a case study. *J Am Phys Surg* 2011;16:14-16.

FBI at the Door

Were you present during the raid on my office, hiding behind the large oak tree and observing the activities of the more than 50 government agents? Your article was an exact image of what happened to me.[1]

My wife worked in my office from day one to the end. She saw the business we worked so hard to build demolished by the State of Florida in the person of an overzealous prosecutor and a politically motivated judge.

Patients never testified against us with one exception—a man whose 20-year conviction for trafficking in cocaine was all forgiven in exchange for his testimony against me. He wore a wire, came with a false history, false x-rays showing real pathology, and tried to get controlled substances prescribed for him. He had five visits before I gave him a single prescription for 30 Lortab 7.5/500 mg while waiting for him to have an MRI to evaluate his "back pain." He vanished, then showed up at trial to testify that he could get any drug he asked for every time he saw me. In fact, I evaluated him for hypertension and a cardiac arrhythmia that I discovered on initial physical examination with an office electrocardiogram and Holter monitor, and referred him to a cardiologist before evaluating his complaint of "back pain."

No employee would testify against me even when threatened with imprisonment, fines, and loss of income and reputation. To this day, I love them all for their faithfulness.

All my computers in the main office were seized and dismantled, ruining them and voiding any warranty by the manufacturer. Patient logs, appointment books, and medical records were seized. All incoming payments from insurance companies for services rendered were seized. No discrepancies were found in any insurance, employee compensation, or business or financial records. Even though I opted out of Medicare and Medicaid, I was falsely charged with Medicare and Medicaid fraud.

My life and the lives of my family were ruined by government action against us. To this day, my wife and daughter cannot speak of these horrible experiences.

I agree with the advice not to let your wife work in your office. Get expert legal advice at the first hint that you are becoming a target.

I still feel confident of seeing my case reversed and remanded in 2012. After serving my country on two aircraft carriers and during the first Gulf War, I stand unashamed of my record of practice and proud of the service to my country as a senior medical officer (commander) on deployed navy ships.

James Graves, M.D.
Lake Butler, Fla.

[**Ed**.: Dr. Graves has been in Florida state prison for 10 years, and his appeal has not yet been heard.]

1 Orient JM. A doctors' wives' survival guide, or what to do when the FBI knocks at the door. *J Am Phys Surg* 2011;16:81-84.

Illegal Aliens and Hansen's Disease

I recently read the 2005 article "Illegal Aliens and American Medicine" by Madeline Pelner Cosman, Ph.D., Esq.[1] Unfortunately it appears that the author misinterpreted a statement concerning leprosy made by Sharon Lerner in a 2003 issue of *The New York Times*, which states: "While there were some 900 recorded cases in the United States 40 years ago, today more than 7,000 people have leprosy, or Hansen's disease, as it is now called." In contrast, Cosman states: "Leprosy, Hansen's disease, was so rare that in 40 years only 900 people were afflicted. Suddenly in the past three years America has more than 7,000 cases of leprosy." Lerner's article and statement point out her concern for an increase in cases over a 40-year time span. Cosman's statement is far more dramatic, pointing out what Cosman considers to be an alarming, recent increase.

In view of the paucity of cases, the excellent therapy for, and the low-grade contagiousness of leprosy, even Cosman's numbers are not a reason for alarm. My fear is that the numbers used by Cosman might be interpreted by some individuals to mean that we are experiencing an epidemic of leprosy, leading to calls for isolation and ostracism of leprosy patients. Individuals who have been involved in the care of leprosy patients have waged a long, arduous, and effective battle to remove the stigma of a diagnosis of leprosy. We must strive diligently to never return to the days of ignorance and fear of the "dreaded" disease leprosy. Early diagnosis and treatment are very important in minimizing the neurological complications of leprosy and rapidly rendering leprosy patients non-contagious; therefore, it is extremely important that we not drive these patients "underground."

According to the National Hansen's Disease Program, which can be found at www.hrsa.gov/hansensdisease/, there are now approximately 6,500 cases of leprosy in this country, with 3,300 requiring active medical treatment. There were 150 new cases reported in 2008, the most recent date for which data are available. At the aforementioned website it is further revealed that between 1978 and 2008 there were 7,065 new cases reported, with a peak of 456 new cases in 1983, and that the number of new cases reported has been relatively stable since 1988. Obviously we are not experiencing a dramatic increase in the number of cases of leprosy in this country.

Since drug resistance is an insignificant concern at this time, the major issues today regarding leprosy are the early diagnosis and treatment and the appropriate funding for the care of leprosy patients.

It is my impression that Cosman's misinterpretation does not diminish the main message of her article. I personally found her article to be very interesting; however, I did wish to express my concern that her misinterpretation might be used inappropriately to unnecessarily destroy the lives of patients who develop leprosy.

Chester C. Danehower, M.D.
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Editor's Note: We thank Dr. Danehower for the correction. As Dr. Cosman died in 2006, it is not possible to ask her to comment. Fortunately, Hansen's disease is not an epidemic threat. The same cannot be said for the numerous other conditions brought into the U.S. by unscreened immigrants. Though the article has been accessed by thousands of readers over the past 6 years, no other inaccuracies have been brought to our attention.

1 Cosman MP. Illegal aliens and American medicine. *J Am Phys Surg* 2005;10:6-10.