

# Maintaining Professionalism

Do not fuel the fire by criticizing colleagues.

BY JENNIFER S. MORSE, MD



It is no secret that eye surgeons have differing opinions as to which procedures they believe are the best for certain indications. At any major professional medical meeting, you will most likely hear varying views regarding the most effective techniques and the clinical parameters that define a

suitable candidate, especially because such opinions can change from year to year as both preoperative assessments and surgical technologies improve. Long-term outcomes data may also produce changes in the ophthalmic community's beliefs. Although the debate among colleagues is valuable, appearing to criticize another physician in the presence of patients can be dangerous. Unfortunately, some eye care providers (and their staff) forget that patients are highly susceptible to any verbal or nonverbal communication that seems to question the quality of eye care they received from another provider.

## CASE EXAMPLE

Consider the case of a 32-year-old female who sought a second opinion after undergoing LASIK 8 months earlier. She reported double vision, seeing halos around lights, and blurred vision in the dark, although she saw well in daylight. The patient stated that her original surgeon said that her symptoms should disappear. She further reported that, upon seeking another opinion, the second surgeon had said she "should never have had the LASIK because of her large pupils."

The patient filed an unsuccessful malpractice claim against the original surgeon. On examination, her pupils measured 5 to 7 mm bilaterally under moderate illumination. Unfortunately, casual comments by consulting surgeons that they would never have done LASIK given a patient's "large" pupillary size have been the catalyst for lawsuits when there was no breach in the standard of care.

## TIPS ON MAINTAINING PROFESSIONAL COMMUNICATION

Avoid indirect comments such as, "Interesting that they used an X IOL. I typically have better success with

the Y IOL. Are you satisfied with your results?" Such remarks can create doubt in satisfied patients.

You may be exceptionally skilled and strongly believe that your chosen technique or preference in optical devices is truly the "right" way. That is fine, but do not criticize peers for their use of alternative techniques in front of patients. You can offer your treatment recommendations without showing disapproval of other health care providers' choices.

Some patients seek out second opinions by experts known to have certain biases purely to provide support for a malpractice lawsuit against another surgeon. Do not get seduced by their excessive praise or be manipulated into criticizing peers, even indirectly. It is easy to second-guess, but do not make assumptions without all the evidence. Do not set yourself up to be sued for slander.

Monitor your body language. Even if you do not verbally express your disapproval, raising your eyebrows, frowning, sighing, or shaking your head can send that message to patients.

Make sure your office staff follows all of these guidelines. They should avoid comments such as, "Don't worry. We treat lots of Dr. Y's patients who are unhappy with their results." Such remarks may trigger litigation.

## SUMMARY

Whether inadvertent or deliberate, communication interpreted by patients as criticism of a physician's choice of procedure, technology, or device or his or her treatment decisions can trigger inappropriate malpractice claims, damage professional reputations and practice referrals. Furthermore, it can negatively affect the eye care community as a whole. All ophthalmologists should seek to maintain a nonjudgmental stance when communicating with patients. ■

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