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# Jousting

**By Julie Loomis, RN, JD**

The adage about “people who live in glass houses” still holds true.

Jousting usually occurs when another healthcare professional **intentionally or unintentionally** either verbally or in the medical record makes disparaging comments about other providers, nursing staff, equipment, EHR or administration.

Often, jousting centers around comments regarding prior care, either to a patient directly or in the medical record. For example, “You mean Dr. Jones didn’t order a CT when he saw you?” Patients often have questions about another provider’s recommendations, particularly when the condition changes course and/or additional symptoms or tests reveal a different diagnosis or treatment plan. When patients are inquisitive about the care provided by another provider, simply remind the patient that you were not there and you may not have a complete understanding of the circumstances. The patient may have relayed inadequate or inaccurate information about the treatment provided, and the condition may have progressed since the time of the original care. Therefore, it would be unfair to assess another provider’s judgment at the time and under different circumstances.

Jousting in the medical record, particularly if directed at a particular provider, is a gift to a plaintiff’s attorney. For example, “Dr. Smith continues to overprescribe and I’ve discussed the risks of continuing this dosage with Ms. Johnson who desires to continue the medication in spite of known risks.” Once negative comments pertaining to prior care make their way into the medical record, the defensibility of any claim regarding the care is more of a challenge. If that note ends up in litigation, it becomes evidence, and the author may also be dragged into the case, to be used as a quasi-expert to criticize the prescribing physician. Whether you have concerns about another provider or if someone is disparaging you, it is best to have an open dialogue or direct communication with that provider, rather than commenting to the patient or documenting personal opinions or comments in the medical record.

Another option is to approach a leader on the medical staff to discuss the concern. The bylaws should have a process for collegial intervention. Whatever the approach, don’t try to “defend” yourself in the medical record.

The bottom line is that plaintiffs’ attorneys benefit from finger-pointing in the medical record, and healthcare professionals often take a hit to both reputation and relationships.

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