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# Correspondence

## Blame-and-Sham Peer Review

I appreciate Dr. Huntoon's recent excellent editorial on sham peer review.<sup>1</sup>

I experienced such a sham peer review campaign after I sent two emails critical of Integrated Healthcare Holdings. These events were succinctly reviewed in this journal.<sup>2</sup>

The following sequence illustrates how hospital physician peer review can be subverted in order to control physicians viewed as "disruptive" or troublesome to the administration:

a. The target physician is identified

b. Information on this physician is relayed from superiors to directors, department heads, and the medical staff office, possibly in an informal way to allow deniability. The targeted physician is perceived as a threat that needs to be neutralized by the superior. Subordinates learn they should "align" with administrative will.

c. Professional activities reports are filed by subordinates who identify the targeted physician's errors or "disruptions." The physician's cases may be privately reviewed or sent to outside reviewers to find errors. Errors will always be found.

d. Reports are sent to the peer review committee. In some cases peer review is bypassed, allowing physicians supportive of the administration to serve as judge and jury and thus deny due process.

e. The peer review committee reviews the reports. It may (1) dismiss the reports, (2) assess an error level to the physician's action, from minimal to severe, or (3) send a letter to the physician suggesting corrective action.

f. The process then repeats itself.

g. Individuals who speak out or report systems errors realize that they will become targets.

h. Other physicians and caregivers are inhibited by fear from speaking.

i. Errors accumulate.

j. Administration encourages the passage of "maximum number of tolerated errors" regulations to further threaten targeted physicians.

k. Administration keeps the error file separate from the physician's files, so that Joint Commission surveyors do not see that systemic changes are not made as a result of these reports.

l. The targeted physician is required to attend an expensive remedial education course costing thousands of dollars.

m. The targeted physician's practice withers because of less time to see patients and reduced referrals.

n. Because error reporting is inhibited, and no system exists for correcting true

system problems, a true system-related patient disaster occurs.

Maintaining a blame-and-sham peer review system is a danger to patients and physicians. Such systems are post hoc, reactive, punitive, controversial, personal, and not systems-oriented. Blame-and-sham systems focus on human error and encourage people to "try harder," rather than recognizing that error is human and seeking system and team approaches that trap and screen errors. Blame-and-sham systems also easily allow retaliation.

I urge physicians in authority to turn away from blame-and-shame peer review and direct efforts toward reforming the system into one that encourages error reporting, and that is non-punitive, preventive, and focused on system changes designed to prevent error and encourage diversity in formulation of system change. Peer review system efforts should be coordinated with department quality improvement committees, so that resources are used efficiently. Examples would be: improving diabetes care within the hospital; documenting the quality problems with electronic health records; reducing *C. difficile* rates through routine administration of probiotics; and investigating handoff issues with hospitalists.

Fixing the peer-review system, moving it away from blame-and-sham(e) reporting to "system change," would also prevent the abuse of this system as a tool to control physician competitors and physicians with "diverse" and divergent opinions.

Constructing a peer-review system that protects both physicians and patients and focuses on systems change would limit the temptation to abuse the system for administrative and personal ends. The peer-review system that focuses on system change will prevent disasters.

As a result of efforts by California physicians like Dr. Jerry Rogan, the California Medical Association, AAPS, and others, California Health and Safety code 1278.5 was amended in 2008 to include protecting physicians who report health and safety issues from retaliation. Unfortunately, there is virtually no enforcement of this code.

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