Journal of American Physicians and Surgeons
Mission Statement
The *Journal of American Physicians and Surgeons*, the official peer-reviewed journal of the Association of American Physicians and Surgeons (AAPS), is committed to publishing scholarly articles related to the practice of medicine and to promoting open debate and scientific integrity.

Subscriptions and Advertising
aaps@aapsonline.org

Subscription Rates:
AAPS Members (included in annual dues)
Non-members $75 per year
Institutions $125 per year
Students/Residents $15 per year
Foreign $200 per year (US currency only)

AAPS
Omnia pro aegroto

Copy Editor
Stuart Faxon

Cover Design
Rachel Eck

Typesetting and Printing
Skyline Printing Co., Inc.
Tucson, AZ

Website
www.jpands.org

Webmaster
Jeremy Snavely

POSTMASTER:
Send address changes to:

1601 N. Tucson Blvd, Suite 9
Tucson, AZ 85716

Journal of American Physicians and Surgeons (ISSN 1543-4826)
is published quarterly.

Correspondence

Sham Peer Review vs. Science

Dr. Lawrence Huntoon's article on "voluntary abeyance"[1] identifies the faulty conflation between this and "summary suspension." A physician undergoing peer review might incorrectly believe that choosing voluntary abeyance is preferable, even though from the perspective of the National Practitioner Data Bank there is no distinction after 30 days.

In his article in the spring issue,[2] Dr. Huntoon is adept at spotting a faulty conflation between clinical practical guidelines and standard of care. A physician entering the legal realm of peer review can be easily confused and manipulated, believing for example that a deviation from a clinical practical guideline must indicate a violation of the standard of care. Such an incorrect assumption could damage the physician's defense. Having a lawyer present during peer review can be helpful in bolstering the physician's grasp of legal terms, making it less likely that he can be persuaded into believing something that is false.

Clinical practice guidelines represent a clinical consensus, while standard of care is a legal term. Standard of care can be understood as the caution that a reasonable physician in similar circumstances would exercise. It represents a low threshold compared to the higher threshold of clinical practice guidelines, that is, the degree of care expected of a minimally competent physician in the same specialty under the same circumstances.

If there is a question of whether a physician has been negligent in the context of peer review, a malpractice case, or a board complaint, negligence is decided by standard of care and is unrelated to clinical practice guidelines, even though peer review committees and malpractice attorneys may try to conflate the two.

Many physicians have been overwhelmed by precipitous changes in the practice of medicine during the COVID era, in which the roles of physicians and health bureaucracies have been inverted. Academic freedom has been constricted as health bureaucracies have become more authoritarian, issuing mandates about what physicians should or may not say and do.

Dr. Huntoon reminds us of previous examples of authoritarian approaches in the history of medicine. It took more than 100 years for Dr. Ignaz Semmelweis to be recognized as the "savior of mothers." The "peer review committee" of the day included Rudolph Virchow, who squarely denounced Dr. Semmelweis's findings. Dr. Michel Mirowski and Dr. Morton Mower, who developed an implantable cardioverter defibrillator device in 1969, were initially called lunatics. The renowned Bernard Lown and other members of the medical elite warned that their device was dangerous and could electrocute patients. There was a consensus that such an idea was "crazy."

During COVID, elite health officials downplayed natural immunity and never acknowledged the ineffectiveness of lockdowns, mask mandates, or the 6-foot rule.

When a political agenda deforms scientific inquiry, you get non-science. Although the consensus opinion momentarily reigns supreme, it cannot sustain itself except through authoritarian means, because the flaw eventually emerges. Thank goodness for AAPS, Andrew Schlafly, Dr. Huntoon, and the intellectual leaders of our time who have had the courage to disagree.

Claude Bernard, the founder of experimental medicine, said in the 19th century, "When we meet a fact which contradicts a prevailing theory, we must accept the fact and abandon the theory even when the theory is supported by great names and is generally accepted."

Graham Spruiell, M.D.
Mandeville, LA

REFERENCES

1. Huntoon LR. Sham peer review: the 'voluntary' abeyance. *J Am Phys Surg* 2022;27(2):42-45.
2. Huntoon LR. Sham peer review: abuse of consensus and clinical practice guidelines. *J Am Phys Surg* 2023;28(1):11-16.