

AMNews Letters to the Editor - April 5, 2004

Editorial was naive in arguing for absolute immunity in peer review

Regarding "Peer Review: The case for absolute immunity" ([Editorial, March 15](#)):

Your editorial expresses great concern that physicians who feel they are victims of bad-faith peer review may retaliate against the hospital and physicians who participated in it. Unfortunately, there is no concern shown for the increasingly common occurrence of a hospital retaliating against a physician whistle-blower via sham peer review.

As physician reimbursements continue to fall, competition increases, and "improper motives" become a reality that is too tempting for some to resist. Likewise, as reimbursements to hospitals decline, hospitals increasingly have a powerful motive to control costs, many of which are affected by physician practices in the hospital (i.e., length of stay, rigid clinical pathways and so on).

If a physician does not follow hospital cost-control initiatives or brings a patient-safety concern to the administration's attention or complains that hospital initiatives are adversely affecting quality of care, that physician is often labeled as a "disruptive physician." Such physicians are then frequently targeted for summary suspension or sham peer review in retaliation. This has a very chilling effect on the willingness of physicians to come forward with quality concerns.

Your editorial naively argues that "discovery of such a dishonest act [bad-faith peer review] would seriously jeopardize their standing among colleagues and in the institutions where they practice." Far from jeopardizing their standing in the hospital, however, a sham peer review against a physician whistle-blower that is conducted at the urging of the hospital administration often enhances the reviewers' standing with the hospital.

The California and Connecticut courts clearly recognized the danger that absolute immunity poses to the accused physician, and they acted properly so as to uphold the few remaining checks and balances in the system that protect physicians who are victims of sham peer review. It is in the interest of patient safety and quality of care to create an environment in which physicians with quality concerns are not afraid of coming forward in the hospital setting in an attempt to correct deficiencies.

Absolute immunity in peer review is equivalent to absolute power over the accused. Absolute power corrupts absolutely.

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Editor's note: Dr. Huntoon is editor-in-chief of the Journal of American Physicians and Surgeons and chair of the peer review committee of the Assn. of American Physicians and Surgeons Inc. The AAPS' objective is "the protection of the patient-physician relationship from third-party intrusion."