

Competitive Hatchet Job

biology



questioned by the accused physician. Despite the accusation, it is clear that two of the alleged catheterizations were, in fact, NEVER DONE. Thus the physician was accused of doing catheterizations that did not exist. There is a strong sense as one reads this material that this was NOT careful peer review but a competitive hatchet job.

Another example is informative. A cardiologist is accused of misinterpreting caths and echocardiograms and performing too many, etc. in 37 patients. The hospital reviewers conclude that the standard of care was not met in 26 of the patients. An outside reviewer brought in by the hospital concludes that 18 patients did not meet the standard of care. Four outside expert reviewers from around the country, who were contacted by the accused cardiologist, found that the standard of care was met in all 37 patients. After reviewing the cases, I would concur with the latter view. Unbiased peer review or competitive hatchet job? The human tragedy in all this is that two of the three cardiologists lost their privileges and had to move. The third was cleared of wrongdoing but still suffered tremendous financial losses.

Are these isolated cases? As I have explored these cases and talked to different individuals, it seems probable that this scenario is far more common than is appreciated.

What can we do to prevent a miscarriage of justice? First of all, we must appreciate that peer review may uncover physicians who are practicing below the standard of care, and may thus help protect the public. On the other hand, how do we protect a physician who is accused primarily to reduce the competition? In the past, the College has wisely stayed out of local issues and politics. There are neither the resources, personnel, nor time to carry out such reviews. Maybe, however, it is time for the College to create ways to help. Perhaps a list of qualified physicians who would do this