

## Editorial:

# The Psychology of Sham Peer Review

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As sham peer review has spread across the nation, it has left behind a trail of broken and ruined lives and careers of good physicians. Although each case is unique, there are certain common features underlying the psychology of sham peer review.

### **Psychology of the Sham Peer Review Process**

Sham peer review is a premeditated process that begins long before the actual sham peer review hearings and formal proceedings. It begins in the minds of those who set out to destroy a targeted physician. Improper motives, having nothing to do with furthering quality care, drive the process.

The process of sham peer review frequently involves a progressive series of small attacks leading up to a final formal proceeding designed to end the targeted physician's medical career. Sometimes these trial runs may go unnoticed or seem insignificant to the targeted physician. Meanwhile, the hospital often secretly collects, compiles, and even solicits documentation to be used in the final attack at a later date.

The final attack (formal sham peer review proceeding) is often well planned and well choreographed so as to give the appearance of a legitimate, good-faith peer review action. The appearance of due process and fundamental fairness is given top priority, although substantive due process and fundamental fairness are always lacking in sham peer review.

### **Psychology of the Attackers**

Although there are some cases in which one or a few participants in the sham peer review proceedings are lazy and negligent and simply defer to the leaders of the attack in casting their vote against the targeted physician, in most instances those who participate in the sham proceedings know exactly what is going on.

The psychology of the attackers is a combination of the psychology of bullies and that of the lynch mob. The attacks are typically led by one or a few bullies who have gained positions of power over others and who enjoy exercising and abusing that power to attack and harm the vulnerable. Although there is always some improper motive that precipitates the attack, the attack itself often serves to distract attention from the bully's own underlying shortcomings, deficiencies, insecurities, and cowardice.

Sham peer review is by nature a group effort involving collaboration between unethical hospital administrators and unethical physician attackers. The psychodynamics involve both the excitement of the hunt and the raw power of the lynch mob that often develops a life of its own, leading to actions that individuals would likely not take if acting alone. It is the psychology of predators versus prey. Others are drawn into the group hunt via the same type of macabre attraction that often compels people to turn their heads and gawk as they drive slowly by the car wreck, looking for any sign of mangled or dead bodies.

The power to snuff out the career and livelihood of a fellow physician in the blink of an eye provides a certain pathological satisfaction and excitement for some attackers. To share in the "group hunt" is to share in some of the power and excitement. And the nearly absolute immunity the attackers enjoy under the Health Care Quality Improvement Act (HCQIA) and the doctrine of judicial nonintervention further emboldens and enhances the power of the attackers.

### **Psychology of the Physician Victim**

Facing superior power and numbers, the targeted physician soon understands that he is the prey and the hunt is on. The final attack is often unleashed quite suddenly and with great fury. The resultant shock and awe often causes a sudden loss of energy and a mental numbness that impairs the physician victim's ability to defend himself effectively. This often further excites the predators as the deer stands motionless, caught in the headlights.

Shock and awe is followed quickly by denial and disbelief. This is frequently accompanied by a strong belief that the truth will save the victim and set him free. Meanwhile, the stigma attached to mere allegations of wrongdoing produces an intended isolation of the targeted physician. As a result, the physician victim often shuns contact with colleagues, further assisting the predators in cutting the prey out from the herd in preparation for the kill.

At this stage, alone and isolated, facing almost certain demise, extreme fear sets in. How will the physician provide for his spouse and children? How will he cope with the bills that are mounting up now that the attack has stopped cash flow? How will he survive?

Constantly living in an adrenaline-soaked fight-or-flight state further depletes the victim's energy and is often accompanied by significant depression, complete with severe sleep disturbance (too much or too little), weight loss, and a pervasive feeling of helplessness and hopelessness. The risk of "death by stress" or suicide is very real at this stage.

Anger emerges as the physician victim comes to recognize that the truth and the facts do not matter at all in sham peer review since the proceedings are rigged and the outcome predetermined. The procedural presumption is that the physician is “guilty” and the burden is shifted to the physician to prove his innocence—a burden that the attackers will never allow him to meet. Anger is often accompanied by a consuming desire to hold the attackers accountable for their evil deeds. This not infrequently leads to many years of litigation, further depleting the victim’s energy and resources, and consuming the lives of the ruined physician and his family.

Chronic fear and anger often take a heavy toll on the physician’s physical and mental well-being, and on his relationship with family and others. The resulting downward spiral often leaves the physician devastated, still alive physically, but invisible or “dead” to former colleagues and to the profession of medicine. It is a cold and lonely pit that no one could have envisioned upon entering the profession of medicine.

### Psychology of the Enablers

Enablers are those physician bystanders who are aware that the sham peer review attack is taking place, but who stand by and do

nothing to object or to stop it. It is the psychology of the herd that stands placidly by while one of its own is cut out from the herd and killed. Enablers are like the timid sheep who huddle close together, keeping their heads down, in the hope and belief that the predator’s appetite will be satisfied with the “kill,” leaving the rest of the herd to graze in peace.

In many instances, a few vocal physician bystanders may be all that it would take to stop the bully’s attack. Expressing objections to individual physicians could also destroy the psychodynamics that impel a lynch mob.

Although bullies who launch vicious attacks against physician colleagues may be beyond redemption, renewal of professional ethics through education, and urging of the physician bystanders to get involved, may help to stop the spread of sham peer review. It may be the only hope.

Unless ethical physicians stand up and object, and hold the unethical physicians accountable for their actions, the spreading moral malignancy of sham peer review will irreparably harm patient safety, medical excellence, and the integrity of the medical profession.

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