

**Journal of American Physicians
and Surgeons**

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Copy Editor

Stuart Faxon

Cover Design

Rachel Eck

Typesetting and Printing

Skyline Printing Co., Inc.

Tucson, AZ

Website

www.jpands.org

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1601 N. Tucson Blvd, Suite 9

Tucson, AZ 85716

*Journal of American Physicians
and Surgeons* (ISSN 1543-4826)

is published quarterly.

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Sham Peer Review in Australia

L-F Ng and his associates have presented a masterful analysis of the legal, medical, medico-legal and personal elements of “sham peer review” (SPR) as it has evolved over many centuries.¹ “Sham” suggests faked and/or malicious criticisms by staff who fear their reputations, wealth, comfort, status, or security might be harmed by another doctor—whether or not any connection exists.

Thirty years ago, as surgical director of a large university hospital in Australia, I was asked by a state regulator to report on the conduct of a group of anesthetists who had been the subject of many complaints by nursing staff, students, residents, and patients. I studied the claims and spent several months operating with those who were criticized before delivering by hand a “highly confidential” report to the hospital’s chairman of directors. I concluded that certain patterns of behavior had been endemic, highly deceptive, unethical, and dangerous.

A day later, I was suddenly denied access to all anesthetic services and suspended. Hospital management, in collusion with the faulted personnel, had begun an SPR of my surgical record. It lacked all due process, natural justice, or procedural fairness. I was well aware that SPR involves the use of two forms of deception—“sham peers” and “sham reviews.” Criticisms of my canvassed report came from the worst offenders, who were supported unconditionally by board managers whose credentials were faked.

The destructive stand-off ceased six months later when I rejected any further hospital employment and went looking for a low-stress life. My surgical life and reputation had been destroyed by a cabal composed of the chief of anesthesia, who loudly boasted that he could “make or break” any surgeon he chose, and his close buddy, the board chairman, who had immediately distributed my “highly confidential” critical report to all faulted parties. The fact that the hospital’s expert referee had no criticism of my surgery and a supreme court also declared me competent carried no power when my outdated contract favored the hospital.

In his retirement, the judge stated

privately that I was “hung out to dry” by the hospital despite my 30 years’ service.

I discovered that SPR is a direct maiming and killing equivalent. Powerful directors of health services know very little of medical matters, but malleable lawyers pretend to understand vital medical minutiae. A doctor’s life can be trashed by the mass media within hours of an emailed “suspension” letter. Witnesses making false declarations are never true peers, and their fallacious credentials must be deeply scrutinized and challenged. If their evidence is accepted, it is usually for political expediency.

In the best interest of all who seek highly informed and dependable medical judgment, the deadly disease of SPR must be recognized and replaced urgently by a total separation of expert legal and medical authorities at every stage of medical judgment. In my experience of crude, manipulative SPR, a crucial expert report was “lost” so often from a health minister’s office that he sent his official driver to collect a copy from my home after dark, for “safe-keeping.” The copy disappeared from his locked desk within two days and remained elusive for many years.

Most sham-reviewed doctors never return to their specialty work or an equivalent. Many of them become depressed to the point of contemplating gross self-harm. After hundreds of attempts to meet bureaucrats of all levels, I have met only one health minister, once, in 30 years. Soon after, he was dismissed from his post.

I will never recover from all that I endured in this warfare. At every step, destroying distinguished medical careers seems the ambition of SPR procedures as they operate today in Australia.

Until Australia’s health management embraces dominant, expert tribunals, its development and *esprit de corps* will continue to wither.

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1. Ng F, Broadbent R, Teper Y. A perspective on the emergence of healthcare sham peer reviews in Australia—past, present, and future. *J Am Phys Surg* 2016;21:104-109.