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# Correspondence

## Responding to a Malignant Attack

The attack against Dr. Parvez Dara<sup>1</sup> demonstrates abuse unacceptable to a free nation. It displays a systematic misuse of language reminiscent of Communism.

When reporting on or reacting to episodes of abuse by government, we must remember group psychology. If we recite the incident with the attitude that we cannot credibly fight back, we are helping to inculcate learned helplessness, a recipe for depression. When incidents are mentioned, we should try to approach them as problems to be solved, retaining a suitably combative attitude, so that we do not destroy ourselves with submissiveness and vicarious grief. Inferring that resistance is hopeless extirpates nascent resistance, which might otherwise grow strong enough to stop the oppression.

The health department raid on Dr. Dara was likely timed deliberately so as to make protest by the physician difficult and to deprive him of due process. Otherwise, why would the raid not have occurred promptly after the allegations were made?

If the medical practice had actually been mishandling materials contaminated with hepatitis virus, and truly putting patients in danger, delaying the raid might have allowed preventable injury to patients. Thus the delay is contrary to the stated mission of those responsible, and therefore suggests a dishonorable motive.

The assistant commissioner of health demanded names of patients, including patients last seen so long ago that any problems related to management/treatment errors would have become evident. The authority to demand such information in the absence of a clear danger to patient care is questionable.

There was apparently no written promise that when letters were sent to such patients, the physician's explanation would be sent with them. If there had been, the official would have been caught breaking a promise, with potential political consequences even if no true legal remedy could be enforced.

The alleged rationale for suspending the license, in light of the facts, would be embarrassing to the state government if known by the general public. Media, how-

ever, are apparently reluctant to disseminate any information that the government does not want disseminated. The government can enforce self-censorship by barring news reporters and specific news organizations from obtaining access to government spokespersons, press conferences, and other primary sources of information. In this case there were two incidents of media fanfare. Had the first one not followed the government script but instead spelled out the facts, there would not have been an opportunity for the second: the government would have been exposed as abusive, and a scandal and various impeachments could have followed.

The right of due process, to prepare a defense, is federally guaranteed. Perhaps this issue could have been raised when the deputy attorney general advised office staff against communication with the physician.

Offers of plea bargains apparently suggest a way to reduce expense and stress. But they all, including an apparently biased ethics course, demand an admission of guilt. Government enforcers in this context are generally immune from lawsuits for their abusive behavior. Why, then, insist on an admission of guilt when a judge seems eager to acquit? Investigating a physician who later proves to be innocent is hard on the physician, but legally safe for the government. The rationale for insisting on an admission of guilt appears to be to protect the reputation of the health department and the licensing board. An innocent physician can complain credibly; a physician who admits guilt cannot. There are no statutory appeals from the court of public opinion.

Chief residents in training programs need to be notified of the climate of abuse. Young physicians need to take this into account in their future practice plans. States that need to guard their reputations to prevent an exodus of young physicians should have an incentive to reform their licensure boards.

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1 Dara P. Medical board launches malignant attack against oncologist. *J Am Phys Surg* 2012;17:87-91.