

Editorial:

# Sham Peer Review: The Psychology of Obedience and Social Influence

Lawrence R. Huntoon, M.D., Ph.D.

*“Civilization means, above all, an unwillingness to inflict unnecessary pain. Within the ambit of that definition, those of us who heedlessly accept the commands of authority cannot yet claim to be civilized men.”<sup>1</sup>*

– Harold J. Laski

History is replete with examples of seemingly ordinary individuals who have carried out the orders of evil men to torture, kill, and commit unspeakable atrocities against innocent people. In her book, *Eichmann in Jerusalem: A Report on the Banality of Evil*, social philosopher Hannah Arendt concluded: “The trouble with Eichmann was precisely that so many were like him, and that the many were neither perverted nor sadistic, that they were, and still are, terribly and terrifyingly normal.”<sup>2</sup>

This shocking normality of those who do evil is not limited to Nazi Germany or specific cultures. In interviews of dozens of government-sanctioned torturers in Brazil, conducted by Professor Philip Zimbardo and colleagues, Zimbardo concluded: “Torturers were not unusual or deviant in any way prior to practicing their new roles, nor were there any persisting deviant tendencies or pathologies among any of them in the years following their work as torturers and executioners.”<sup>3</sup>

Likewise, in the area of sham peer review, seemingly ordinary “normal” physicians participate in or allow themselves to be manipulated to carry out the destruction of another physician’s medical career.

## Milgram’s Experiment

Insight into how and why this happens is provided by the classic experiment conducted 50 years ago by Stanley Milgram in the basement of Linsly-Chittenden Hall at Yale University.<sup>4</sup>

Milgram designed an ingenious experiment involving an Experimenter, a Teacher, and a Learner. Volunteers were told that they would be participating in an experiment designed to determine the effects of punishment on memory. Volunteers were paid \$4.50 for participating in the experiment. In a rigged lottery, all volunteers were assigned to be Teachers. The Learner was an accomplice of the Experimenter. The role of Experimenter was played by a 31-year-old high school biology teacher.

The Learner, a 47-year-old accountant who was trained for his acting role, was strapped into an electric chair in an adjacent room, with an “electrified” plate attached to his wrist. The Teacher and Learner communicated with one another through an intercom. The Experimenter and Teacher were in the same room. The Teacher was placed in front of an impressive fake shock

generator with lights and 30 switches labeled with voltages ranging from 15 to 450 volts, with each successive switch increasing by increments of 15 volts. Switches were labeled in seven groups of four from left to right: Slight Shock, Moderate Shock, Strong Shock, Very Strong Shock, Intense Shock, Extreme Intensity Shock, and Danger: Severe Shock. The final two high voltage switches were labeled XXX. The Teacher was provided with a 45-volt shock from the shock generator so he would be convinced of its authenticity.

The Teacher was told to administer a paired-associate learning task to the Learner, and to administer shocks to the Learner in increasing increments of 15 volts each time the Learner provided a wrong answer or failed to respond in a timely fashion.

## Results

Despite the Learner’s pleas to stop, agonizing screams, pounding on the wall, loud cries to let him go, and claims of a heart condition, 65 percent of Teachers proceeded to administer the maximum level of shock available on the shock generator. Any reluctance on the part of the Teacher to administer severe shocks was met with firm prodding by the Experimenter that the experiment must continue irrespective of the screams and protests of the victim. After all, in the interest of advancing science, both Teacher and Learner voluntarily agreed to participate in the experiment and had an obligation to fulfill their commitment.

The results of the experiment were quite disturbing to Milgram: “The results, as seen and felt in the laboratory, are to this author disturbing. They raise the possibility that human nature, or—more specifically—the kind of character produced in American democratic society, cannot be counted on to insulate its citizens from brutality and inhumane treatment at the direction of malevolent authority.”<sup>5</sup>

Subsequent replications of the Milgram Experiment have found that “the 61 percent mean obedience rate found in the U.S. was matched by the 66 percent rate found across all the other national samples” [including European, African, and Asian countries].<sup>3</sup>

## Proximity Matters

Milgram also found that proximity of the person administering shocks to the victim reduced obedience to authority: “The experimenter ordered the naïve subject to force the victim’s hand onto the [electrified] plate. Thus obedience in this condition required that the subject have physical contact with the victim in order to give him punishment beyond the 150-

volt level.... The data revealed that obedience was significantly reduced as the victim was rendered more immediate to the subject.... [T]he findings are that 34 per cent of the subjects defied the experimenter in the Remote condition, 37.5 per cent in the Voice Feedback, 60 per cent in Proximity, and 70 per cent in Touch-Proximity.”<sup>5</sup> The well-known correlate in war is that it is easier to kill numerous people by dropping a bomb from 40,000 feet than it is to kill a single man face to face in hand-to-hand combat. One of the subjects in the Milgram experiment stated: “It’s funny how you really begin to forget that there’s a guy out there, even though you can hear him. For a long time I just concentrated on pressing the switches and reading the words.”<sup>5</sup>

### **Focus on Technical Procedures—“Just Following Orders”**

In the Nuremberg trials following World War II, Nazi war criminals similarly argued that they were focusing on technically performing their jobs well, and were “just following orders.” The immoral nature of their acts became evident to them only at the end of a rope. In sham peer review, technical procedures and hearings often continue for months in a hospital, completely absorbing the attention of those participating in the peer review process, often at the expense of recognizing the broader consequences. As Milgram noted: “One such mechanism is the tendency of the individual to become so absorbed in the narrow technical aspects of the task that he loses sight of its broader consequences.”<sup>6</sup>

The authority places a high value on technically performing one’s job well, irrespective of the destructive impact: “We find a set of people carrying out their jobs and dominated by an administrative, rather than moral, outlook.”<sup>7</sup>

### **Systematic Devaluation of the Victim**

Milgram also noted that systematic devaluation of the victim prior to taking action against the victim provided psychological justification for harming the victim, and the harmful act itself provided further justification to devalue the victim:

Systematic devaluation of the victim provides a measure of psychological justification for brutal treatment of the victim and has been the constant accompaniment of massacres, pogroms, and wars.... Of considerable interest...is the fact that many subjects harshly devalue the victim *as a consequence* of acting against him. Such comments as, “He was so stupid and stubborn he deserved to get shocked,” were common. Once having acted against the victim, these subjects found it necessary to view him as an unworthy individual, whose punishment was made inevitable by his own deficiencies of intellect and character.<sup>6</sup>

In sham peer review, this takes the form of the proposition, “where there is smoke there must be fire,” the view often promoted by the choreographer that the physician must have done something wrong to be the subject of peer review. The idea that peer review itself equates with guilt of the targeted physician is part of the subtle manipulation that occurs in sham

peer review. This false proposition is then parlayed into the idea that if the physician refuses to admit wrongdoing, the physician is “in denial,” “lacks insight,” and, therefore, is “irremediable” and deserving of the harshest action—termination of hospital privileges, which often ends the physician’s medical career.

### **Accepting False Accusations**

False propositions and false accusations are, unfortunately, often accepted under pressure of conformance to the group:

[Solomon Asch] had tested how far subjects would conform to the judgment of a group. Asch had put each subject in a group of coached confederates [accomplices of the experimenter] and asked every member, one by one, to compare a set of lines in order of length. When the confederates all started giving the same obviously false answers, 70 percent of the subjects agreed with them at least some of the time.<sup>3</sup>

We see this same dynamic with a medical executive committee (MEC) in the sham peer review setting, in which a majority of physicians, who are financially dependent on the hospital administration, vote to harm the targeted physician based on false accusations, and independent physicians then follow suit.

### **Diffusion and Transfer of Individual Responsibility**

The action of a group also diffuses individual responsibility for actions that individuals, through action of conscience, may not commit as individuals.

In Milgram’s experiment, the experimenter encouraged those administering shocks to transfer the responsibility of their actions to the experimenter. When subjects balked at administering severe shocks to the victim, “...the experimenter continues to insist that you go on. He reminds you of the contract, of your agreement to participate fully. Moreover, he claims responsibility for the consequences of your shocking actions.”<sup>3</sup>

Milgram saw this as a powerful adjustment in the thought process of subjects, which enabled a high degree of obedience to authority:

The most common adjustment of thought in the obedient subject is for him to see himself as not responsible for his own actions. He divests himself of responsibility by attributing all initiative to the experimenter, a legitimate authority. He sees himself not as a person acting in a morally accountable way but as the agent of external authority.... The disappearance of a sense of responsibility is the most far-reaching consequence of submission to authority.<sup>6</sup>

Participants in the sham peer review process are encouraged to transfer personal responsibility for their individual actions to the hospital board, which is ultimately responsible for administering punishment. Hearing panels, judicial review committees, and the MEC are responsible only for making recommendations to the board of directors of the

hospital with regard to adverse action against the targeted physician. As Zimbardo noted: "Want maximum obedience? Make the subject a member of a 'teaching team,' in which the job of pulling the shock lever to punish the victim is given to another person (a confederate), while the subject assists with other parts of the procedure."<sup>3</sup>

### **Milgram Experiment Replicated in Hospital Setting**

Other studies have replicated the Milgram experiment, including one study that was done in a hospital: "In another [study], all but one of 22 nurses flouted their hospital's procedure by obeying a phone order from an unknown doctor to administer an excessive [potentially lethal] amount of a drug (actually a placebo)...."<sup>3</sup>

### **Sham Peer Review Correlates of the Milgram Experiment**

There are many correlates of the Milgram experiment and other experiments on obedience and social influence in sham peer review. In sham peer review, the Experimenter that prods the peer review panel, MEC, and hospital board to do harm to a physician's reputation, career, and ability to earn a living is the choreographer—typically the vice-president of medical affairs, chief medical officer (CMO), and/or hospital attorney. The Teacher is the peer review panel and MEC, who are repeatedly given the message that they must do harm to their colleague, despite the devastating effects on the physician victim, in the interest of fulfilling what they are told is their obligation to the hospital to ensure that patients receive quality care. The choreographer carefully conditions the peer reviewers to believe that any harm to the physician victim is far outweighed by the benefit of protecting patients from harm.

Of course, unlike the Milgram experiment, where no actual shocks were administered to the victim, in sham peer review actual devastating harm is inflicted on the physician victim.

Although there are certainly evil people who instigate, promote, participate in, or choreograph sham peer review, there are other well-meaning physicians who, by all accounts, are simply trying to perform their duty and conduct peer review in a fair manner, but unbeknownst to them are skillfully manipulated by the choreographer. As in the Milgram experiment, pressure is exerted on participants in the peer review process to encourage harm to the targeted physician victim. As Milgram noted: "This is, perhaps, the most fundamental lesson of our study: ordinary people, simply doing their jobs, and without any particular hostility on their part, can become agents in a terrible destructive process."<sup>6</sup>

### **Hypothesis-confirming Bias**

Hypothesis-confirming bias, or the subconscious tendency to look for evidence that is consistent with the hypothesis, may play a significant role in determining the outcome of the peer review process. In sham peer review the hypothesis or proposition promoted by the choreographer and hospital

prosecutors is that the targeted physician is a bad physician who is guilty of professional misconduct or substandard care.

Princeton researchers Darley and Gross conclude that as a result of hypothesis-confirming bias, "these hypotheses are often tested in a biased fashion that leads to their false confirmation."<sup>8</sup>

Darley and Gross describe how this expectancy-confirmation effect occurs, "in the absence of any interaction between the perceiver and the target person," and how it operates:

The expectancies function not as truths about the target person but rather as hypotheses about the likely dispositions of that person.... If, however, individuals test their hypothesis using a "confirming strategy"—as has often been demonstrated—a tendency to find evidence supporting the hypothesis being tested would be expected. A number of mechanisms operating in the service of a hypothesis-confirming strategy may contribute to this result. First, the search for evidence may involve selective attention to information that is consistent with expectations and a consequent tendency to recall expectancy-consistent information when making final evaluations. Second, a hypothesis-confirming strategy may affect how information attended to during a performance will be weighted. Typically, expectancy-consistent information has inferential impact, whereas inconsistent information has insufficient influence in social-decision tasks.... Even when expectancy-inconsistent information is brought to the attention of the perceiver, it may be regarded as flawed evidence and therefore given minimal weight in the evaluation process.<sup>8</sup>

A hypothesis-confirming strategy is, of course, encouraged by choreographers and hospital attorneys in sham peer review, and frequently transfers to the courts, where the integrity, veracity, and beneficence of hospital reviewers and officials are assumed.

### **Responsibilities of Peer Reviewers**

Peer reviewers need to look beyond the prolonged technical procedures of peer review to the broader aspect of the consequences of their actions. While it is important to balance the need to protect patients with providing due process for the physician under review, peer reviewers should not lose sight of the fact that termination of a physician's hospital privileges often ruins or ends a physician's career. An Adverse Action Report of termination of hospital privileges to the National Practitioner Data Bank is the mechanism that ruins or ends a physician's livelihood. Collegial, educational, and non-career-ending remedial solutions should be given priority, where possible.

Physicians need to educate themselves about proper procedures that provide due process and fundamental fairness to physicians under review. Physicians must not blindly accept the views of those in authority, hospital attorneys, and hearing officers as to what constitutes due process and fundamental fairness for the physician.

Physicians must also recognize that peer review does not occur in a vacuum. Rather, it occurs in an environment that can include anti-competitive motives, conflicts of interest, turf battles, retaliation against physicians who advocate for better quality care, personal animosity, discrimination, and other improper motives that underlie abuse of the peer review process.

Each physician participating in peer review must accept personal responsibility for the morality of his own actions. Committee recommendations to apply punishment to the targeted physician do not absolve individual committee members of responsibility for their actions just because the hospital board is the entity that applies the punishment.

Physicians need to recognize that choreographers in sham peer review, and hospital attorneys, are typically highly intelligent individuals, some of whom are exceptionally skilled in the art of manipulating others. Physicians who participate in peer review should not accept at face value the charges and evidence presented by choreographers/hospital attorneys. The physician should examine and evaluate each piece of evidence. Prodding provided by choreographer or hospital attorney, that the peer reviewers "must" take this adverse action against the targeted physician, should be questioned and evaluated in the context of actual evidence presented.

Physicians should also avoid succumbing to the choreographer/hospital attorney's flawed argument that any physician who vigorously defends himself is "in denial," "lacks insight," "seeks to deflect blame from self to others," and "refuses to accept responsibility for wrongdoing." That flawed argument assumes the physician's guilt merely because he is a peer review subject. Unfortunately, those who sit in judgment of their colleague often fail to consider that he who is not guilty of wrongdoing would vigorously defend himself.

Peer reviewers are frequently told by the choreographer/hospital attorney that all peer review represents an "educational opportunity" for the targeted physician to improve his care, and that any defense offered by the targeted physician should be viewed as refusal to participate in educational activities to improve patient care—an offense warranting the harshest action possible. Of course, the "educational opportunity" argument also presumes the targeted physician is guilty as charged and needs to improve his care.

Physicians also need to be aware of subconscious factors, like hypothesis-confirming bias, and how those factors can influence the perception and weighting of evidence. Choreographers and hospital attorneys, of course, often enhance this hypothesis-confirming bias by suggesting that information consistent with "guilty physician" be given great weight, whereas evidence inconsistent with "guilty physician" should be viewed as flawed evidence or a "mere distraction" that should be given no weight in the final decision.

Last but not least, ethical physicians must insist on ethical conduct and substantive due process for physicians subject to peer review at their hospitals. Ethical colleagues need to provide positive reinforcement and visible support for peer reviewers who, in the interest of justice, are willing to defy those in authority at the hospital who instigate, promote, and

choreograph sham peer reviews. Consistent with what we know from the literature of bullying, Milgram also found that it only takes a few individuals to stop a destructive agenda: "In one experiment (Groups for Disobedience) two actors broke off in the middle of the experiment. When this happened, 90 per cent of the subjects followed suit and defied the experimenter."<sup>5</sup>

## Lessons for the Victim

Findings from the Milgram experiment and other studies also suggest that anything the physician victim can do to reduce social isolation, increase proximity to those who have the power to inflict punishment, and counteract the effects of devaluation propaganda against the targeted physician, may reduce the strong obedience effect of peer reviewers to hospital authority. Continuing to interact professionally and socially with physician peers, reaching out to ethical physician colleagues to keep them informed about the sham peer review, and going public about what a hospital is doing, may all have beneficial effect in terms of counteracting a hospital's tactics.

## Conclusion

Experiments in social psychology help to explain, but do not excuse cooperation with sham peer review. Those physicians who participate in sham peer review, and who bring false charges against another colleague, are guilty of professional misconduct,<sup>9</sup> and ethical physicians should act to hold the perpetrators accountable for their wrongdoing. Appropriate action should include pursuing termination of hospital privileges and revocation of the medical licenses of the perpetrators for professional misconduct. The integrity of the medical profession demands no less.

**Lawrence R. Huntoon, M.D., Ph.D.** is a practicing neurologist and editor-in-chief of the *Journal of American Physicians and Surgeons*. Contact: editor@jpands.org.

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