From the Archives:

# A Memorandum Concerning Medical Middlemen

**transcribed by Jane M. Orient, M.D.**

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*"I have no intention of explaining how the [memorandum] which I now offer to the public fell into my hands."*
–with apologies to C.S. Lewis, *The Screwtape Letters*

To: Agents assigned to medical disciplinary bodies (officers and committee members of medical societies, hospital medical staffs, Peer Review Organizations, etc.)

From: M. Screwtape, Office of Strategic Planning

Re: Completing the destruction of the medical profession

In our campaign against physicians, who remain a significant obstacle to our endeavors, many forces are currently working in our favor: amended medical staff bylaws;[*] public pressure instigated by our front-line troops such as Public Citizen; tracts from organized medicine about the "antiquated" or "archaic" Oath of Hippocrates; directives issued by the Department of H2S. And now the National Practitioner Data Bank. Already, they are cowering in terror. The threat of a report sloshing around in the innards of a vast electronic network, whose tentacles will follow them everywhere for the rest of their lives, is enough to make the strongest of them amenable to almost any deal. (Watching the sweat roll from their brows is sure to make you salivate.)

It may be possible to root out the last vestiges of Hippocratic medicine within a few short years. Given the new opportunities, it is quite reasonable to expect that all of you will be able to meet and exceed your new quotas.

But even as victory seems within our grasp, we must be ever vigilant. This is not the time to relax. First and foremost, give your constant attention to motivating allies who hold positions of medical authority. Backsliding into the other camp is always possible if qualms of conscience are permitted to develop.

Of course, our cohorts must perceive that they are on the side of Virtue. They will relish feeling virtuous, the more so as they perform duties that they loudly proclaim to be obnoxious, such as policing "themselves" (i.e. those *other* physicians). You want to encourage this feeling of self-righteousness at every opportunity. Getting them to praise each other for being tough is one good method ("reinforcement," it is called), particularly after they have committed themselves to an action that will be very damaging to one of the Enemy. That makes it far more difficult for them to retreat if they should have doubts. Confusing them about the nature of Virtue is another. Modern "bioethics" is an excellent tool. Tell them about *the* virtue of the 21st century,[1] one with a new nonthreatening name like "composure" that replaces those dangerous, outworn absolutist concepts like "honesty," "courage," and "integrity." Mingle the ideas of virtue and psychological health. Make our confederates especially alert to the signs of psychological illness in others—things like "denial" and "paranoia" and "insensitivity." Keep the discourse at a high level of complexity that will discredit concepts like "bearing false witness" by making them seem simplistic.

Making sure that our collaborators are correctly disposed is only half the battle. They also need continued instruction in the tactics that will enable them to maintain the initiative. These are the key rules for the treatment of doctors targeted for peer review:

**1. Isolate them**. Remember our past experience with the Gulag. It is possible to carry them off by the millions, with a minimum of fuss, if we do it one at a time. Patience, patience! Start with one who is doing something a little bit unusual. Emphasize that he is *different*, *unconventional*, *deviant*—you get the idea.

Also see #3. You want him to feel as though he's the only doctor who has undergone censure by his "peers."

**2. Reassure them**. It is always best to catch them off guard. Never use the word "hearing," except as in "this is not

[*] Whenever a member's conduct appears to require that immediate action be taken to protect the life or wellbeing of...any patient, prospective patient, or other person, the chief of staff, the medical executive committee,... or their designee may summarily restrict or suspend the medical staff membership or clinical privileges of such member.... As soon as practical..., a meeting of the medical executive committee shall be convened to review and consider the action. Upon request, the member may attend and make a statement concerning the issues under investigation, *on such terms and conditions as the medical executive committee shall impose*, although in no event shall any meeting of the medical executive committee...constitute a "hearing," *nor shall any procedural rules apply*....

Representative passages, Medical Staff Bylaws [emphasis added]

a hearing." Informal discussions are good. Educational sessions better. They are nonadversarial, nonthreatening. The purpose is "quality assurance," not "getting rid of bad apples." Tell them the hospital is not going to bring a lawyer. (If you must tell them the truth, wait until the last minute. With luck, *their* lawyer will be in court.) Reiterate that the meeting is not intended to hurt or punish. "We're only here to help you," and "we're your friends" are good lines to repeat several times. If they start to complain about the procedure—while you're being very, very polite and concerned—it makes them look unbalanced, even paranoid.

**3. Assure confidentiality**. Remember, everybody knows that where there's smoke, there's fire. (We know where the fire comes from; they may not.) So be sure to announce that "nothing goes outside these four walls." Especially no tape recordings or verbatim transcripts taken by court reporters. A few wisps of smoke are sure to escape, and for the rest, just let the world use its imagination.

**4. Keep your language discreet and circumspect**. Same principle as #3. Express the charges in a rather vague and seemingly understated tone. Make an obvious effort to use terms that could be euphemisms for something offensive. Indirect suggestion can be far more effective than a frontal attack (see also #5). If they accuse you of innuendo, act incredulous. In fact, you might cautiously try to bait them into doing just that; it will help to make them look paranoid.

**5. Avoid confrontation**. You don't want to go head to head with them on a specific point and lose. Suppose they've found something in your accusations that is provably false. Don't discuss it. Shut them up immediately, even if you have to resort to abrasiveness. "There's not enough time." Or: "That's irrelevant." Better still, aggressively imply that *they* are being disruptive and evasive: "We have to look at the whole picture and not get bogged down by details. You're avoiding the main issues."

Actually, the need for this tactic should not arise. In mentioning it, I don't mean to imply that it's okay for you to screw up in framing the "reasons for concern," but if you do, you have to try to salvage the situation as best you can.

**6. Be flexible**. If they defend the dose of medication they gave by referring to the PDR, say that each case has to be evaluated individually. But if they say that a certain case has to be assessed individually, refer to the Standard of Care. If you can get one of your constituents to say one thing, and another to say the opposite, the contradiction is less obvious.

**7. Get your ducks lined up**. The composition of the committee is crucial. Even one strong dissenting voice can spoil everything. Make sure that anybody inclined to be on the other side is either a natural wimp or has a lot to lose.

**8. Feint**. If they should insist on specific charges, send them off to spend their nights in the record room, poring over certain charts, trying to find their errors. Then hit them with something else, like the quality assurance trends that everyone is *supposed* to study (even if nobody has ever heard of them). Be sure these are sequestered someplace where they are not discoverable.

**9. Ask them The Question—**in any or all of its variations. "Are you sure you're perfect, Doctor?" "Is your technique the best in the world?" "Do you think there might be anything that you might be able to learn from somebody?" (Never mind that one of the accusations might have been asking for too *much* advice.) Every doctor alive knows he did something wrong, sometime. Nod meaningfully, as if you know exactly what It is.

After an inquisition, and while waiting for punishment to be meted out, very few doctors will be quick enough to note that there are other possibilities besides (a) a claim of perfection or (b) agreeing that the committee was only doing its duty—protecting the public from imminent potential for harm—in the fairest possible way.

(It goes without saying that you have done your homework and have selected trusting and principled types as the subjects for intense review. If you haven't—in other words, if you have overlooked a potential recruit—then you are *really* in deep trouble when your own performance appraisal comes up.)

**10. Coordinate with official allies.** Whenever possible, let a governmental agency actually drop the ax. Just do your duty in protecting the public and shielding your hospital from liability. You can be very regretful if something bad happens to doctors who didn't allow you to help them. (A tactical tip: To maximize pressure on the doctor and to optimize the chances for your success, schedule inquiries close to the deadline for reporting to official agencies.)

**11. Anticipate objections**. If you mention the objection first, simple assertion may be enough, e.g. "This is *not* a turf battle."

Many of these points can be summarized by the venerable martial arts principle: ***Use the Enemy's own strength against him***. If you have selected your victims appropriately, they will expect to be treated honestly. And by renouncing the methods of our associates, they will disarm themselves in advance. Once they awaken to what has happened, many consequences will already be irreversible.

The prospects for our entertainment and delight are thus endless. And there is no excuse for failure.

We shall expect a steady stream of reports and sanctions.

–Screwtape

## REFERENCE

[1] Ormiston GL, Sassower R, eds. *Prescriptions: the Dissemination of Medical Authority.* New York, N.Y.: Greenwood Press; 1990.