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HEALTH BUSINESS

Shop talk can only go so far

How much info about doctors should be public?
MIKE STOBBE

When I lived in Flint, Mich. a decade ago, a General Motors factory there had a bit of a reputation. It was the GM Truck and Bus plant. Because of supposed substance-abusing there, it also was known as the "Drunk & Buzzed" plant.

Several times I heard this tip: If you buy a vehicle made at the plant, find out what day of the week it came off the line. Because around the weekends, employees weren't exactly in peak form, I was told.

Was the tip solid? I don't know. But it was interesting to hear what GM shop rats said about their colleagues' work. And it prompted questions when I went car shopping.

With health care, it's a different story. Medical professionals gossip about which colleagues or institutions are dependably good and which are not, but such talk rarely makes it to patients' ears.

That situation, in part, is what is so intriguing about the pending lawsuit between Dr. Ashutosh Ron Virmani and Novant Health Inc.

Virmani, a Charlotte physician, said he was unfairly suspended from Novant's Presbyterian Hospital Matthews and is suing.

He believes he was punished more severely than were doctors who were not, like him, of Indian descent. The trial is to be next year.

To build their case, Virmani's lawyers sought notes from meetings in which hospital doctors had frank, closed-door discussions about the quality of their peers' work.

Novant argued such notes are private.

A federal appellate court disagreed, and Virmani's lawyers this year have been plowing through 40,000 pages of peer review documents.

It's been interesting reading, said Clay Culotta, Virmani's Maryland-based attorney.

"It opens your eyes to what can occur (in a hospital). That part certainly is scary," Culotta said in an interview this week.

But he would not share specifics. Judges said the lawyers could see peer-review notes but held back that information from the public case file.

Though Culotta fought for access to the documents, he said it would be inappropriate for them to be public.

"There's a lot of subjectivity to what goes on (in peer review meetings)," he explained. The opinions of some doctors may be unfairly harmful to the reputation of the physician being discussed, he said.

Doctors' groups also are against disclosing peer review notes. It would chill physicians' willingness to police each other, they said.

I expected disagreement from Public Citizen's Health Research Group, an aggressive consumer advocacy organization in Washington, D.C.

Peter Lurie, the group's deputy director, said patients should have more access to information. For example, medical malpractice settlements should be public, he said.

Some government officials disagree with that. Doctors sometimes settle not because they are guilty, but because their insurer sees settlement as the cheapest way to end a suit, they argue.

Lurie's response: "Patients can make up their own minds."

But peer-review notes are different, Lurie said.

The records of courts and regulatory boards contain information from both the accusers and the accused. They offer a more balanced look at a doctor's performance than the opinions thrown out in peer reviews, he said.

He made sense.

But I'll say this: I lived in Flint. I listened to GM workers. And I drive a Volkswagen. Mike

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