Physician Blows Whistle On “Hectic Lap-Band Factory”

Amanda McGowan, editor

It’s always been a newsworthy topic among the surgical community always, but following the recent release of revealing survey data, it’s once again come to the surface. The issue: whether or not medical professionals feel comfortable reporting colleagues who appear impaired, incompetent or may be practicing “bad medicine.” It seems physicians don’t often feel they have a safe avenue to voice concerns — and it may be putting patients at risk.

According to an article on www.msnbc.com [1], Dr. Neelu Pal, a surgical resident at New York University's Medical Center, was fired after hospital officials learned she had called patients who were about to undergo Lap-Band weight-loss surgery to warn them that she feared for their safety.

Evidently, Pal had witnessed one patient die following the procedure and another suffer severe complications. She had expressed her concerns to hospital officials about a lack of care given after the surgery and inaccurate or incomplete medical forms before surgery. After Pal said she had “seen enough,” she began to secretly call incoming patients and telling them she feared for their safety in January 2006. She was fired weeks after hospital officials learned she contacted the patients. She is now suing them for wrongful termination.

She described the practice in which she worked—New York University Langone Medical Center Surgical Weight Loss Program—as “a hectic Lap-Band factory.”

“My impression at the time was that the practice was disorganized, but once I knew more about the system, I could see what they were trying to do was get as many patients on to the operating table as possible," Pal says in the article.

In her three months working there, Pal said the two surgeons who are married—Dr. Christine Ren and Dr. George Fielding—implanted gastric bands in up to 20 patients in a single day.

The article, which you can read in-full here [2], goes on to discuss the potential risks associated with gastric banding surgery as a weight-loss solution. However, another issue to be addressed in this story involves Pal’s efforts to report her colleagues, Doctors Ren and Fielding, when she saw misconduct in the medical practice, how her concerns were handled by administrators, and the consequences she faced for acting on what she felt was a patient safety concern.

According to survey results published in the *Journal of the American Medical Association*, the many doctors are hesitant to “blow the whistle” on their colleagues. In the survey, 17 percent of doctors had direct, personal knowledge of an impaired or incompetent physician in their workplaces. One-third of those doctors had not reported the matter to authorities such as hospital officials or state medical boards.

The question is: why? Don’t physicians have an ethical obligation to report inadequate medical practice? The survey results reveal the most common reason is that physicians don’t report a colleague is because they think someone else will. Fifteen percent figure nothing will happen anyway if they do report their concern, and 12 percent fear retribution.

In Pal’s case, her concern was not necessarily of physicians she deemed incompetent or impaired, but she clearly saw a situation in which surgery was not being performed with the patient’s best interest and as a result, patients suffered.

Yet, when she attempted to report it to officials, she faced an obstacle physicians in the survey cited as the reason why they do not “blow the whistle” on their colleagues – nothing happened. Hospital officials did not act. When she took matters into her own hands, she faced retribution and was fired.

It’s true that we don’t have all the information associated with Pal’s case, and don’t know all that went on at the bariatric surgery practice of Doctors Ren and Fielding. Still, it’s arguable that when Pal reported she felt patient safety was at risk, the case should have been investigated by hospital officials.

For the sake of patient safety, physicians need to feel they can and should report something they feel is wrong with the way a colleague is treating patients, and they need to have a safe avenue to do so. As Kevin Pho, MD, says in his blog post [3] on the topic, a “culture of patient safety” requires a formal system of reporting.

Whistle blowers should not feel threatened for reporting something that could be putting patients at risk, nor should they feel as though it’s useless to do so. Until

physicians are able to safely voice concerns that could be negatively affecting patients, adequate patient safety measures in surgical practice cannot be guaranteed.

What's your take? E-mail Amanda.McGowan@advantagemedia.com [4]

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[4] mailto:Amanda.McGowan@advantagemedia.com