White Coat Crime in Vascular Surgery: What is it and how can it be stopped

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I have no disclosures
• That I know of

Patients have become a commodity

What are specific Vascular White Coat Crimes?
Ablation of all 4 saphenous veins for a spider vein

Ablation of normal saphenous or perforator veins

- Claims stocking use when there has not been
- Claims pain when there has not been any
- Claims veins reflux when they don’t
- Claims Saphenous is >5mm when it isn’t

IVC filter for no valid indication

Stenting iliac veins for lymphedema or asymptomatic swelling

Even more dangerous if you live in Florida

May-Thurner syndrome carried by the Zika virus in Florida

What are specific Vascular White Coat Crimes - Carotid

- Screening the healthy
- Frequent scans for minimal disease
- Exaggerating the percent stenosis in order to do an intervention
Invasive procedure for truly non-limiting Claudication

My patient for 15 years

• Right and Left SFA stenosis asymptomatic
• ABI 0.7 bilateral
• On home O2
• COPD
• 5 coronary stents
• No claudication
• Uses a scooter even in the house

Sees her cardiologist

• Ablates both saphenous veins to “cure her swollen legs”
• Then tells her he needs to “Open up her leg artery” in his “Institute for Amputation Prevention”
• NO discussion as to necessity
• NO discussion of risks
• NO discussion of long term patency
• Atherectomy and Stents both legs and her right renal “that had a bad blockage”
• Collects $28,000

Falsely informing patient that they risk amputation without intervention

AAA intervention for small AAA
AAA in the terminally ill or extremely aged

Renal stent for unilateral asymptomatic non clinical stenosis

Are you committing White Coat Crime?

• Endograft of a small AAA just to be able to increase numbers in a trial
• Use of an inferior stent because you have to buy whatever you use in your outpatient center
• Loose indications because you need to increase your RVUs for the year
• Entering patients into a trial where you get reimbursed but you do not have faith in the merit of the trial

What should the SVS role be in dealing with White Coat Crime?

• Establish committee to deal with complaints
• Immediate cessation of membership
  • For a time?
  • Permanently?
• Report to a National database

What is the individual vascular surgeon's responsibility to report WCC?

• Nothing - can result in libel lawsuit
• Report to the local Medical Society?
• Report to the State licensing board?
• Report to the SVS?
• Inform the Insurance company?
• Confront the errant physician?
• Take a stiff drink and try to forget it

What should the punishment consist of?

• Loss of license to practice
• Loss of hospital privileges
• Malpractice financial penalties
• Current penalties are mainly for Medicare fraud
• Like there is first and second degree murder and manslaughter, there can be gradations of punishment
• They should include criminal penalties such as jail time
• In some cases the crime may actually constitute murder