Response to "Comparison of Plaintiff and Defendant Expert Witness Qualification in Malpractice Litigation in Otolaryngology"

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Letters to the Editor

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I read with interest the article of Eloy et al1 regarding the qualifications of otolaryngologist expert witnesses. The degree of clinical experience of both plaintiff and defendant medical experts was, at more than 30 years, rather striking. Measuring the degree of expertise is certainly an inexact science. Given the rapidly changing nature of the field of otolaryngology, the level of expertise with relation to the current standard of care can be difficult to estimate based on prior and, in many cases, much earlier achievements. One measure of up-to-date knowledge would be the medical experts’ participation in the Maintenance of Certification (MOC) process administered by the American Board of Otolaryngology. Diplomates since 2002 have had to participate in an annual recertification process, culminating in a recertification examination every decade. In contrast, otolaryngologists who achieved board certification prior to 2002 are certified for life and do not have to take part in this process, but may voluntarily choose to do so. Given the significant seniority of expert witnesses for both sides, MOC status would seem to provide a good proxy for being up to date with the current standard of care. The MOC status of physicians can be found on the American Board of Otolaryngology website (abo.org) by typing in the name of the otolaryngologist.

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The authors would like to thank Dr Mikulec for his comments about our recent article titled “Comparison of Plaintiff and Defendant Expert Witness Qualification in Malpractice Litigation in Otolaryngology.”1 The difficulty of objectively evaluating expertise, particularly in light of the dynamic nature of otolaryngology, is a valid concern acknowledged as a limitation in our article. The degree to which these expert witnesses participate in the Maintenance of Certification (MOC) process may have value in assessing whether these individuals are up to date with current standards of care. As per Dr Mikulec’s suggestion, we went back through our data set covering 60 unique plaintiff and 69 defendant expert witnesses testifying since 2008. Of otolaryngologists achieving board certification prior to 2002, only 1 of 54 (1.9%) plaintiff and 3 of 65 (4.6%) defendant expert witnesses voluntarily chose to participate in the MOC process. Although a higher percentage of defendant expert witnesses who achieved board certification prior to 2002 participated in the MOC process, this difference was not statistically significant (P = .62).

The authors would like to stress that many considerations influence the decision of plaintiffs to initiate and pursue litigation, including perceived deficits in informed consent, particular relating to unexpected outcomes.2-5 Expert witnesses play a valuable role by interpreting evidence that may oftentimes be too complex for a jury to understand without assistance. Our hope is that the American Academy of Otolaryngology—Head and Neck Surgery Foundation and other medical organizations continue to