Internet Sabotage: Negative Online Reviews of Psychiatrists

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ABSTRACT

Internet sites where you can rate physicians have become increasingly popular, but these sites can pose numerous problems for physicians, especially psychiatrists. The dilemma occurs when patients or nonpatients post negative reviews and false information about physicians. The psychiatrist–patient relationship is particularly unique, especially in the involuntary setting. Online reviews by some patients, especially those who have received involuntary psychiatric treatment, may not be the most informative or helpful to improve the standards of care. In this article, we discuss steps psychiatrists can take once a negative review has been posted and recommendations for the future.

Online reviews have become an increasingly popular method for rating virtually any business or service. However, there are problems when it comes to rating physicians online, especially psychiatrists, because the doctor–patient relationship is not parallel to the business–consumer relationship. The psychiatrist–patient relationship is even more unique, especially when the patient is receiving involuntary care. Physicians have a fiduciary duty to their patients to uphold certain ethical principles. In fact, a patient’s demands may sometimes conflict with these values, which can be a cause of an unhappy experience.

This article discusses the positive and negative features pertaining to online reviews of psychiatrists, and defines what measures psychiatrists may take to deal with online reviews.
We also propose areas of change for the future.

**ILLUSTRATIVE CASE**

A 70-year-old woman with schizophrenia was admitted to inpatient psychiatry on a 72-hour hold. Her neighbors had called the police after noticing her weight loss and bizarre behavior. On admission, she was paranoid and responding to internal stimuli. During her stay, it was discovered that her daughter had been taking advantage of the patient financially, and was emotionally abusive to her as well. As a mandated reporter, the physician filed an Adult Protective Services (APS) report. A few days later, the daughter called the hospital and was enraged about the report. She filed an official complaint with the hospital, alleging physician misconduct, stating that the physician had falsified records and statements. She also began sending emails to the physician and leaving voicemails, making personal attacks toward the physician. An online review was also posted at approximately the same time, with similar verbiage to the hospital complaint. The physician contacted the website and asked them to remove the negative reviews, making these websites completely untrustworthy.

**Consequences of Negative Reviews**

Although there is no consequence for the website or patient for posting an untrue or negative review, the consequences for the physician are numerous. It is disturbing to learn there is false, negative information on the Internet about one’s professional self, some of which may even attack the physician’s character and could be considered defamation or harassment. There are also financial consequences, as insurance companies and potential employers are now looking at these sites.

Patient satisfaction scores are now a focus in health care and are used as an indicator of a physician’s performance and sometimes even used to determine hospital funding. Data are collected despite the fact that high patient-satisfaction scores have been correlated with higher odds of inpatient admission, greater expenditures, and higher mortality. Because of this, physicians have reported increased job dissatisfaction, job attrition, pressure to inappropriately prescribe antibiotics or narcotics, and pressure to order unnecessary tests or admissions due to concerns that they need to generate high patient-satisfaction scores. Physicians are now sometimes more selective when accepting patients, avoiding high-risk patients to improve their ratings. One could postulate that the same is true for physician ratings online, as the need to generate higher scores may threaten a physician’s clinical integrity. Such practices could even potentially harm patients and lead to irresponsible management of health care resources.

In psychiatry, the situation becomes increasingly complex. For psychiatrists who work in a private practice setting, there is a certain level of expectation by the patient for payment of service. Yet, just as in any other field of medicine, it can often be counter-therapeutic to give in to the demands of patients. Sometimes, it is a psychiatrist’s duty to set limits. This is particularly true in the treatment of patients with borderline personality disorder. In such patients, their internal emotional experience is chaotic, vacillating between extreme emotions of idealizing and devaluing, often leading to explosive reactions and unstable relationships. For these patients, such limit-setting could be fuel for the fire that leads them to write negative reviews online.

**The Nuances of Involuntary Treatment**

Many psychiatrists work on inpatient units, at state hospitals, or at correctional facilities, all situations in which the patient is on some sort of legal (often involuntary) hold. Such patients have met a legal commitment criteria reviewed by a civil court. Common among such patients are psychotic illnesses such as schizophrenia, schizoaffective disorder, or psychosis in the setting of a mood disorder. Psychotic patients often experience paranoid or grandiose delusions centered on their treating psychiatrist. Making matters worse, psychiatrists often must petition the court to medicate

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*Feature Article*

An unscrupulous competitor could even write and post a negative review, making these websites completely untrustworthy.

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**DISCUSSION**

Like many other businesses and professions, medicine is becoming increasingly consumer-driven, and online reviews are a natural evolution of this trajectory. Some positive features of online reviews include increased patient autonomy, more feedback for doctors, and improved standards of care. However, many physicians fear that such websites encourage negative reviews or even extortion. There is also an inherent conflict of interest with regard to website traffic, because more sensational reviews lead to heavier web traffic; thus, there is little incentive for websites to remove negative reviews.
patients with psychiatric medications against their will when patients refuse psychiatric medications. Such inter-
actions can sometimes lead to a con-
tentious doctor–patient relationship. Although psychiatrists are not above being rated, it can be argued that it is 
not prudent for people who are acutely psychotic to write online reviews of their doctors. A clinical context might 
be helpful for the reader to understand the basis for the review, but such con-
texts are not provided by these web-
sites.

In the illustrative case presented here, it was the daughter who wrote the review, not the patient. The review was written in retaliation of the clini-
cian filing an APS report. As mandated reporters, physicians are obligated to file abuse reports on children, depen-
dents, and elders when there is reason-
able suspicion that abuse has occurred. The daughter posted damaging and untrue information about the physician online, even though the physician was 
doing her job and adhering to prin-
ciples of sound patient care.

Fair and Balanced Accountability

Physicians should be held account-
able to practicing and upholding good 
standards of care, but we maintain that 
there are more constructive ways of 
providing feedback. Posting a nega-
tive, emotionally charged review may 
not lead to a change in practice. In-
stead, submitting formal complaint 
forms to the hospital, which are re-
viewed by administrators and supervi-
sors, can lead to feedback provided in 
a constructive way, which may posi-
tively affect practice. Another option 
would be contacting the state med-
cal board or joint commission for in-
vestigation of complaints by patients. In 
fact, evidence shows that feedback is 
most effective when provided over a 
period of time by an authoritative 
source.

RECOMMENDATIONS TO PROTECT 
YOUR PRACTICE

We recommend that physicians edu-
cate themselves about online reviews 
and learn what can be done when an 
untrue or negative review is posted. All physicians should conduct Internet 
searches on themselves quarterly. If a physician discovers a negative re-
view, it may be prudent to notify one’s 
malpractice carrier to alert them of any 
potential legal action to be initiated by 
a patient or family member against the 
physician. It is sometimes possible to 
have the review removed by contact-
ning the website directly; this may be 
successful if the review violates the 
website’s terms of service. It is rec-
nommended to take screenshots of the 
original date and time of the review as 
well as after the review is removed for your records. Such copies will have a 
digital timestamp, which will be neces-
sary if any litigation ensues. Also, if a 
similar situation happens in the future, 
the physician has documented proof of 
the prior review and evidence that it 
was removed.

If the website refuses to remove an 
untrue or unfair review, a physician 
could write a response to the review, 
but there could be potential Health 
Insurance Portability and Account-
ability Act (HIPAA) violations. It may 
be impossible to prove who actually 
authored the review in the first place, and 
responding could inadvertently reveal 
protected information about another 
patient’s encounter. Therefore, it is ad-
vised to keep the responses general and 
nonspecific. It may also be advisable 
to contact one’s malpractice carrier be-
fore responding to make sure that no 
HIPAA violations will be made.

Alternatively, legal action could be 
pursued by the physician if the online 
reviews are deemed defamatory; how-
ever, such cases are difficult to prove 
in court and often end up just creating 
more problems. Even if the physi-
cian is victorious, the case may later 
be referred to repeatedly in articles and 
legal journals, potentially making the 
negative review permanent.

As a psychiatrist, it is desirable to 
cultivate a positive online image. It can 
be beneficial to maintain a personal 
website and include positive testimo-
nials from patients, especially in pri-
vate practice. Currently, there are a 
few services available that help with a 
physician’s online image or negative 
reviews. Lastly, medical professional soci-
eties should lobby to protect physi-
cians from false or negative online 
reviews and create legislation to hold 
these websites more accountable for 
their content. Perhaps such legisla-
tion could mandate that reviews not be 
amonymous, or perhaps patients should 
have to show proof of appointment to 
post a review. This could help ensure 
that only patients are writing reviews of 
their physicians. Also, websites could 
require that a minimum number of re-
views (positive, negative, or both) be 
reached before they are released to the 
public, so as to have a more representa-
tive sampling. Reviews could also be 
more carefully moderated, as is the case 
with Britain’s National Health Choices 
website.

CONCLUSION

Physician rating websites are an in-
nesciable part of life that physicians will 
continue to face in their careers. In the 
current system, the negative conse-
quences that result from these websites 
appear to outnumber the positive quali-

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ties. Such websites may be especially problematic in psychiatry, especially in the field of involuntary psychiatry. In such cases, a more formal complaint system is likely to be more effective than anonymous reviews posted on the Internet. We advocate for physicians to have more awareness and education about these websites, and to know that there are options they may pursue if negative reviews are discovered. Finally, medical professional societies may be able to advocate for physicians and even possibly change the way reviews are handled on the Internet.

REFERENCES
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