The Impaired Physician and Recovery

James W. Ziccardi, DO, FACC
Learning Objective

• Attendees should be able to identify problems with physical, mental and substance abuse issues in themselves or colleagues.
• Affected physicians should be able to acknowledge that they are in need of help and seek treatment.
• Unaffected physicians will be willing to report a colleague when appropriate.
Disclosures

• No Financial Disclosures
• Discussion with:
  
  Michael Llufrio, Director of Operations at the Maryland Physician Health Plan
  
  Louis Baxter, MD., Director of The NJ., Professional Assistance Program.
  
  Lisa Merlo, Phd., MD., U. of Florida PRN Program
Definition of Impaired Physician

• AMA 1972 1st defines the impaired Physician.
• AMA 2007 defines impairment as, “Any physical, mental or behavioral disorder that interferes with the ability to engage safely in professional activities”.

Which may include:
• Alcohol and/or Chemical Abuse or Dependency
• Mental or Emotional Health
• Stress
• Physical or Cognitive Impairment
• Sexual Misconduct/Boundary Violation
Incidence of Physician Impairment

• 1/3 of all physicians will experience at some time in their career, a period during which they have a condition that impairs their ability to practice medicine safely.

• Alcohol and sedative dependency is as common in physicians as the general population.

• Physicians have been at a greater risk of becoming dependent to narcotics. JAMA, 1992

• Lesser risk to street drugs

• 8-12% will experience a substance related problem. Aprox. 1/3 Drug related and 2/3 Alcohol related.
Incidence of Physician impairment

Reasons/ Percent/ Diagnosis of referral to PHP
1. 35-40%, alcohol and/or drugs
2. 25-30%, psychiatric problems
3. Problems performing in workplace
4. Occupational stress and burnout.
5. Neurocognitive and medical problems
William Stewart Halsted MD
Does He Look Chemically Dependent?
William Stewart Halsted MD

- Professor of Surgery, Johns Hopkins Hospital Early 1900’s.
- Called the Father of Modern Surgery
- Early champion of newly discovered anesthetics, innovative surgical procedures ie. developed techniques for radical mastectomy
- Sterile Technique, rubber gloves
- Erratic behavior in OR, frequent absences from the hospital, extremely slow during surgical procedures
- Chemically dependent to cocaine and morphine*
- Sir William Osler, “Halsted has never been able to reduce the amount of morphine to less than three grains daily”.
- * Cocaine and Morphine were not illegal at the time.
  
  Accidental Addict , NEJM 2005.
Recognizing Impairment Due to Substance Abuse

• Overt clinical signs and symptoms.
• Behavioral Clues.
• Practice Warning Signs
• Professional lapses

• Early Identification can help remediation and assure patient safety
Overt Clinical Signs

- Alcohol on Breath
- Ataxic Gait
- Slurred Speech
- Unexplained Tremor
- Disheveled Appearance
- Somnolence
- Unexplained Weight Change
- Depressed Mood
Behavioral Clues

• Heavy Drinking, frequent Drunkenness.
• Irritability
• Outbursts of Anger
• Sexual Promiscuity
• Driving under the Influence (DUI)
Behavioral Clues (cont)

• Frequent Medical Complaints without a specific Diagnosis.
• Fatigue
• Insomnia
• Indigestion
• Depression
• Poor Memory/Concentration
• Declining Performance
• Manic or Disruptive Behavior
Practice warning Signs

- Excessive Absenteeism
- Tardiness
- Sleeping/Dozing on Duty
- Neglect of Patients or Duties
- Inappropriate treatment or Orders, Sloppy documentation
- Appointments/Schedules Disorganized
- Hard to Locate:
  - does not respond to pages or calls
  - spends time behind locked doors
- Increased Patient Complaints
Professional Lapses

• Writing prescriptions for narcotics, stimulants or sedatives for self or office staff.
• Requesting prescriptions for narcotics, stimulants or sedatives from colleagues
• Diverting patient’s drugs for self use
Good Judgment/Reasonable Suspicion

• Problem often goes undetected because individuals lead compartmentalized lives, where family, friends and colleagues see only one facet.
• No one sign signifies impairment.
• Collectively however, they may define a pattern and provide warning that a potential problem exists.
Physician Impairment/Distress

• Not all physicians display impairment in their work especially at first, direct care may be the last thing to suffer.
• However eventually chemical dependence/abuse will lead to distress and a lower quality of life.
  . Mood disturbance/Suicidality
  . Finances/Loss of Professional License
  . Relationships/Divorce
  . Spiritual Fitness
  . Physical Health/Death
How Physicians Obtain Treatment

- Self referral to PHP
- Reported to appropriate entity by a colleague, hospital, family, practice manager, lawyer
- State Board Mandated
How Physicians Obtain Treatment

• When warning signs are early, it maybe appropriate for a concerned person to express their concerns to the individual. Giving them appropriate treatment resources.

• It is important that observations be personalized, nonjudgmental, specific and voiced out of genuine concern.
Duty to Report

• When advice goes unheeded, and signs of impairment or addiction are evident or patient care is jeopardized. It is our personal and professional obligation to report our suspicions.
Physician’s Willingness to Report an Impaired Colleague

• 4 out of 5 (78%) said they would report an impaired colleague.
• 18%, said they were not sure
• 4%, said they would not report. Medscape Ethics Report
• 30% would not report. JAMA
• 45% reported a impaired colleague when they recognized impairment, 96% said individual should be reported.


While it is painful to report a colleague, and attempt to spare them from anguish, shame and criticism, We have a duty to report, since once impaired they are literally unable to help themselves.
Physician’s Willingness to Report an Impaired Colleague (cont)

• Failure to report may result in ruination of their physical health and possibly suicide.
• Failure to prevent harm to patients.
• Failure to prevent harm to the physician’s family.
• Prevents that physician from a chance of recovery and returning to a productive, balanced, joyful and spiritual life, free from the burden of chemical dependency.
Physician Suicide

• Suicide: Male Physicians - 1.41 X Higher than general male population.
• Suicide: Female Physicians - 2.27 X Higher than general female population.
• Alcoholism: a strong predictor of suicide
• Substance Abuse: 6X more likely to commit suicide.
Physician Health Programs

• Despite the fact that many of these individuals enter treatment under duress and still are in full denial their chance of recovery is excellent.
• 85%-90% of physicians return to their professional position with effective therapy. (PHP)
• General population has a 40 to 60% Relapse rate.
• Utilize chronic disease model to treat addiction.
• Physicians with SUD generally love being doctors and are highly motivated to rescue their careers.
Rationalization of Substance Abuse

• Attempt to rationalize the irrational!
• Physicians would like to blame their professional responsibilities and its related stress, malpractice threats, insurance companies, lawyers and electronic records etc. as a cause for their substance abuse disorder.
• Most physicians began to exhibit behavior problems and substance abuse prior to entering medicine. However stresses of practicing medicine are probably contributory to maintenance and progression of substance abuse.
Physician Heal Thyself?

• As physicians we are intelligent, care for patients, some times in a life or death situation. This leads us to “believe” we are omniscient and omnipotent. SUDs high jack our ability to make cogent decisions. We are in denial and under the delusion we can care for ourselves.
General Comments

Initiation of substance abuse by physicians parallels that of the general population.

- Distressed physicians who do not seek medical care maybe at increased risk for prescription drug misuse; Ease of access to prescription drugs may increase experimentation or exacerbate problem of self medication
General Comments (cont)

• Psychiatric comorbidity is common; Many physicians would likely benefit from appropriate psychological/psychiatric treatment (Most will not self refer).

• Most substance impaired physicians are coerced or mandated into treatment, but treatment remains extremely effective for this group.
General Comments (cont.)

• Most physicians are very positive about their treatment experiences and many report wishing they had accessed help sooner.
• The overwhelming majority of PHP participants are satisfied with their experience.
• Physicians in recovery report minimal difficulties managing activities of daily living, along with significant improvements in quality of life.
How to get help

• I hope that this presentation has encouraged you to seek help for any problems that have the ability to impair your performance as a physician, or you are now willing to report an affected colleague.

• Contact:
  Maryland Physician Health Program
  800-992-7010
  Provides a safe and confidential environment!
“Our Deepest Darkest Secrets become Our Greatest Assets”
Suggested Reading

• The Impaired Medical Professional, Larry Blumenthal MD. Med Ctr U. of SC.

• Physician Participation in State PHP. Lisa Merlo Phd, MPE.

• Five year outcomes in a cohort study of physicians treated for substance abuse disorders in the US., BMJ., 2008


• It Happens to Doctors Too. Abraham Twerski, MD Hazelden, 1982.

• Federation of State Physician Health Programs.