

The Impaired Physician

Focus on Substance Abuse

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Learning Objectives

After completing this unit the participant will:

- **Recognize** signs of substance abuse
- **Explain** key components of management
- **Describe** a long-term care and monitoring plan
- **Understand** risks of relapse
- **Be aware of** responsibility to report
- **Know** resources to provide help



What do you do now?

M.L., the third year resident on your service, has been noticeably irritable for the past several weeks. Rounds are starting late, and he has no tolerance for any delays. He is off the floor as soon as rounds are over, and last week, one of the junior residents found him asleep in the call room before noon.

A few days ago he told you that he would take over the management of Mrs. S., the patient on the morphine drip. You were surprised when the nurses called for a rewrite of her narcotics orders the next day.

M.L. has a reputation of having been a “party animal” as an undergraduate and in medical school, but he has stopped socializing with any of the residents on the service. There has been some buzz that something is going on with him, but no one is sure, and who wants to be the “rat” and go to the program director?

The nurse has just paged you to write another morphine order for Mrs. S. What do you do now?

Easy Access Creates Risk

Physicians have easy access to
drugs of abuse:

- When administering to patients
- By self-prescription

Alcohol is available to physicians as
it is to anyone in our society.



Adverse Consequences of Easy Access

During their practice lifetimes:

8-12% of physicians will experience a
substance related problem:

- 138,000 will have an alcohol-related disorder
- 49,000 will have a drug-related disorder

Substance abuse is the most common reason
for disciplinary action by state boards.

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'd)

- Frequent medical complaints without specific diagnosis:
 - Fatigue
 - Insomnia
 - Indigestion
 - Depression
- Poor memory/concentration
- Declining performance



Practice Warning Signs

- Excessive absenteeism
- Sleeping/dozing on duty
- Neglect of patients or duties
- Inappropriate treatment or orders
- Appointments/schedules disorganized
- Hard to locate...
 - does not respond to pages or calls
 - Spends time behind locked doors
- Patient complaints increase



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 narcotics, stimulants or sedatives for self use



Be Aware!

The substance-abusing physician often retains the ability to protect his/her practice performance at the expense of other dimensions of life. Social, family and emotional problems will often occur prior to practice impairment.

Frequently, substance abuse pre-dates entry into the profession.

Use Good Judgment

No one sign signifies impairment.

Collectively, however, they may define a pattern and provide warning that a potential problem exists



“The Conspiracy of Silence”

The key barrier to intervention is...

Denial

- By the impaired physician
- By colleagues
- By family
- By associates



Need for Intervention

“Intervention is necessary when an individual is either unaware of her/his addiction or, because of denial, is psychologically unable to recognize the seriousness of the disease or the need to seek treatment.”

Physical or mental illnesses often co-occur with substance abuse...they require intervention in their own right.



Reporting Requirements

- You are **REQUIRED** to immediately report any good faith suspicion or concern about an impaired professional
- All information will be treated confidentially to the extent allowed by law
- All good faith reports of possible impairment can be made without fear of retaliation



Comprehensive Assessment

The comprehensive assessment should include:

- Addiction Medicine
- Internal Medicine
- Family Therapy
- Neuropsychology
- Psychiatry



Acute Treatment

- Detoxification
- Medication as appropriate
 - ✓ Naltrexone
 - ✓ Disulfiram
 - ✓ Acamprisate
 - ✓ Anti-anxiety/anti-depressants
- Treating the co-morbid family
- Patient education



Comprehensive Treatment

Goals of addiction treatment include:

- Reducing denial
- Increasing self-care
- Treating medical and psychiatric problems
- Treating the co-morbid family
- Patient education



Continued Treatment...

Monitoring

- Peer-group meeting attendance
- Body fluid analysis
- 12-step program and spiritual support
- Practice modification
- Monitoring



Stages of Recovery

- Transition....awareness
- Stabilization...acute intervention, treating physical and post-acute withdrawal process.
- Early recovery...obsession subsides, let go of painful feelings about addiction (guilt, shame, fear, resentment)



Stages of Recovery (cont'd)

- Middle recovery... "clean up the wreckage"
restore balance in person's life
- Late recovery... resolve underlying issues
- Maintenance...

Physicians are expected to participate in state medical society-sponsored physician health programs for post-treatment monitoring.



Risk of Relapse

- Potential for **relapse** is lifelong.
- **Relapse** requires re-intervention
- **Relapse** is highly associated with denial
- Frequent **relapse** is associated with a downward course.



Assessing Progress in Recovery

1. Meeting attendance
2. Sponsor
3. Monitoring
4. Emotional traps
5. Additions/subtractions to history (secrets)
6. Compulsive Behaviors
7. Current therapy/meds
8. Relationships



Assessing Progress in Recovery

(cont'd)

9. Physical health/exercise
10. Leisure time/fun
11. Work status/duties
12. Financial status
13. Legal-licensure status
14. Training/continuing ed
15. Spiritual program



Whom Do I Call?

If you suspect impairment call immediately:

- Your program director, or
- Occupational Health Service (718-920-5406), or
- The MMC Medical Director (718-920-2809)

Confidential referral also can be made to:
Medical Society of the State of New York
Committee on Physician Health

http://www.mssny.org/res_ctr/cph.htm



Committee on Physician Health

The mission of the CPH is to promote quality medical care by providing confidential assistance to physicians, resident physicians, medical students and physician assistants suffering from Substance Use disorders or other psychiatric disorders.

CPH monitors the treatment and clinical practice, provides advocacy, support and outreach activities, including prevention and education.



Licensure

- Professional misconduct due to substance abuse/impairment is managed by the Office of Professional Medical Conduct (OPMC) of the Department of health of New York.
- The mission of OPMC is to protect the public through the investigation of professional discipline issues involving physicians... OPMC is responsible for investigating all complaints of misconduct, coordinating disciplinary hearings which may result from an investigation, monitoring physicians whose licenses have been restored after a temporary license surrender and monitoring physicians and physicians assistants placed on probation as a result of disciplinary action.

N.B. CPH does not refer physicians to the OPMC as long as the physician agrees to participate, stays with the program, is helped by treatment, and does not present an imminent danger to the public.