The Impaired Professional

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Definition

● The American Medical Association (AMA) defines impairment as the inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illness, including alcoholism and drug abuse.
Stages of Addiction

- Use
- Abuse
- Physical dependence
- Psychological dependence
- Tolerance
- Addiction
Use

- Sporadic consumption of a substance with no consequences of that consumption.
Abuse

- A maladaptive pattern of substance abuse that causes clinically significant impairment that does not meet criteria of addiction.
- Includes impairment in social, occupational, and family functioning.
Physical Dependence

- A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation or rapid dose reduction of a drug.
Psychological Dependence

- A subjective sense of need for a specific psychoactive substance either for its positive effects or to avoid negative psychological effects associated with abstinence.
Tolerance

- Affect of drug decreases over time
- Greater doses of the drug is needed to achieve the same effect.
Addiction

- A psychological phenomenon that consists of the compulsive seeking and use of a substance despite adverse social, psychological and physical consequences.
Addiction as a Disease

- A primary chronic disease with genetic psychosocial and environmental factors influencing its development and manifestation.
- The disease is progressive and can be fatal.
Signs and Symptoms

- Characterized by impaired control over drinking and drug use.
- Preoccupation with drugs or alcohol.
- Use of substance despite adverse consequences.
- Distortion in thinking (denial).
Prevalence

- The prevalence of addiction in population of United States physicians is generally reflective of the general population.

- Current estimates are that approximately 15% of physicians will be impaired at some point in their careers.
Substances Abused

- Alcohol - 39.5%
- Opiates - 33.9%
- Cocaine - 11.9%
- Sedatives - 3.7%
- Marijuana - 2.8%
- Inhalants - 1.8%
- Amphetamines - 1.8%
- Others - 4.6%
Substance Abuse (cont.)

- Physicians are as likely to have experimented with illicit substances as their age peers.
- Less likely to be current users of illicit substances.
- High incidence of prescription drug abused as compared to the general population (self prescribed, self medication, injury).
Which doctors are most affected?

- Anesthesia - 21%
- Emergency medicine - 18%
- Family medicine - 15%
Risk Factors

- High stress
- Strong desire for achievement
- Conscientious
- Ability to deny personal problems
- Highly educated
- Healer
- Difficulty asking for help
Identification of the Impaired Physician

- CAGE
  C: Have you tried to cut down
  A: Do you get annoyed when people comment about your drinking?
  G: Do you feel guilty?
  E: Do you need an eye opener?
Addiction is progressive.

- Depression
- Irritability
- Mood swings
- Inappropriate level of response
- Isolation
- Avoidance
Signs of Addiction (cont.)

- Impact of social life
- Health issues
- Financial issues
- Legal issues
- Moral standards change
- Clinical performance
Barriers to getting help

- Doctors are the healers, “We don’t get sick.”
- Taught to tough it out
- Denial, shame, difficulty asking for help
- Reporting a colleague is difficult
- Enabled by family and friends
Addiction is a family disease

- Family affected
- Work environment affected
- Coworkers affected
- Patients affected
- Friends affected
Intervention

- The goal of intervention is to convince the physician to voluntarily enter treatment.
- May need to threaten physician with fine or license suspension.
- May need to report to board of medicine.
Intervention (cont.)

- Intervention is the process of presenting facts to the addict about their behavior in a way that lessens denial and encourages entering a program for diagnosis and treatment.
Guide for Intervention

- Avoid confronting physicians alone.
- Express positive regard for their abilities.
- Describe specific observable problem behaviors.
- Avoid accusation or blame.
- Avoid arguing or negotiating. Be kind and empathetic.
Guide for Intervention (cont.)

- Have a specific plan of action.
- Clearly indicate consequences for not following plan.
- Insist upon immediate action.
- Provide for safe transition and transportation to the next step in the plan.
- Refer to professional assessment program (PRN).
Statute 459.015 Section E states, “You may be held for disciplinary action if failing to report to the department or the department impaired professional consultant (PRN) any person who the licensee knows is in violation of the rules of the board.”
Statute 459.015 Section W states, “You may be held for disciplinary action if you are unable to practice medicine with reasonable skill and safety to patients by reason of illness or substance abuse.”
Statute 456.076 Treatment Programs for the Impaired Practitioner Section A states, “When the department receives a written or legally sufficient complaint alleging that a licensee is impaired as a result of abuse of alcohol, drugs, mental or physical condition which could affect their ability to practice with skill or safety and no other complaint other than impairment exist the reporting of such information shall not be grounds for discipline as long as the licensee does the following:
Florida Statutes (cont.)

- 1. The licensee has acknowledged the impairment problem.
- 2. The licensee has voluntarily enrolled in treatment program.
- 3. The licensee has voluntarily withdrawn from practice, entered treatment, and agrees to return to practice only after completing treatment.
- Release of medical records to the consultant.
Statute 456.076 Section B states, “If the board does not receive a complaint and licensee agrees to withdraw from practice and complete treatment, the board will not be involved.”
Treatment

1. Initial assessment to determine level of care.
   - Residential
   - Partial hospitalization
   - Intensive outpatient

2. Treatment may last from 3-6 months and is done using a team approach.
Long Term Monitoring

- Usually 5 year contract
- Avoidance of all mood altering drugs
- Random drug testing
- Weekly monitor group meeting
- Alcoholics Anonymous (AA) Narcotics Anonymous (NA) 12-Step Meeting
Physician Resource Recovery Network (PRN)

- Established in the late 1970s
- Aid in identification, intervention, and appropriate referral for treatment
- Protect the safety and welfare of the public
- PRN has the ability to monitor individuals for 5 years or more under individualized contracts.
Treatment Outcomes

- Prognosis for physicians is better than the general population.
- Physicians are more likely than the general population to return to a productive life.
- 900 physicians, 16 states
  - 72% return to work
  - 50% complete 5-year program
  - Of those 50%, 91.4% return to work
Prevention
Prevention

- Medical Student Wellness Initiative
- Collaboration between state physician health program (PRN) the Florida medical association, and all council of Florida Medical School Deans
Medical Student Wellness Initiative

- Participation all 9 medical schools in the state of Florida
- Anonymous online survey
- Asses various health behaviors, risk behaviors, psychiatric symptom, substance use, coping mechanisms, awareness of PHP
General Well-Being

- 82% reported being satisfied with their medical training
- 63% reported their physical health had worsened since starting medical school
- 60.6% reported psychological health had worsened
- 79.8% reported their stress level as “significant” or “severe”
- 71.3% reported not getting enough sleep
Psychological stress

- Over 10% reported thoughts of suicide
- 70.1% indicated feeling they would benefit from psychological resources
- 42.27% questioned their decision to become a physician
Tobacco use

- Only 6.4% reported smoking cigarettes
Alcohol use

- 96% of students have used alcohol
- 70.4% acknowledged binge drinking
- 31% reported drinking more alcohol than when they stared med school
- 6.7% admitted being concerned they might have a drinking problem
Marijuana use

- 46% of students reported lifetime use
- 22.7% reported using marijuana during medical school
- 12.2% of users reported increased usage during medical school
- 17.9% report using marijuana weekly.
Prescription Stimulants.

- Lifetime use 28.7%
- 46% of users increased during Medical school
- Primary reasons
  - 90% to help study
  - 65% before exams
  - 60% ADHD
  - 55% to stay awake
  - 37% competitive nature of med school
Opioids

• Lifetime use 32% (during med school 9.1%)

Primary reasons
79% pain
45% doctor or parent told them to
24% to sleep
16% to relax or calm down
Drug misuse/Abuse

- 64% stimulants users admit to taking meds not prescribed
- 20% opioid users admit meds not prescribed
- 1.79% of medical students acknowledged they might have a drug problem.
Self Help Programs
Alternative to 12 step. Self Help Groups for People in Recovery

- SMART Recovery
- Moderation Management
- Women for Sobriety
- LifeRing
- SOS
- Rational recovery
12-Step Treatment

- Honesty
- Openness
- Willingness
- Acceptance
  - Go to meetings
  - Get a sponsor
  - Work the 12 steps
1. We admitted we were powerless over alcohol- that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over the care of God as we understood Him.
Step 1

- Step 1
  - Addresses denial, promotes honesty and self-examination, resistance can be great, accepts identity as an alcoholic or addict.
  - Principle: Honesty
Step 2

- The person recognizes that they need help. “I alone can do it, but I can’t do it alone.”
- Sanity is recognition that continued use of alcohol or other drugs will have continued negative effects
- Helps open the person to new internal experience
- Principle: Hope
Step 3

- Difficult for atheist, helped by thinking of an accepting and loving life force within
- Practicing “letting go” weakens the grip of obsessions, craving, worries, resentments
- Principle: Faith
Retrospective Findings in Physician Addicts

- 50% of physician addicts have substance use and problems in medical school related to substance use.
- 50% have a positive family history for addiction.
- 30% smoke cigarettes.
- Only 50% of opiate addicts inject drugs.
Major Depressive Disorder has a high prevalence in opiate addicts.

Average length of addiction before treatment of opiate addicts is 6 years.

Average length of addiction before treatment for alcoholics is 14.5 years.
Guidelines for Training Programs

- Most physicians and house staff are not aware of any policy on substance abuse in their own medical institution.
- All teaching hospitals need to educate and organize a process to address substance abuse among its healthcare professionals.
- Clearly defined policy and procedure for referrals.
- Pre-employment drug testing.
Conclusions

- Addiction is a disease that knows no boundaries of profession, ethnicity, sex or age.
- It is even prevalent in our precious medical community.
- We, as healthcare professionals, have a moral obligation to our patients and our fellow colleagues to help identify those who are tormented by the disease of addiction and take the appropriate action to help them.
Questions
References


Florida Statutes 456.076 and 459.015.