PHYSICIAN WELL-BEING AND PROTECTING THE HEALTH OF THE HEALTHCARE WORKFORCE

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OBJECTIVES:

- Describe impairment and causes of impairment
- Discuss physician health programs and the role of state medical boards
- Describe addictions among physicians
- Describe interventions in cases of suspected impairment
- Discuss outcomes for physicians with addiction
- Discuss legal aspects of physician impairment

IMPORTANT PHYSICIANS WHO HAD ADDICTIONS AND/OR MENTAL ILLNESS

- Sigmund Freud- cocaine use disorder and depression
- Robert Smith- alcohol use disorder (Dr. Bob- surgeon who co-founded Alcoholics Anonymous)
- Ignaz Semmelweis- alcohol use disorder and depression- pioneer of antiseptic procedures
- William Halstead- cocaine and opiate use disorders- surgeon
- Oliver Sacks- depression, amphetamine use disorder- neurologist

THE SCOPE OF THE PROBLEM

- At the current rate, one person in four will develop one or more mental illnesses in his or her lifetime.
- In the United States, an estimated 26% of individuals age 18 and older have a mental disorder in any given year and 46% will have a mental health disorder in their lifetime. (Reeves et al., 2011)
- In 2012, nearly one in five American adults, or 43.7 million people, experienced a diagnosable mental illness according to the Substance Abuse and Mental Health Services Administration (SAMHSA) and less than half of these adults received any mental health services in the past year.
- Mental illness in adults may be substantially underestimated because stigma leads to concealment of illness
- Physicians develop mental health problems at the same rates as the general population.
- In 2013, mental disorders cost more than $200 billion a year in the United States, topping the list, exceeding heart disease, stroke, and even cancer. (Lowry, 2016)

PHYSICIAN IMPAIRMENT

- At some point, certain syndromes or behaviors, whether from medical or psychiatric reasons, cross a line and compromise the reasonable skill and safety of the practice of medicine.
- There is no absolute well-defined demarcating line, it’s a judgement call.

CAUSES OF IMPAIRMENT

- Medical causes may include dementia or delirium
- Psychiatric causes may include mood, psychotic or anxiety disorders, substance use disorders, or characterological disorders like antisocial personality.

PHYSICIAN BURNOUT

- Exhaustion, cynicism and feeling ineffective
- 50% of the healthcare workforce is struggling with burnout
- The cause of burnout is the system:
  - work flow (redesign work flow to streamline documentation and increase team-based care)
  - loneliness vs rugged individualism-enjoying solitude (enhance human connection and a sense of community at the work place, create a diverse and inclusive environment)
- Physicians experience its effects in both their professional and personal lives
  - Depression, substance abuse, unprofessional behavior, medical errors

WHY DON’T PHYSICIANS GET MEDICAL CARE?

- Physicians struggle with taking time off when ill because they don’t have anyone to back them up.
- They also don’t follow up with their own medical care because they don’t have the time.
- Those who need the most help are least likely to get help.
- Health care providers worry what will happen if they seek care. Will it affect their malpractice or licensure?

BEHAVIORS THAT MAY COME TO THE ATTENTION OF THE LICENSING BOARD INCLUDE:

- Physically or sexually abusing a patient
- Prescribing drugs in excessive amounts or without legitimate reason
- Exhibiting an impaired ability to practice because of addiction, medical illness or mental illness
- Being dishonest
- Criminal convictions
- Not recognizing or acting on common symptoms
- Failing to complete continuing education requirements
- (When something comes to the medical board's attention it may be an isolated incident or represent the tip of an iceberg).

Reporting laws for physicians and hospitals to report a colleague suspected of impairment by alcohol or drugs or mental or medical illness

Physician health matters are dealt with separately from disciplinary matters and are handled with a confidential, treatment-focused, rehabilitative philosophy.

Disciplinary consequences depend upon the severity of the offending behavior.

PHYSICIAN HEALTH PROGRAMS HAVE DEVELOPED OVER THE LAST COUPLE DECADES

- A physician may be required to have a chaperone present for all examinations or perform a procedure with a fellow specialist present.
- They may need a fitness for duty evaluation for approval to return to work.
- They may have to undergo random office visits to assess record keeping.
- They may be subject to observed random drug testing: urine, blood, saliva or hair.
- Typically, doctors are monitored for 5 years if they were found to be impaired from substance use disorders, mental illnesses or other behavior problems.

ADDICTION AMONG PHYSICIANS

- The prevalence rate of addiction among physicians 7.9% is less than the general population 13%
- Physicians are more likely to take sedatives 11.4% and opiates 17.6% and they drink more alcohol.
- Males account for the majority of treated physician addiction cases with male to female rates of 7:1.
- Female physicians are still more likely to have alcohol related problems than the general population and are more likely to have psychiatric comorbidity.

PHYSICIAN ADDICTION AND IMPAIRMENT

- 14-21% of medical board disciplinary actions are alcohol or drug related.
- The majority of physician impairment cases are related to drugs and alcohol.

WHICH SPECIALTIES ARE MOST AT RISK?

- Highest self-report rates of substance abuse and dependence
  - Psychiatrists
  - Anesthesiologists
  - Emergency medicine physicians
- Lowest rates
  - Surgeons
  - Pathologists
  - Pediatricians

MOST COMMON DRUGS USED BY PHYSICIANS:

- Alcohol is most commonly used substance but then prescribed medications are next unlike the general population who use illicit drugs
- Nicotine
- Opiates
- Benzodiazepines
- Marijuana
- Cocaine
- Propofol

PHYSICIAN RISK FACTORS FOR ADDICTION:

- Family history is the strongest predictive factor for physician addiction, the same as the general population. 22% of physicians have a family history of alcohol dependence.
- Sensation seeking personality factor
- Drug access
- Stress drives self-medication
- Priming effects of the drug itself
- Micro-dosing of anesthesiologists in the OR

WARNING SIGNS OF SUBSTANCE ABUSE IN PHYSICIANS:

- Disturbances of social and family functioning may be early indicators of substance dependence in the physician
- Domestic problems
- Appearance of being drunk at social functions
- Intoxication or odor of alcohol at work
- Highly irregular hours for rounds
- Self-prescribing
- Neglect of responsibilities
- Anger outbursts
- Frequent medical complaints without a reasonable diagnosis
- Staff concerns about physician behavior
- Depression or weight change
- DUI/DWI citations

INTERVENTIONS

- Comprehensive evaluation to address concerns
  - remove the doctor from his or her work role to a center with expertise
  - Psychological and neuropsychological testing
  - Family assessment
  - Review of previous medical records
  - Collateral information from coworkers, hospital employees, friends and the PHP
  - Hair and body fluid drug testing- chain of custody

INTERVENTIONS: CONTINUED

- The goal is early intervention to detect problems that lead to impairment and intervene prior to physicians damaging their careers or harming patients
- Ideally gently coerced (balance of compassion with a firm directive hand)
- vs alternative medical board referral or possible legal action

TREATMENT

- Most physician patients are encouraged to attend longer treatment programs than non-physicians due to the penalty placed on relapsing physicians.
- The longer someone is in treatment the better the platform they have for recovery.
- Physician Health Programs can advocate for the physician when things are going well
- Successful treatment of addictions means turning off the addictive force and strengthening self-control in someone with a brain and orbital frontal cortex (where self-control is regulated) damaged by addiction.

MONITORING AND TREATMENT MAY INCLUDE:

- Weekly group therapy
- Peer support groups
- Aftercare groups
- Individual and family therapy
- Mutual support (self-help) group attendance
- Drug testing
- Work-site monitoring for 5 years or more

ADDICTIONS TREATMENT

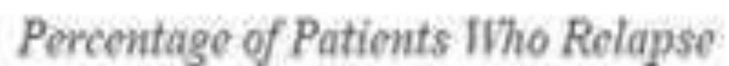
- Medication-Assisted Treatment/ Pharmacologic treatment
  - Address the treatment of chronic pain differently
- Motivation Enhancement Therapy
- 12 step facilitation and mutual support groups, social group reconstruction
- Cognitive Behavioral Therapy- relapse prevention
- Network therapy
- Peer Coaching
- Acceptance/surrender
- Leverage

LEVEL OF CARE BASED UPON NEEDS

- early intervention
- low intensity outpatient
- intensive outpatient/partial hospitalization
- inpatient rehab
- medically managed inpatient
- if the patient fails the current level of care, intensify the treatment

RELAPSE PROCESS

- Negative emotions/affects/stress/overwhelming complexity
- Interpersonal conflict
- Social pressure
- Conditioned craving
- Lack of satiety
- Mental fatigue



TYPE I DIABETES

30 TO 50%

DRUG ADDICTION

40 TO 60%

HYPERTENSION

50 TO 70%

ASTHMA

50 TO 70%

OUTCOMES FOR PHYSICIANS WITH ADDICTION

- Outcome studies of physicians with addictions show impressive abstinence rates with studies extending for 21 years. 65-91%
- Problems with behavioral adherence to the monitoring requirements commonly precede substance use
- Physicians who have difficulty maintaining abstinence should be removed from the workforce until treatment providers with experience in physician recovery and the PHP determine that the physician is safe to return
- Licensure leverage is a powerful motivator for recovery in physicians with addiction

DO WE NEED TO DISCIPLINE DOCTORS OR DO WE NEED TO REHABILITATE THEM?

- The biggest problems are stigma, shame and guilt.
- There are a lot of stakeholders who care about doctors being healthy, malpractice insurers, state medical boards, specialty boards, patient insurers, employers, patients.
- Getting help early from a physician health program can help avoid things coming to the attention of the state medical board.

LEGAL ASPECTS

- The investigation may have to be reported to the national practitioner databank.
- Don’t just walk away when an inquiry starts. Once you leave and separate you lose your right to contest it.
- Seek legal counsel.
- There is no physician-patient privilege in medical board or criminal cases.
- The process can be fair.

"While susceptibility varies, addiction can happen to any of us through a subtle process where the bonds of degradation are too light to be felt until they are too strong to be broken. And yet, I have yet to meet anyone, in over six decades of life, whose life was worsened by fear and avoidance of such a deceptive pathway to destruction… One should stay far away from any conduct at all likely to drift into chemical dependency. Even a small chance of suffering so great a damage should be avoided."

- Charles Munger