PHYSICIAN IMPAIRMENT DUE TO SUBSTANCE USE

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Declaration of Potential Conflict of Interest:
The content of this presentation is non-commercial and I have no conflict of interest to disclose
Topics:

- Historical perspective
- Neurobiology of addiction trumps the cortex
- Demographics
- What do you do when you know?
- Treatment
- The role of Michigan HPRP
Impairment

“The inability to practice medicine with reasonable skill and safety to patients by reason of physical or mental illness, including alcohol or other drug dependence”

AMA Council on Mental Health, 1972
Physician Health Over Time

1910, Flexner Report on Medical education
*Medical practice now regulated by legislature and state medical societies
*Required physicians to be free of vice, “moral turpitude and the intemperate use of alcohol drugs”

1914 Harrison Narcotic Drug Act
*drugs with addictive potential now classified, dispensing regulated and directives to medical practice issued regarding lawful prescribing

1920, English Parliament approved the Dangerous Drug Control Act
*opioid addicts were registered in an attempt to control addiction
*nearly 25% of those were physicians, dentists, veterinarians or nurses!

1956, the American Medical Association (AMA)
*Declared alcoholism was a disease, (characteristic symptoms, chronicity, progression, subject to relapse, and treatability)

*State medical societies develop programs or committees tasked with identifying and helping impaired physicians
*Developed model legislation to amend state medical practice acts to make treatment rather than punishment available
Physician Health Over Time

Effective January 1, 2001 JCAHO Requirement - MS.11.01.01 that medical staff and leaders will:

* Design a process that provides education and addresses prevention of physical, psychiatric, or emotional illness in healthcare providers

* Facilitates confidential diagnosis, treatment, and rehabilitation of LIPs who suffer a potentially impairing condition
Substance use disorders: Lifetime Prevalence
10 – 12%  
(DuPont et al, 2009)

➢ Principal cause of physician impairment

Characteristics of addiction:  
- **Control** attempts
- **Compulsive** use
- **Continued** use despite consequences
- **Craving** when drug is stopped

Loss of control manifests as:
- overuse, intoxication, withdrawal
- ↓ occupational functioning, poor clinical outcomes
- ↓ safety to practice, ↑ Potential harm to patients
Progression of Addiction

Vulnerable MIDBRAIN REWARD SYSTEM hijacked by dopamine-active drug(s)

Limbic SYSTEM memory functions and emotions modified

- Impairment of Impulse Control
- Loss of Ability to Delay Gratification
- Diminished Motivation & Goal-Direction

PREFRONTAL CORTEX

P. Ziegler, 2012
“I have never encountered a single patient who wants to be addicted. They are addicted at enormous personal and social cost, but something fundamental has changed in their brains so that the drives that normally motivate others are disrupted by the drugs”

Nora D. Volkow, MD, Director of the National Institute on Drug Abuse. Neuropsychiatry Reviews, 2004 Vol 5, No. 5
Bright, motivated people more likely to get their needs met

- Like other biologic drives mediated thru the mesolimbic and mesocortical tracts, addiction:

  * Harnesses the individual’s cognitive and personality attributes to the task of feeding the process and avoiding interference
Hallmarks of Active Addiction:

Minimization
Rationalization
Projection

*Judgment and Insight are Markedly Impaired*
work is the last area affected
William Halsted, MD (1852-1922)

“...The proneness to seclusion, the slight peculiarities amounting to eccentricities at times ... were the only outward traces of the daily battle through which this brave fellow lived for years. He had done so well and so energetically that it did not seem possible that he could take the drug and done so much”

-William Osler, MD, 1892

Romanticized as gifted, tragic
Trivialized as entertaining, amusing
Some characteristics:

- 10-15% incidence of addiction
- The most frequent disabling condition among physicians
- Overall lower rates of Alcohol, Tobacco and illicit drugs
- Rates of Rx drug abuse/dependence much higher than general population (benzodiazepines, opioids)
- ED/psychiatrists/anesthesiologists/solo practitioners at higher risk

Modes of Acquisition include:

- writing for self, friends, family
- diversion (esp. in anesthesia)
- unused Rx’s, stealing from Patients
- wholesale/medical supply

Type of Substance by Specialty

- Psychiatry: benzodiazepines, cannabis
- Emergency Medicine: cocaine, cannabis
- Anesthesia: fentanyl, opioids, IV use
- Family/general practice, internal medicine, and obstetrics/gynecology: similar to general pop.
- Surgeons: higher alcohol use, lower use of any other type substance

Anesthesiologists at Higher Risk?

- 4.5% of practicing physicians, but 34% of resident physician admissions to TMRC in 1983-85!
- IV opioid users had only a 34% success rate reentering anesthesiology, of the 66% who relapsed, 13 (25%) died as a result
- Recovery and relapse rates, conflicting data
- Fentanyl by diversion most common


Exposure to Aerosolized Opioids

- Neuronal stimulation
- Like second-hand smoke
- Changing specialties reduces risk of relapse

Depression and substance use increase the risk of suicide

*Male doctors 70% higher than general population

*Female doctors 250 - 400% higher than general population


You Might be an Addict if You:

- Have patients that are over medicated, under medicated
- Are found unconscious in a hospital bathroom
- Have a seizure for no good reason
- Are writing CS for non-patients - family, friends or self
- Have just shaved all your body hair
- See the sharps container as a ‘grab bag’
- Were charged with a DUI on the way to work at 7:00 AM
- Have more drug in you than your patient has at the time of surgery
Enabling

*Family, friends Enable:
Excusing, rationalizing, minimizing
Try to control the addict, blaming circumstances

*Professional Groups Enable:
Unrealistic expectations and ideals
Remaining uneducated
Discipline instead of assistance
Delay action until glaring behavioral change

*Institutions Enable
Keeping secrets
Denying the existence of the problem
Failure to develop written policies or peer assistance programs
How?

- ‘The 5 A’s’
  - Ask
  - Advise
  - Assist
  - Assess
  - Arrange
How to Ask

“Say, (name), I’ve noticed that (specific behavior), and I’m concerned about you. I’m sensing that something’s wrong, and I wonder if drugs or alcohol might be involved”.
How to Ask

- (person) agrees; “I’d like you to get a confidential assessment”

- (person disagrees; “Would you be willing to let an expert evaluate you confidentially”?

- EITHER WAY: DON’T MAKE YOURSELF THE EXPERT, BUT KNOW WHO THE EXPERT IS!!
  http://www.hprp.org
Healing the Healer

“If you wish to know the best treatment for a given condition, see how they treat the doctors that have it”

-An Attorney
Healing the Healer

- Residential care for most (ASI)
- Medical/Psychiatric stabilization, detoxification
- +/- Neuropsychiatric Testing
- Group/Individual/Milieu therapy
- 12 step attendance daily
- Random drug screening
<table>
<thead>
<tr>
<th>Attribute</th>
<th>Liability</th>
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<tbody>
<tr>
<td>PERFORM UNDER DURESS</td>
<td>CAN’T SHOW FEELINGS</td>
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<td>DELAY GRATIFICATION</td>
<td>ENDURE</td>
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<td>DEFER OWN NEEDS</td>
<td>CARETAKERS</td>
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<td>CONFIDENCE IN UNDERSTANDING DRUGS</td>
<td>UNDERESTIMATE CONSEQUENCES</td>
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<td>SOLVE PROBLEMS OURSELVES</td>
<td>CAN’T ASK FOR HELP</td>
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<td>GET GOOD GRADES</td>
<td>QUICK LEARNERS</td>
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<td>FORCED TO MATURE QUICKLY</td>
<td>LACK BASIC COPING SKILLS</td>
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<td>DISCOUNT THE “LESSER”</td>
<td>CAN’T IDENTIFY WITH OTHERS</td>
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<td>BECOME TEACHERS</td>
<td>CAN’T LISTEN</td>
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<td>RELY ON EVIDENCE BASED SCIENCE</td>
<td>STRUGGLE WITH SPIRITUAL IDEAS</td>
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“Setting the standard for recovery: Physicians' Health Programs”

- 904 physicians consecutively admitted to 16 state Physicians' Health Programs (PHPs), studied for 5 years or longer

- At 5 years, 78% with no positive UDS

- 72% still practicing

Results

- Physicians have a favorable prognosis: 70-90% abstinence rates at 5 years with monitoring program
- 85% return to work as physicians
- Most demonstrate neurocognitive improvement on formal testing
- Lifelong commitment to abstinence-based recovery, 12 step attendance considered major prognostic factors


Critical Elements for Success; Carrot and Stick

- Occurs in the community – secondary reinforcers are present without the drugs primary reinforcing effects

- Compulsory supervision or significant aversive experience to drug use

- Involves a substitute activity to compete with substance use

- Requires developing a drug-free social network

- Includes membership in a self-help group that will provide source for hope, inspiration and self esteem
Doesn’t The Patient Have to Want Treatment?
Michigan Health Professionals Recovery Program

- Established in 1994 by legislation

- Philosophy: that substance use disorders and mental health disorders are treatable conditions

- Encourages health professionals to seek treatment before impairment harms a patient or damages a career

- Confidential; participation and records are not subject to subpoena or the Freedom of Information Act.
## 31 Licenses Covered, 700+ Participants

<table>
<thead>
<tr>
<th>Acupuncturist</th>
<th>Physician's Assistant</th>
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<tr>
<td>Allopathic Physician (MD)</td>
<td>Podiatric Physician &amp; Surgeon</td>
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<td>Athletic Trainer</td>
<td>Professional Counselor</td>
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<td>Registered Nurse, Licensed</td>
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<td>Chiropractor</td>
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<td>Dental Assistant</td>
<td>Physical Therapist</td>
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<td>Dietitian/ Nutritionist</td>
<td>Psychologist</td>
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<td>Marriage &amp; Family Therapist</td>
<td>Respiratory Therapist</td>
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<td>Massage Therapist</td>
<td>Social Worker, Social Service</td>
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<td>Technician</td>
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<td>Occupational Therapist and</td>
<td>Speech and Language</td>
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<td>Occupational Therapy Assistant</td>
<td>Pathologist</td>
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<td>Optometrist</td>
<td>Veterinarian and Veterinary</td>
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<tr>
<td>Osteopathic Physician &amp; Surgeon (DO)</td>
<td>Technician</td>
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Under Section 333.16223 of the Michigan Public Health Code,

- licensed/registered health professionals are required to make good faith reports of suspected violations of the Code to the Department of Community Health, Bureau of Health Professions.

- “A licensee or registrant who has reasonable cause to believe that a licensee, registrant or applicant is impaired shall report that fact to the department (LARA).”
A few points,

- Substance dependent physicians are common (10-15%)
- It is against the law for a physician to practice having an untreated substance abuse or significant other mental health issue
- If you have concerns, the problem may be severe (job is last to go)
- You do not have to make a diagnosis (only identify abnormal behaviors)
- Denial affects patient and peers (it appears as the truth)
- Drug screens only helpful if positive (limits of testing)

Scott Teitelbaum, 2010