



To Care Enough? Physician Impairment

Michigan Association for Medical Education

Ingham Regional Medical Center

Lansing Michigan

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Medical Staff, Brighton Hos



Benjamin Rush MD 1745-1831
Father of American Addiction Medicine

“people who follow professions, which require constant exercise of the faculties of their minds, are apt to seek relief, by the use of ardent spirits, from the fatigue which succeeds great mental exertion.

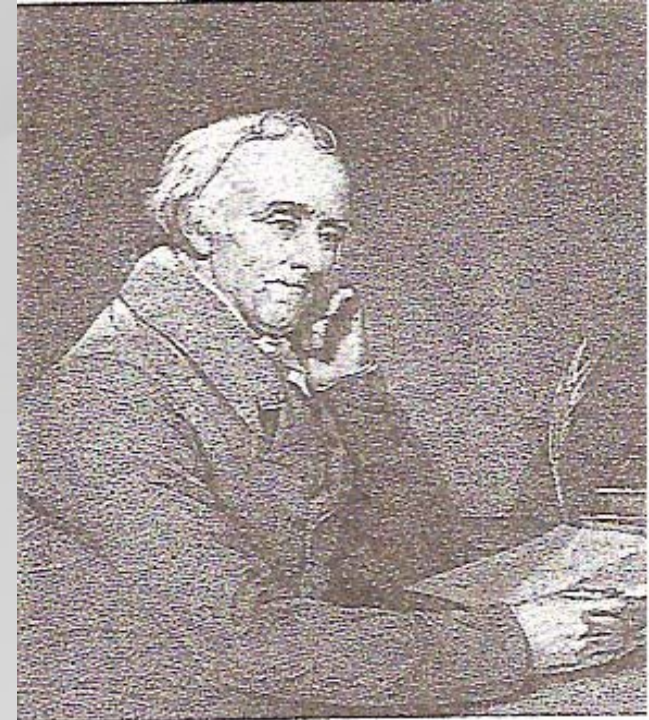


Figure: Benjamin Rush (1745–1813)
Stipple engraving by Edwin, 1813, after T Sully. (With permission from The Wellcome Institute Library, London.)



Case

- ◆ 30 y.o physician employed by a Emergency Med. group.
- ◆ Pt. reported to clinic nurses re: suspicion the physician may be a cocaine user because of runny nose, constant sniffing during patient's exam and general demeanor.
- ◆ Nurses noted physician missing from ED for 20-30 min. 2-3x/shift. F/U indicated he left ED area and went to his car where he was observed probably using cocaine.
- ◆ Clinic chief arranged an intervention. Physician denied use. Was disheveled, poorly dressed and not very articulate during intervention.
- ◆ Contract not renewed.
- ◆ Physician's med. license suspended within next yr. for "mental/physical inability to practice" (impairment)
- ◆ Suspension lifted several years after physician was able to demonstrate fitness for practice.



Liability Net Just Got a Little Bigger

Patient sues impaired doctor, hospital following surgical complications

A patient suing his plastic surgeon for surgical complications included the hospital and other practitioners in the lawsuit, claiming they knew the doctor was impaired but failed to take appropriate action, according to a July 26 *Boston Globe* article.

In late June, the patient underwent an elective surgery at Beth Israel Deaconess Medical Center (BIDMC) in Boston which scheduled to take 60 to

90 minutes, but lasted almost seven hours. The patient claimed that other doctors and nurses knew his doctor, Loren J. Borud, MD, was impaired during a previous surgery that day and should not have allowed him to operate again.

In early July BIDMC fired Borud and the hospital board said the doctor had been struggling with substance abuse problems for the past six years while practicing. The hospital had no comment about the current lawsuit. Last week, Borud's medical license was temporarily suspended.



Incidence

- ◆ Medical Students:

- 18% of med. studs. met criteria for alc. abuse (JAMA vol. 257 no. 21)

- 16% of med. studs. deemed to be at risk for alc. abuse. (NEJM vol . 315 pg. 805-810)

- ◆ Residents: 115 peds. residents: 7% indicative of alcoholism, 15% indicative of alc. abuse (Arch. Peds. Adoles. Med.1999)

- 14% of resident survey responses could be classified as alcoholic (West. J. Med. 1988)

- 13% of resident's responses indicated suspicion or presumptive diagnosis of alc. abuse (NY State J. Med.)

- ◆ Practicing Physicians: (8%) 10 - 12% (15 - 18%)

- Top 3-4 by specialty: Emg. Med., Anest., Psych., Fam. Med. (order may vary from study to study)



Risk Factors (some)

- ◆ Opportunity/Availability
- ◆ Pharmaceutical Optimism
 - “a pill for every ill”
 - “better living through chemistry”
- ◆ Perceived Immunity Due to Knowledge
- ◆ Burnout (Annals of Internal. Medicine 07/01)
- ◆ Genetics
- ◆ Prescription Writing



Risk Factors (cont)

- ◆ 52% of Int. Med. Residents at 4 training programs self prescribed (JAMA 1998)
- ◆ 65-83% of residents prescribed for themselves or family members (NEJM 1991; Am. J. Dis. Child. 1993)
- ◆ 31.3% of bzdp. addicted physician began use in residency (often as self prescribing)
- ◆ 23.1% of opiate addicted physician (except heroin) began use in residency (often as self prescribing)



Prescription writing (con't)

- ◆ Int. Medicine/Family Practice Residents
 - 85% wrote a prescription for a non patient
 - 95% wrote prescription for a family member
 - *65% wrote T3 prescription for another resident
(non-patient)
 - *40% wrote T3 prescription for a family member
(non-patient)
 - 47% had receive prescription as a non pt.
 - * Denotes a violation of federal law

JAMA 2002



Indicators of Possible Problems

Change/Pattern

- ◆ Complaints: Patients, Staff, Colleagues regarding personal interactions: hostile, defensive, isolation, unreasonable
- ◆ Schedule Disruption: late, no show, leave early.
- ◆ Incomplete/inconsistent patient follow up
- ◆ Frequent Call Ins; Fri PM, Mon AM
- ◆ Alcohol on breath at work
- ◆ “Locked Door” Syndrome
- ◆ **Impaired: Judgment, Insight, Reliability**

Enabling: the greatest barrier to treatment and recovery



pain recovery solutions
relieving pain, restoring dignity

Herbert Malinoff MD, FACP, FASAM
president • medical director

“Don’t Ask-Don’t Tell”



Enabling



- ◆ An action or inaction either intentional or unintentional which facilitates an individual's continued use of alc/drug by protecting him or her from the conseq.of their use.



Colleagues Enable by:

- ◆ Believing addiction &/or mental illness does not occur in physicians.
- ◆ Minimizing the obvious effects of use by a friend or colleague.
- ◆ Rationalizing changes in a colleagues behavior, performance or appearance.
- ◆ Covering for a colleague's errors of omission or commission.
- ◆ Diagnosing/treating -self/colleagues
- ◆ Not using peer assistance networks.



Enabling Results In:

- ◆ Delay in intervention
- ◆ Delay in evaluation/treatment
- ◆ Progression of disease



Case 1:

- ◆ 31 yo. physician admitted to ED following an auto accident that occurred 4 miles from the last place he remembers getting into his car. Dx: 1. Concussion, brain 2. Contusion multiple face and R knee 3. Wound, lacerations multiple face, R knee without nerve or artery involvement 4. Strain, acute cervical spine. Surgical procedures were performed. **One of his colleagues removed a BAC slip from the chart.** The judge reduced the charge to careless driving.



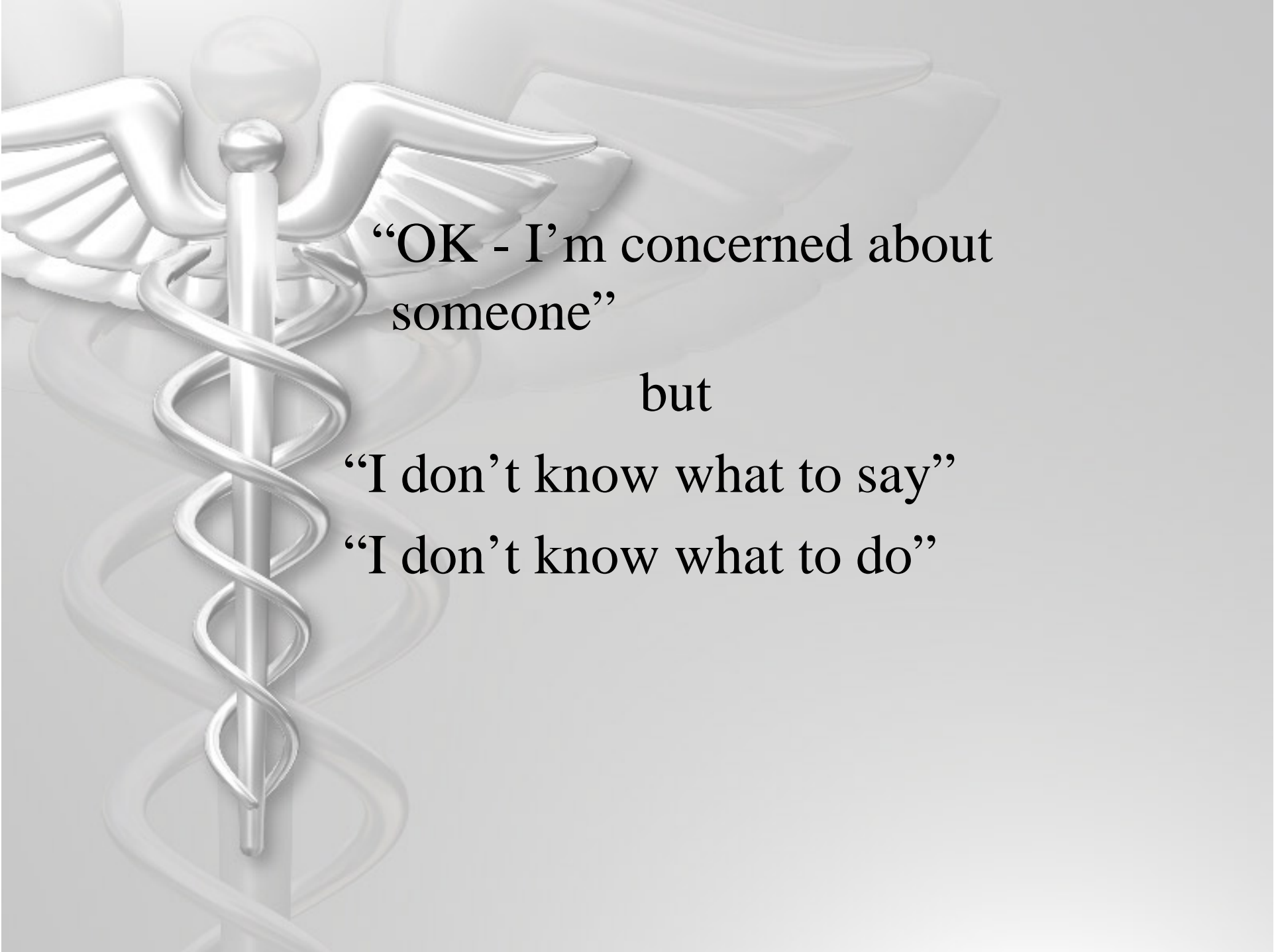
Case 2

- ◆ 38 yo physician passed out at a Christmas Eve party, received CPR from a nurse at the party. Rushed to the ED of his hospital by ambulance. The attending physician knew the physician-patient-friend was simply drunk. **He kept him in the ED for the night and d/c him in AM.** Diagnosis: (in attempt to help his friend) 1. Vaso-vagal syncope
2. Myositis, L chest 3. Flu Syndrome



Case 3

- ◆ 40 yo physician admitted to his hospital thru ED. **Alcohol was obviously involved** by sight and smell. He had attempted suicide by inserting a steak knife into his chest in the area of his heart. Explor. laparotomy in area where it was felt the knife had penetrated was neg. A thoracotomy found the knife track into but not thru the myocardium. Some hemopericardium was present. **The physician was d/c without staff attempts at discussion or intervention.**
- ◆ The final diagnoses were: 1. Knife wound L chest 2. Explor. lap. 3 Explor. thoracotomy



“OK - I’m concerned about
someone”

but

“I don’t know what to say”

“I don’t know what to do”



Suggestions:

- ◆ (name) I have noticed...
- ◆ (name) I am concerned...
- ◆ (name) The staff (nurses, hse, staff etc.) have asked me about...
- ◆ (name) I got called by the Ed the other night when you were on call and they couldn't reach you.

Response:

_(name) agrees. (you) "I would like you to get a confidential evaluation so we know more".

(name) disagrees. "Would you be willing to let an expert evaluate you?"

You are not the expert but know who is/where assistance is available.



Know your resources:

- ◆ Physician Wellness Committee
 - ◆ Chief of Staff
 - ◆ Department Chairperson
 - ◆ VPMA
 - ◆ GME Program Director
 - ◆ Michigan - Health Professional Recovery Program: 800-453-3784

 - ◆ Treatment Programs/Evaluation*
 - ◆ Evaluations - Individuals*
 - ◆ 12 Step Program Meetings
- * Experience with healthcare professionals



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**Health
Professional
Recovery
Program**

*Serving Michigan
Health Professionals
since 1994*

800-453-3784

www.hprp.org

Authorizing legislation: PA 80 of 1993, as amended.
No. of Copies: 2,500
Total cost: \$255
Cost per copy: \$.102

MHP ILPRP (rev. 09/05)

- ◆ Legislatively mandated: 1993
- ◆ Covers 29 HCP groups
- ◆ >300,000 individ. covered
- ◆ MD/DO, DDS, RN/LPN, RPh acc't for 93% of referrals
- ◆ >3000 referrals to date
- ◆ >800 HCP in contract
- ◆ Approx. 30 referrals per month

Reporting:

Reporting is confidential

- ◆ **Must Report:** lic/regist. believed with reasonable degree of certainty to be impaired. (“whistle-blower clause”)
- ◆ **Failure to Report:** possible administrative action against your license.
- ◆ No liability for good faith report
- ◆ **Do Not Report:** lic/regist. in a bona fide HCP-patient relationship.
- ◆ **Self Report:** *conviction* of drug/alc. related offense.



What diagnoses are reported:

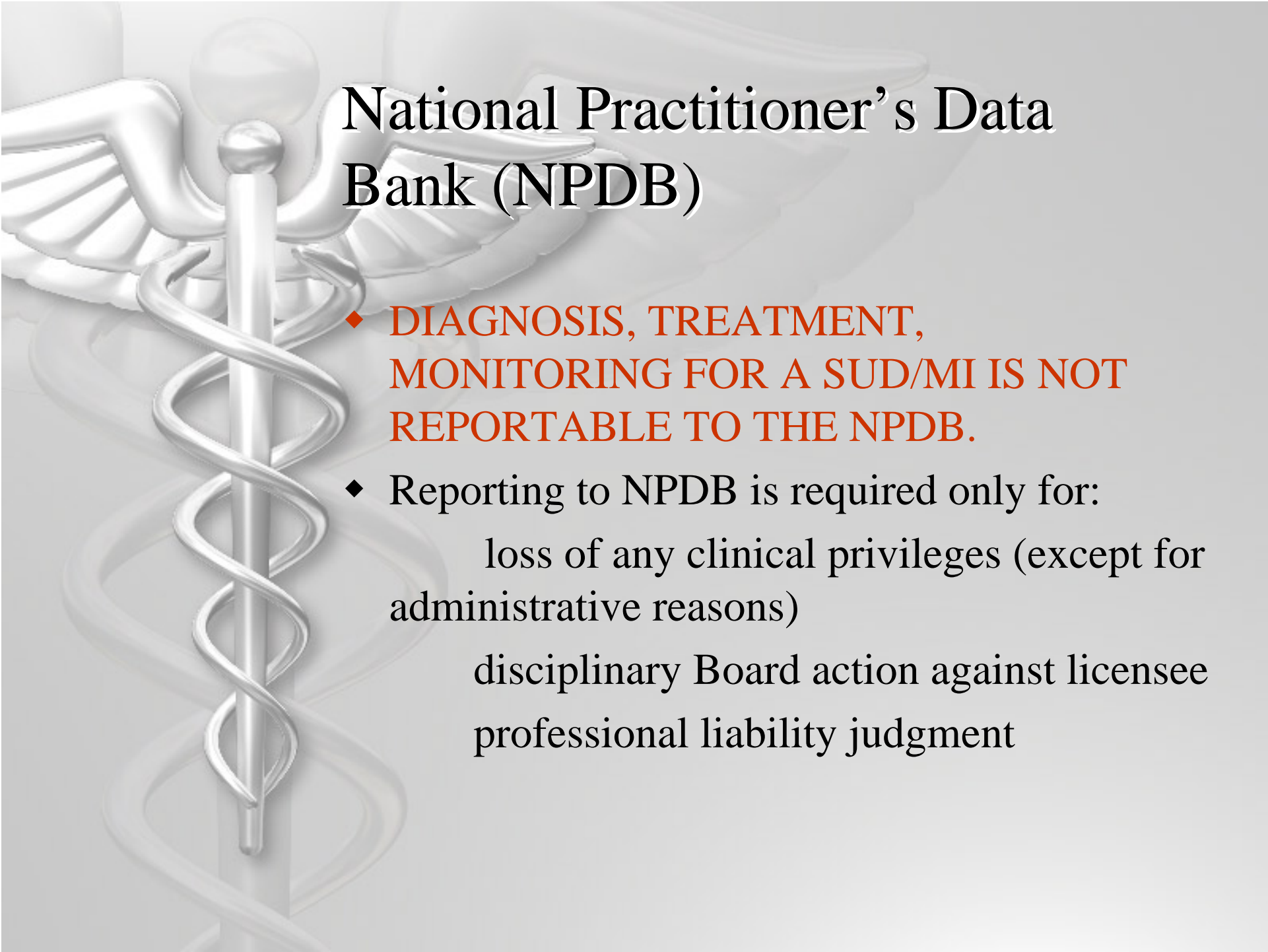
- ◆ Substance Abuse (SA)
- ◆ Substance Dependence (Addiction)
- ◆ Mental Illness
- ◆ Use of drug/alcohol not meeting criteria for SA/SD



Why Participate?

- ◆ Alternative to Bd. (disciplinary) action.
- ◆ Voluntary
- ◆ Confidential (information not subject to FOIA, subpoena, discovery)
- ◆ Assistance with evaluation, treatment, aftercare, monitoring.
- ◆ Maintain active unlimited license to practice when safe to do so.
- ◆ Documentation of recovery.

Consider participation as a condition of returning to work (resident or medical staff member)



National Practitioner's Data Bank (NPDB)

- ◆ **DIAGNOSIS, TREATMENT, MONITORING FOR A SUD/MI IS NOT REPORTABLE TO THE NPDB.**
- ◆ Reporting to NPDB is required only for:
 - loss of any clinical privileges (except for administrative reasons)
 - disciplinary Board action against licensee
 - professional liability judgment



Conclusions

- ◆ Review Enabling cases
- ◆ Everyone will see the physician with impairment.
- ◆ One of the last things to be affected is professional performance (“smoking gun”)
- ◆ Early detection and early treatment yields the best results.
- ◆ Making the diagnosis of SA/MI does not per se establish impairment (prevention).
- ◆ Treatment is effective

So is it worth all the effort?



Journal of Substance Abuse Treatment 36 (2008) 159–171

Journal of
Substance
Abuse
Treatment

Special article

Setting the standard for recovery: Physicians' Health Programs

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- ◆ 904 physicians - 16 state programs
- ◆ 78% no + UDT during 5 yrs of monitoring
- ◆ 5-7 yrs after starting treatment 73% were actively practicing.