

Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence

The original article utilized in this writing was titled "The Sick Physician" published in *JAMA*, Feb. 5, 1973. Volume 223, No. 6, where the American Medical Association recognized mental illness and substance abuse as issues affecting physician health if left untreated. "Accountability to the public, through assurance of competent care to patients by physicians and other health professionals, is a paramount responsibility of organized medicine." The West Virginia Medical Professionals Health Program, WVMPHP, whose board represents many components of organized medicine including: the West Virginia State Medical Association, the WV Mutual Insurance Company, the WV Hospital Association, the WV Podiatric Association, the WV Physician Assistant Association and the WV Society of Addiction Medicine, is the epitome of such accountability.

Without the WVMPHP (the medical and osteopathic boards designated physicians health program), potentially impairing psychiatric disorders, including alcoholism and drug dependence, such accountability by organized medicine would be jeopardized. The WVMPHP allows for the voluntary-confidential assistance and guidance for mental illness and/or substance use disorders in a respectful manner. This directly impacts the early detection, evaluation and referral to treatment and thereby better protecting the patients we serve.

"Ideally, the affected physician himself should seek help when difficulties arise. Often, however, he or she is unable or unwilling to recognize that a problem exists." Physician health programs, such as the WVMPHP, provide mechanisms whereby employers, hospitals, partners, spouses and others may also seek assistance in dealing with the

"sick physician." A primary concern is the determination of whether the physician is suffering from a disorder to a degree that interferes with his or her ability to practice medicine.

Estimates of the incidence of narcotic addiction in physicians are similar to and possibly higher than the general population. This has been referred to as an "occupational hazard." This is felt to be multi-factorial; primarily due to the availability of narcotics, the understanding of medications and circumstances which bring together predisposing personality/conditions in which all are contributing factors impacting the illness. Many physicians believe they can stop using drugs or alcohol at any time they wish.

In 1969, Vaillant et al "noted that physicians, especially those who treat patients, were more likely than non-physicians to be involved in heavy drug and alcohol use and to have relatively unsuccessful marriages."

Untreated substance use disorders undoubtedly can be potentially impairing. Psychiatric disorders, especially psychotic reactions, without question impair the ill physician's judgment and ability to practice. Suicide among physicians far exceeds that of non-physicians suffering similar diagnoses of mental illness or substance use disorder. Providing a means of assistance in the illness phase of the disease, prior to impairment is the primary goal of physician health programs. Just as diabetes treated early minimizes the extent of heart disease and renal failure, physicians benefit from early recognition and treatment of addictive disorders.

The pioneering effort in the development of the "sick doctor statute" came in 1969 Florida legislature. The "sick doctor statute" defines the inability of a physician to practice medicine with reasonable skill and safety to his patient(s)

because of one or more enumerated illnesses. These statutes provided for the disciplining of a practitioner if his alleged misconduct violates a specific standard of behavior. West Virginia, through Senate Bill 573, has additional legislation providing a mechanism whereby physicians may seek help voluntarily and confidentially in a respectful manner. The WVMPHP is available to provide assistance and guidance, independent of and separate from the disciplinary process of the licensure boards and other regulatory bodies.

"Because physicians are accessible to most types of dangerous drugs and because they often work under sustained pressure, which may enhance the seeking of drugs for relief, physicians appear to be a high-risk population in terms of exposure to drug abuse. This potential should be clearly recognized by medical students and there should be opportunities in the training curriculum for them to explore their own personal posture with respect to mental illness and drug use". The WVMPHP actively provides educational activities to students and residents in training.

In dealing with the "sick doctor," the preparation of guidelines to assist organized medicine to deal with the problem first necessitates delineation of boundaries of responsibility. First, ensuring for safe competent care for the patient population, the physician is first in this hierarchy of responsibility. Families, peer referral, hospitals and others can be actively involved in the "conspiracy of constructive compassion." The WVMPHP is available to provide assistance in all of these matters.

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