



Physician Health: Tending to Our Own Wounds

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Outline

- General information about addiction in physicians
- Personal narrative
- Information about Physician Health Programs
- Personal narrative
- Challenges of being a physician in recovery
- Challenges of being a physician





Addiction in physicians

- Physicians have same lifetime prevalence of addiction to alcohol and other drugs as general population: 8%
- Alcohol addiction is most common, perhaps physicians slightly more likely than general population
- Illicit drug addiction
 - Lower than general population
 - THC most common

Prescription drug misuse

- Higher in physicians than general population (Ganley et al)
- Opioids are most common
 - Hydrocodone, oxycodone, fentanyl, tramadol
- Sedatives





Possible risk factors for physician addiction


Stress

- Long hours
- Lack of time for self-care
- Not encouraged to prioritize self-care
- Dealing with managed care
- Threat of litigation

- Access to controlled substances

- Physician training encourages emotional numbing and distance

- Personality trait of physicians



Demographics of Physicians entering Physician Health Programs (Ganley et al)

- Participants in one large study: 85% male, 15% female
- Average age 44
- Most were married (63%)
- Most (55%) were mandated to participate by another agency (hospital, insurance company, licensing board)
- Remaining usually unofficially mandated by family, practice partners, etc.



Addiction in physicians by specialty


- Info in studies varies, but some consistencies
 - Psychiatry and anesthesiology are overrepresented
 - Pathology, pediatrics underrepresented



Gender of physicians participating in PHPs

- Preponderance of males at 6:1
 - Compared to 3:1 ratio in medical practice
- Females are more likely to be younger at time of diagnosis
- Females tend to have medical and psychiatric comorbidity
- More likely to have had suicidal ideations
- More likely to abuse sedative/hypnotics
- Are subject to harsher sanctions by medical boards than male physicians (Zeigler, 2014)





What are physician health programs?

- Organization usually separate from state medical board
- Goals:
 - Help physicians get treatment
 - Help physicians maintain their careers
 - Protect the public
- Most common condition is addiction to drugs including alcohol
- Other illnesses also fall under auspices of PHPs
 - Disruptive behavior, dementia, tremor, mood disorders



Physicians health programs

- Each state is different
- Can be funded by state medical board and/or state medical society
- Independent non-profit



Advantages of PHPs

- Non-disciplinary
 - Their interventions are not public
 - Have no authority to suspend or revoke physicians' licenses
 - Their recommendations are usually followed by the state's medical board
 - Advocacy for the physician can be effective
 - Eliminate the need for public action by the medical board



Physician Health Program

- Can be advocates for physicians doing well in recovery
- Provides monitoring and accountability for the recovering person
 - Serious consequences for relapse
 - Serious consequences for failure to participate in recommended recovery activities
- Without a PHP, doctors would be reported directly to the medical board
 - Exists to protect the public
 - Their actions are public

Components of PHP

- Initial evaluation/recommendation for treatment
- Care management – make sure participants follow through with treatment providers' recommendations
- Monitoring contract
- Connection with peers
- Random drug screening
- Advocacy for physicians who are doing well
- Monitored in the field





Evaluation and treatment

- Evaluation sometimes done by PHP personnel, then referred for treatment
- Can be referred for both evaluation and treatment by PHP
- Physicians and other safety-sensitive health professionals are more likely to be referred to inpatient programs
 - Specialty programs –
 - Some routinely treat inpatient for six months or longer
 - Some complaints of coercive nature of these expensive programs



Complications to the treatment of addiction in physicians

- May be referred for treatment at an earlier stage
 - Denial can be stronger
 - Job is often the last area to be affected
- Safety-sensitive job
 - confidentiality versus patient safety
- Personality traits



Monitoring contracts

- Initial treatment episode
- Professional aftercare – may be one year or more
- Random UDS or other
- PHP “Monitors” or field coordinators – meet regularly with participants
- Attendance at 12-step meetings
 - Usually at least 3 per week
 - Any controlled substance prescriptions are scrutinized
- **Consequences** for failure to adhere to contract
 - Reported to medical board, likely loss of license to practice






Efficacy of PHPs

- Five-year abstinence rates of 79%
- Around 90% of participants return to work
- Is gold standard for addiction treatment:
 - Should every addict have these resources available to them?
- Has accountability
- Has serious consequence for relapse – loss of employment

Prognosis


- Relapse rates of around 25%
- Most get additional treatment
- 90% are able to return to practice
- Best predictor of relapse is prior relapse





Factors associated with higher risk of relapse,
may indicate longer or more intense treatment
episodes

- Injection of opioids as main drug of addiction
- Co-occurring psychiatric disorders
- Continued use of nicotine (Stuyt et al)



Factors associated with low relapse risk:

- No psychiatric co-occurring disorder
- Longer time spent in professional treatment
- Participation in 12-step recovery
- Smoking cessation
- Longer period of monitoring
 - Most monitoring contracts are now 5 years instead of 3 years



Connection with recovering peers: Caduceus meetings

- Usually open to doctorate-level people in recovery from addiction
- Some groups include nurses, non-PhD pharmacists
- Physician health contracts may dictate attendance
- Participants are able to share more freely about occupational issues
- Usually use 12-step format




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Caduceus meetings

- Can help re-socialization
- Can establish a network of support within the medical community
- Reduce feelings of shame for an addicted physician
- Tend to have strong personalities



Ethical considerations of PHPs (Boyd et al)

- Majority of physicians referred to PHPs won't be able to practice medicine unless they comply with PHP contract
- Is this structure too coercive?
- Not all of the success of PHPs may be due to PHPs – dealing with a population that is
 - Better educated, high SES, more accomplished, more motivation



Ethical considerations of PHPs

- Conflict of interest in referrals (Boyd et al)
- Inpatient physician specialty programs very expensive
 - Up to \$4500 for 96-hour evaluation
 - Not always covered by insurance
- Why are physician length of stay so much longer than for non-physician patients?(Boyd et al)



Ethical considerations for PHPs

- Some treatment centers depend on PHP referral for financial viability
 - Can they be completely objective?
 - May tailor recommendations to please PHP?
- What makes these programs better qualified to treat physicians and other health professionals?
 - Should be based on more than marketing



Ethical considerations of PHP

- Research released by PHPs done without consent of subjects (Boyd et al)
 - For example, Ganley et al
- Even if they are asked for consent, they may feel coerced to agree
- PHPs may get funding from medical board
 - May feel pressure to please the board in order to stay in existence
 - California medical board closed PHP because they didn't like method of monitoring



Challenges for recovering physicians

- Dealing with the public nature of a consent order
- Employment with licensing restrictions
- Time management
 - Recovery must be made a priority
- Boundaries when physician's patients also attend 12-step meetings



Challenges for recovering physicians

- Stress management
- Finding an identity outside of being a doctor
- Ongoing treatment of comorbid mental and physical illness
- Finding employment that's a good fit
- Unlearning old behaviors



Unlearning Unhelpful Strategies

- Suppression of emotion is seen as desirable vs acknowledging and experiencing emotion
- Don't ask for help vs learning to ask for help
- Goal of perfection, non-acceptance of medical mistakes vs “progress not perfection” and accepting mistakes without shame
- Accepting limitations
- Resist “chemical coping”



12-step programs

- May use intellectualization and denial as defense mechanisms
- Physician may focus on the differences rather than similarities with other participants
- May tend to have more shame issues
 - “I should be smart enough to have kept this from happening”
- May feel average person can’t understand all issues
 - “Progress not perfection”



12-step programs

- Other participants may treat a physician differently
 - Negative or positive
 - Others may ask for free medical advice
 - Challenges to boundaries
- How to handle seeing patients at meetings
- May feel simplicity to be insulting to our intelligence




Challenges for all physicians

- Physicians face ever-increasing pressure to do more in less time
- How do we deal with pressures to see more patients in less time, and still keep our jobs?
- For many people in recovery, spiritual principles are adapted as a way of life & essential for continued recovery
- Setting boundaries with employers



Avoiding addiction

- Know your risk – genetics, childhood trauma, co-occurring mental health issues
- Don't be your own doctor!
- Develop coping skills not taught in school
- Have a life separate from work
- Frequently re-evaluate your life's priorities
- **Acknowledge you can change a difficult work situation**

A black dog is surfing on a colorful inflatable toy in the ocean. The toy is shaped like a green dragon or creature with purple and yellow patterns. The dog is riding the wave, and the water is splashing around it. The background is a deep blue-green ocean with white foam from the wave.

"The best surfer out
there is the one having
the most fun"



Resources

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Resources

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- Dr. Penelope Zeigler: PCSS-O – archived webinar 5/15: “Treating Substance Use Disorders in Health Professionals”
<http://www.cvent.com/Surveys/Questions/SurveyMain.aspx?r=811f40da-ca6a-4979-b5e9-fbf353aebe80&ma=1>