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Impaired physicians: Why more don't self-report and why getting help saves lives, careers

Impairment—being unable to perform on the job in a way that is both reasonable and consistent with professional standards—can ultimately compromise patient care. Experts offer examples of the various ways impairment may show up in an academic setting as well as a hospital setting, and discuss the value of early intervention and treatment.

No typical event or issue

There's no one typical situation that prompts an impaired physician to take the step he or she needs to make toward recovery.

There are a range of issues that indicate a physician may be impaired to the point that work performance is diminished, says Michael D. Groat, Ph.D., Director of the Professionals in Crisis (PIC) Program at The Menninger Clinic, Houston.

"This could include a physician who normally has good relations with peers and patients, but over time exhibits a mood or attitudinal shift. For example, we had a client who had



recently been through a divorce and had lost a parent during the same time frame. The physician was often short and 'edgy' in dealing with other staff, and this drew the attention of the department chair and program administrator. Beyond the shift in demeanor, the physician seemed disheveled and uncharacteristically disorganized. Colleagues were worried that something was going on cognitively." The cause turned out to be profound depression, says Groat.

Four types of impaired function

Psychiatric disturbances including depression, anxiety, and major mental health issues fall into one of four broad categories typically associated with physician impairment.

A second category is substance abuse and

substance dependence. It's not always the use of illicit drugs that poses a problem. "Access to prescription drugs can prove too tempting for some physicians," says Groat. "They may start using prescription painkillers for chronic pain, sleep disturbances or anxiety. Then the drug use escalates into misuse or addiction."

The third category of impairment is related to cognitive decline or dysfunction. "This might be age-related, or have some other health-related cause," says Groat. "It can bring up complicated issues, in which a physician may be facing the possibility of leaving practice. We always want to do a really good physical assessment when we see a decline in cognitive function, to rule out anxiety, depression or substance use."

Disruptive behavior is the fourth category that can impair a physician's ability to function. "There is a range of disruptive behavior, some more obvious than others," says Groat. "When those around the

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- Scott Teitelbaum, MD



Understanding the barriers to seeking help

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“A combination of pain and hope drives people to get better. They have to be in enough pain to realize they are not the person they want to be. And they have to have hope that with help, they can get better.”

- Scott Teitelbaum, M.D.



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Gary L. Wood & Associates, P.A.
4700 N. Habana Avenue Suite 300
Tampa, FL 33614
www.woodassociates.net

Editor

Patricia N. Alexander, Ph.D.
palexander@woodassociates.net

Writer

Susan H. Burnell, APR
SusanBurnellAPR@gmail.com

disruptive doctor feels like they are walking on eggshells, and don't want to interact because they fear being chewed out, that lack of communication can interfere with patient safety. Verbal harassment, bullying, sexual harassment and boundary disturbances all fall into this category. Blurring the lines of propriety and crossing professional boundaries can potentially harm not only the doctor's reputation but the institution's as well.”

Barriers to seeking help

“The reality is that true self-reporting is the exception, not the rule, for an impaired physician,” says Scott Teitelbaum, M.D., Medical Director, Florida Recovery Center and Vice Chair, University of Florida Department of Psychiatry. “When it does happen, it's

usually because someone is standing over them telling them they need to call for help.”

Denial is a hallmark of addiction, says Teitelbaum. “When we do grand rounds, we hope to elevate awareness among colleagues. We don't expect someone to jump up and say they have an addiction problem.”

Denial and blaming others can be common in addictions and also with disruptive behavior, adds Groat. “We once worked with a surgeon who complained that the hospital culture had changed. It had, in fact—to the point that his cursing and other bad behavior was no longer tolerated. While he blamed the culture, not himself, for the problem, he eventually had to change his behavior.”

Another barrier to seeking help is a doctor's conscientiousness. “Physicians want to do a

good job, and they want to be seen a competent, always,” Groat says. “That perfectionist tendency prevents them from acknowledging that they are not perfect. The thought that they may need help feels shameful or embarrassing to them. They may think ‘I should have been able to resolve this on my own.’ It's difficult for most doctors to be in the patient role.”

The profession's tradition of self-sacrifice can also keep doctors from paying attention to their own health and wellbeing, Groat says. “In our Professionals in Crisis program, everyone leaves with a wellness plan, along with practical strategies for overcoming the barriers to following the plan.”

So what is the greatest advantage of a doctor seeking help *before* being forced to get treatment to save a job? Look at it like any other illness that can be treated, like diabetes, hypertension or a genetic disease. Awareness, early intervention and treatment helps stop a lot of catastrophic consequences.

Resources

Menninger Clinic—Professionals in Crisis Program
<http://www.menningerclinic.com/>

Florida Recovery Center
<http://floridarecoverycenter.ufandshands.org/>

Professionals Resource Network
<http://flprn.org/index.html>
For self reporting call:
1-800-888-8776

Getting Help and Having Hope

“The job is usually the last thing to go,” says Florida Recovery Center Medical Director Scott Teitelbaum, M.D. “Relationships and family life deteriorate first, and it's not always a work-related event that brings about an intervention. It's usually not the physician who says they need help.” The final straw might come when a physician's family has had enough, when there's a DUI arrest or a threat of legal action.

Anyone who does choose to intervene should understand that by getting someone help, they are not ruining their career, they are saving their life, Teitelbaum emphasizes.

“We don't offer a quiz or checklist to help someone know they are addicted,” says Teitelbaum. “If you are asking yourself whether you have a problem, then more often than not, the answer is yes. If you think you need help, you most likely do. The good news is that a combination of pain and hope drives people to get better. They have to be in enough pain to realize they are not the person they want to be. And they have to have hope that with help, they can get better.”