

Substance Use Disorders Among Colleagues

Early Symptoms and Potential Consequences

Texas Medical Association
Committee on Physician Health and Wellness



Physicians Caring for Texans



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Early Symptoms and Potential Consequences

Provided by the Committee on Physician Health and Wellness

A guide for medical students, residents, and practicing physicians created so Texas will have healthier physicians, families, and patients.

Q. When do substance use disorders (SUDs) begin?

A. Before medical school, in medical school, during residency, or after a physician is established in practice for several years ... in other words, anytime.

Q. When is a physician considered to be “impaired”?

A. When the physician poses a continuous threat to the public welfare (Tex. Occ. Code § 160.004 [b] [2]).

Many physicians who are impaired are “cross-addicted” to alcohol as well as other substances of abuse. The term “SUD” refers to psychological or physical dependency, or both, upon alcohol and other substances.

ALCOHOL USE DISORDER

Alcohol use disorder is the most common type of physician SUD. The American Society of Addiction Medicine has defined alcoholism as follows:

Alcoholism is a **primary**, chronic **disease** with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is **often progressive and fatal**. It is characterized by continuous or periodic: **impaired control** over drinking, **preoccupation** with the drug alcohol, use of alcohol despite **adverse consequences**, and distortions in thinking, most notably **denial**.

OTHER SUBSTANCE USE DISORDERS

Both illicit and licit drugs are commonly misused. Physicians might self-administer psychoactive drugs for varied reasons, including chronic illness and physical pain, tragic life event, shared use with a partner, and stress and fatigue. Studies have shown that physicians use more tranquilizers, sedatives, and stimulants than nonphysicians.

Physicians with an SUD:

- Have ready access to substances;
- Frequently use alone;
- Are more likely to be married and Caucasian, and to have started misusing substances at a later age;
- Are in denial, hence more difficult to discover;
- Rarely associate with others who have an SUD;
- Rarely admit to themselves they have an SUD; and
- Do not recognize that appropriate treatment often leads to a good prognosis.

WHAT CAUSES PHYSICIAN IMPAIRMENT?

Several factors can contribute to an SUD:

- **Genetics** — There is a genetic link to SUDs and psychiatric disorders that affects all populations, not just physicians.
- **Personality** — Although obsessive-compulsive traits can be a professional asset for a physician, many individuals with these attributes also demonstrate basic insecurity, dependency, depressive features, and vulnerability to stress.
- **Stress** — Internal and external performance demands, combined with expectations of one's professional role, often result in stress. Potentially impairing conditions result from lack of social support and healthy personal relationships.
- **Poor work-life balance** — Physicians may have difficulty switching from a professional role to that of a spouse, parent, or patient. Physicians who continually give of themselves emotionally may, over time, experience burnout. Many aspects of medical training and practice contribute to stress, including long hours, fatigue, and the frustrations of patient care, especially for physicians who are never taught the difference between compassion and empathy.



Early signs and symptoms:

- Excessive work hours due to overwhelming personal and professional conflicts
- Irregular and inefficient working hours
- Poor and irregular sleeping and eating habits
- Withdrawal from social and family activities
- Denial

Advanced signs:

- Difficulties diagnosing and managing patients
- Avoiding colleagues who will recognize deficiencies in care
- Difficult to contact; unavailable to staff
- Surreptitious drinking; concern over having an adequate supply of alcohol
- Amnesia or blackouts
- Loss of control due to denial
- Enablers covering up and/or readily giving excuses for the impaired individual

CONSEQUENCES

SUDs affect all aspects of a physician's life.

Family life:

- Unexplained absences from home
- Isolation or withdrawal from children or partner
- Children who develop behavioral problems
- Sexual dysfunction

- Separation or divorce
- Financial distress

Community:

- Isolation or withdrawal from activities
- Unpredictable personal behavior, including high-risk behavior
- Heavy drinking or embarrassing behavior at parties
- Arrests for driving under the influence of drugs or alcohol, or other legal problems

Personal well-being:

- Multiple accidents or traumatic injuries
- Frequent medical illness/absence
- Inappropriate prescriptions for self and family
- Deteriorating personal hygiene
- Poor eating and sleeping habits
- Depression/anxiety/poor concentration
- Loss of life

Work life:

- Unpredictable behavior
- Closed/locked office doors
- Rounds at unusual times
- Unavailability because of frequent tardiness or absences
- Increased patient complaints
- Poor charting
- Frequent changes in job and/or geographic locations
- Greater likelihood of filling temporary positions
- Employed in positions not appropriate for training and qualifications
- Increasing medical liability incidents
- Unexplained time lapses between jobs

Patient safety is at risk because SUDs compromise:

- Alertness
- Attentiveness
- Impulse control
- Decisionmaking capacity
- Emotional stability
- Frustration tolerance



PREVENTION

Physicians can use a variety of strategies to prevent and reduce professional stress and burnout:

- Maintain and nurture relationships
- Make time for self through:
 - » Exercise
 - » Hobbies
 - » Vacation
- Address spiritual needs
- Seek help
- Establish priorities
- Set realistic financial goals
- Adopt time-management techniques
- Plan for retirement
- Build resilience
- Embrace change
- Keep a sense of humor
- Join peer support systems
- Practice mindfulness

RESOURCES

A physician with a potentially impairing condition often requires an intervention to initiate treatment. As an advocate, TMA's PHW Committee helps offers education and resources for physicians, family members, and support staff regarding potentially impairing conditions.

If a physician does not receive treatment for his or her disease, reporting to the Texas Medical Board may be required under the Texas Occupations Code.

Sec. 160.004 REPORT REGARDING CERTAIN IMPAIRED PHYSICIANS. ...

(b) A person or committee subject to this section: ... (2) shall report to the board and any known health care entity in which the physician has clinical privileges if the person or committee determines that, through the practice of the medicine, the physician poses a continuing threat to the public welfare.

Several county medical societies have established PHW committees you can contact for assistance.

With appropriate treatment and follow-up, SUDs are treatable diseases with a high rate of recovery. Referring a colleague does not betray trust. You are *saving* a career, possibly a life, not ending it.



Texas Medical Association Committee on Physician Health and Wellness

*Providing Health and Wellness Education for
Physicians, Residents, and Medical Students.*



Other Resources From TMA

- TMA Educational Loans and Scholarships (www.tmaloanfunds.com/), info@tmaloanfunds.com
- TMA health and wellness continuing medical education provided by the Committee on Physician Health and Wellness (www.texmed.org/Education)
- to TMA PBF Wellness Fund (www.texmed.org/Hope/)
- TMA Student Loan Refinancing Resource Center (www.texmed.org/Refi/), (800) 880-7955

Additional Resources

- Accreditation Council for Graduate Medical Education, Tools and Resources for Resident and Faculty Member Well-Being (www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources)
- American Foundation for Suicide Prevention (www.afsp.org/), (888) 333-2377
- American Medical Association STEPSforward™ (www.stepsforward.org/)
- National Academy of Medicine Clinician Well-Being Knowledge Hub (www.nam.edu/resource-toolkit-clinician-well-being-knowledge-hub/)
- National Suicide Prevention Lifeline (www.suicidepreventionlifeline.org/), (800) 273-8255
- SAMHSA National Help Line (for individuals and families facing mental and/or substance use disorders), (800) 662-HELP (4357)
- Texas Physician Health Program (www.txphp.state.tx.us/), (512) 305-7462 or info@txphp.state.tx.us

The Committee on Physician Health and Wellness sees stress and burnout as part of a continuum that may lead to physician impairment:

Stress → Distress → Burnout → Impairment

As a committee, we deal with both ends of this continuum by promoting physician health, and also by dealing with physician impairment. We hope to help you find solutions to the increasing challenges of adjusting to changes in our field and staying healthy.

**Save a life. Save a career.
Get help for yourself or a friend.**

www.texmed.org/PHW

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(800) 880-1300 or (512) 370-1300

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