Substance Use Disorders Among Physicians

Early Symptoms and Future Consequences: *A Guide for Medical Students, Residents, and Practicing Physicians*

Physician Health and Wellness Program

Texas Medical Association

Physicians Caring for Texans

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Substance Use Disorders Among Physicians

When do Substance Use Disorders (SUD) begin for a physician? Before medical school, in medical school, during residency, or after he or she is established in practice for several years? When is the doctor considered to be "impaired"? What are the early signs and symptoms of a SUD, and what are the future consequences? This brochure addresses these issues and is intended as an educational guide so that Texas will have healthier physicians, families, and patients.

Alcoholism

Alcoholism is the most common type of physician SUDs. 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**. [emphasis added.]

Alcoholism may be preceded by years of excessive drinking and may run an insidious course. It may begin during adolescence, college years, or during social activities with colleagues. Advanced symptoms include amnesia or blackouts, surreptitious drinking, and preoccupation with alcohol such as being concerned over having an adequate supply. Loss of control becomes a problem as the disease progresses. The physician may make rounds or come to the emergency room with alcohol on his or her breath. With continued progression, changes appear in all aspects of the physician's life.

A physician with alcoholism rarely seeks help at an early stage because of many factors. Denial prevents the individual from facing the fact that his or her life is "out of control." Colleagues and family members, as well as patients, become adept at covering up and making excuses for the physician. They "enable" the process to go undiagnosed and untreated. Excuses are readily given for the physician's inappropriate mood and behavior.

Drug Addiction

Drug addiction can occur at any stage in a physician's career. It is reported that both illicit and licit drugs are commonly abused. Prospective studies have shown that physicians use more tranquilizers, sedatives, and stimulants than nonphysician controls. Features of physician drug addiction include the following:

- Physicians have ready access to drugs.
- The physician addict, as opposed to the street addict, is more likely to be married, is not a member of a minority group, and starts using drugs at a later age.
- Physicians often are in denial and their addition more difficult to discover.
- They rarely associate with other addicts, most frequently using alone.
- They rarely admit to themselves that they have an addiction.
- They are usually unaware that with appropriate treatment and follow-up, their prognosis is very good.

Self-administration of psychoactive drugs by physicians may occur for varied reasons, including chronic illness and physical pain, tragic life event, shared use with a spouse, and stress and fatigue. Initially, the physician may feel that self-discipline and control are possible. Similar to the treatment outcomes of alcoholism, very favorable recovery rates for the treatment of drug addiction have been reported in physicians.

Although alcoholism and drug addiction are addressed separately, many physicians who are impaired are "cross-addicted" to alcohol as well as other psychoactive addictive drugs. The term "SUD" refers to psychological or physical dependency, or both, upon alcohol and other drugs.

What Causes Physician Impairment?

Genetics. The causes of physician impairment are varied. First, there is a genetic link to SUDs and psychiatric disorders that affects all populations, including physicians.

Temperament/Personality Traits. Studies of physicians who have become impaired suggest that another contributing factor may be the individual's personality. Although obsessive-compulsive traits can be a professional asset, many individuals with these attributes also demonstrate basic insecurity, dependency, depressive features, and vulnerability to stress.

Stress. The physician's internally or externally imposed performance demands, combined with the expectations of his or her professional role, may also prove stressful. In addition, if the physician is unable to meet his or her needs for nurturing and intimacy, a framework for potentially impairing conditions may be established.

Availability. Many aspects of medical training and practice contribute to stress, including long hours with accompanying fatigue and the frustrations of patient care. Many physicians are never taught how to keep an appropriate emotional distance between themselves and their patients. Physicians who continually give of themselves emotionally may, over a period of time, experience burnout. Physicians often may have difficulty switching from a professional role to that of a spouse, parent, or patient. Physicians at risk may then turn to alcohol, other drugs, or other compulsive behaviors for relief of distress. The interplay of stress, personality, and genetic factors may uncover a SUD or underlying psychiatric disorder.

Early Signs and Symptoms of Problem Behavior

Problem behaviors that may be early signs of physician impairment are as follows:

- Excessive work may be an early retreat from overwhelming personal and professional conflicts.
- Working hours become irregular and inefficient.
- Sleeping and eating habits become poor and irregular.
- The physician may withdraw from social and family activities.

Continuing Signs

Problem behaviors that may show up in later stages of physician impairment are as follows:

- The physician begins to have difficulties in the diagnosis and management of patients.
- The physician may be afraid to refer patients because contact with colleagues may expose perceived or actual deficiencies in patient care.
- Hospital rounds begin to be made at unusual hours or on a schedule different from colleagues.
- The physician is difficult to contact, and nurses may complain of lack of availability.

These are several areas of a physician's life affected by SUDs:

Family

- Unexplained absences from home;
- Isolates or withdraws from children or spouse;
- Children develop behavioral problems;
- Sexual dysfunction; and
- Separation or divorce.

Career

- Employed in positions not appropriate for training and qualifications;
- Increasing malpractice incidents;
- Vague letters of reference; and
- Unexplained time lapses between jobs.

Hospital

- Unprofessional behavior; e.g., during rounds;
- Inappropriate orders;
- Quality of charting deteriorates;
- Frequently late or absent;
- Unavailable for emergency room or call;
- Increased patient complaints;
- Malpractice suits and legal sanctions;
- Atypical times for hospital rounds; and
- Deterioration of relationship with staff and patients.

Office

- Deterioration of relationship with staff and patients;
- Increased complaints about physician's behavior;
- Frequently late or absent, with appointment schedule disruptions;
- Self-prescribes (particularly opiates and/or benzodiazepines); and
- Orders excessive amounts of drugs by mail.

Community

- Isolates or withdraws from activities;
- Unpredictable personal behavior, including high-risk behaviors;
- Heavy drinking or embarrassing behavior at parties; and
- Arrests for DWI or other legal problems.

Behavior Changes

- Multiple accidents or traumatic injuries;
- Frequent medical illness and absence;
- Prescriptions for self and family;
- Self-medicating to change mood;
- Personal hygiene and dress deterioration; and
- Poor eating and sleeping habits.

Emotional/Cognitive Changes

- Depression;
- Mood swings;
- Poor concentration;
- Confusion;
- Sleep disturbance; and
- Anxiety/Agitation.

Prevention

Although we do not know how to prevent SUDs, various strategies for the prevention and reduction of professional stress and burnout have been suggested. Some of them are as follows:

- Maintain and nurture relationships
- Make time for self
  - 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

Assistance Is Available

A physician with a potentially impairing condition often requires an intervention to initiate treatment. Patients may be at risk when being cared for by such a physician. Of course, the physician's family is affected as well. If a physician does not receive treatment for his or her disease, reporting to the Texas Medical Board may be required. The chances for malpractice action also increase because of real or perceived negligence.

Tragically, impairment could lead to unnecessary physical harm and even loss of life (patients and/or physicians). The training of a physician is prolonged and expensive. The loss of a physician's service to a treatable disease such as a SUD is unnecessary in light of today's understanding of potentially impairing conditions, intervention, and the effectiveness of treatment.

Established by the House of Delegates in November 1976, the charge of the TMA Committee on Physician Health and Wellness (PHW) is to "promote healthy lifestyles in Texas physicians and to identify, strongly urge evaluation and treatment of, and review rehabilitation provided to physicians with potentially impairing conditions and impairments." (TMA Bylaws, §10.621 [May 2013 Revision]). The committee is interested in the health and well-being of the physician, patient, and family.

The function of the PHW Committee is three-fold: 1) to promote physician health and well-being, 2) to ensure safe patient care by identifying physicians with a potentially impairing condition, and 3) to advocate for the physician while maintaining confidentiality and the highest ethical standards.

As advocates, the committee helps with intervention; referral for evaluation and treatment, if necessary; monitoring upon return from treatment; and education for physicians, family members, and support staff regarding possible impairments.

If you believe you or a colleague is experiencing any of the symptoms described in this brochure and could benefit from the committee, a 24-hour Hotline is available. The number is **(800) 880-1640 or (512) 370-1640**. A caring individual will return your call, and all referrals are **CONFIDENTIAL**. Several county medical societies also have established PHW committees that you can contact for assistance. Each TMA district has a district coordinator who may be of assistance in responding to referrals as well.

With appropriate treatment and follow-up, SUDs are treatable diseases with a high rate of recovery. Referring a colleague is not betraying a trust, but acting responsibly to contain and prevent the problem of impairment. **You are *saving* a career, possibly a life, not ending it.**

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

24-hour Hotline
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