Identification of the impaired doctor

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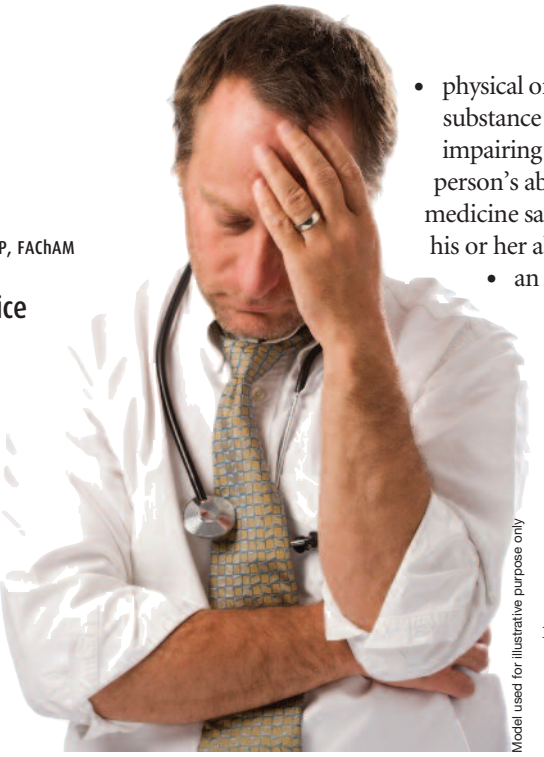
The lifestyle of a doctor can include self-sacrifice and long working hours, which are often detrimental to family life. This may lead to physical or mental illness or to dependence on alcohol or illicit substances causing the doctor to become impaired.



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- physical or mental illness or substance dependence is impairing if it interferes with the person's ability to practice medicine safely and to the best of his or her ability
- an illness or substance dependence is impairing if there exists the potential that a patient may be harmed; actual harm to a patient need not occur before a health problem is impairing
- the state or territory medical registration authorities are responsible for identifying and monitoring an impaired doctor.

'If you prick us, do we not bleed?
If you tickle us, do we not laugh?
If you poison us, do we not die?'
The Merchant of Venice, Act III, Scene I

Doctors sometimes need to be reminded that they are human and susceptible to human frailties such as illness and dependence on illicit substances. For many doctors, physical or mental problems or the use of alcohol or illicit substances may cause brief interruptions in their day-to-day responsibilities, that may resolve quickly with minimal intervention. Occasionally, these conditions may be more severe and interfere with a person's ability to function as a doctor. Impairment is a legal concept used to define a situation in which a doctor's physical or mental health potentially interferes with his or her skills and ability to safely care for patients.

Each state and territory in Australia has specific legislation that defines an impaired doctor and describes the mechanisms used to manage these doctors. The primary goal of this legislation is to ensure that the general community can, with confidence, be safely treated by registered doctors. Although the various pieces of legislation vary, they do share a number of key features. These key features include:

- any type of physical or mental illness, including drug or alcohol dependence, may be impairing

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Doctors at risk of impairment

Beyond physical and mental illness and substance dependence as inherent risks for all people, doctors are susceptible to several unique stressors including:[1,2]

- a continually changing knowledge base
- political and economic uncertainty
- long working hours that interrupt family life
- constant possibility of litigation
- often giving bad news or dealing with patients who may be in pain or dying
- facing complex ethical dilemmas
- increasing public expectations of medical care.

There is also a culture in medicine that encourages doctors to overwork and self-sacrifice, often causing them to neglect their own health, deny the presence of physical symptoms, self-diagnose and postpone seeking help for their own problems. As well as this mix of structural and attitudinal factors, doctors often have common personality features that may be risk factors for illness and make help-seeking difficult for them. Such features include being competitive, been perfectionists with high expectations of themselves and having rigid personality styles that do not support them in times of personal difficulty.

It is difficult to state with any certainty how many doctors working in the profession may be impaired. This is because of the different types of impairment considered (substance use, physical illness or psychiatric illness) and the different types of

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Case study of an impaired doctor: Dr B

Dr B was married with young children and worked about 60 hours a week as a GP in a three-person suburban practice. He was generally healthy, did not smoke and drank two to three standard glasses of wine daily. He was a few kilograms overweight. Two years previously, he had checked his fasting cholesterol and found that it was elevated. He commenced himself on a statin and he did not check his cholesterol again. About once a year he had a migraine severe enough to prevent him working.

Recently, his relationship with his wife had deteriorated, and she left him stating that he was unsupportive and not interested in her or their children. Dr B continued to work and started to get daily headaches. He treated these with samples of analgesics containing codeine and was able to continue working. Over three weeks, his use escalated to 12 tablets daily and the practice ran out of samples.

He started to write prescriptions for codeine in his wife's name, which he presented at different pharmacies between his workplace and home. On one occasion he was unable to obtain codeine and his headache was severe enough for him to try pethidine. This made him nauseous and tired, and he had to go home sick. He did not attempt to use pethidine again and ensured that he had access to codeine.

Dr B's work partners noticed that he was not his usual self, that he was arriving at work late, was more forgetful than usual and his consultations were taking longer. They met with him to discuss the changes that they had observed. At this meeting Dr B did not mention his marriage problems but did tell them about his daily 'migraines' and his use of codeine. By this stage, he was using 16 to 20 codeine tablets daily. His partners suggested that this was inappropriate use of the analgesic, his escalating use was consistent with tolerance and it was likely he was dependent on codeine. They advised him to contact the state's medical board.

Dr B contacted his state's medical board. After a consultation with a doctor nominated by the board and a meeting with board doctors he was identified as being impaired because of his use of codeine. The board allowed him to continue working but it required him to give up his S8 prescribing rights, to see a GP and an addiction specialist regularly, and to undertake regular urine drug screens. He was also advised to attend meetings of an Australian Doctors in Recovery group. After a few years, with a period of abstinence from codeine, these conditions on his registration were removed. Throughout this period, he continued to work in his practice.

cohorts studied. Among doctors, rates of depression are higher than average rates in the general population,[3] and suicide rates are up to three (for men) to five (for women) times higher than in the general population.[4] A study of doctors in NSW found that 3% of doctors self-defined themselves as having an alcohol problem and 1% self-defined themselves as having other substance-abuse problems.[5] In NSW, about 1.7% of registered doctors are known by the NSW Medical Board to be impaired.[6]

Identifying the impaired doctor

There is no single pattern of behaviours indicative of impairment. However, in spite of this some authors have published lists of observed behaviours that may be indicative of doctor impairment.[7] The key features of such lists are that impairment may result in nonspecific behaviour changes. However, particular behavioural features consistent with the development of an impairing condition include:

- a change in the doctor's mood or behaviour from that which is typical for the person
- a decline in the doctor's professional or social attitude
- changes observed in the doctor's work, family or social environments.

There are few studies looking at the relation between gender and impairment. Although women doctors can be impaired by alcohol or substance use, they make up a significantly smaller cohort than their male colleagues.[8,9] When considering the relation between gender and psychiatric illness, many of the cohort and cross-sectional studies have not published data on gender. A number of studies on suicide in doctors have, however, provided some gender-related data.

In this context, suicide may be considered as evidence of severe stress or the existence of a premorbid psychiatric illness. The increased relative risk of death by suicide (compared with the community average) is 2.2 to 5.7 for female doctors and 1.1 to 3.4 for male doctors.[4,10,11] Consistent with the limited studies in this area, one report of impaired doctors monitored by the NSW Medical Board found that there was a nonsignificant trend for female doctors to be more likely to be impaired by psychiatric illness and less likely to be impaired by alcohol or substance use than male doctors.[6]

In a social or work setting, once there is a suspicion that a doctor may be impaired, the person should be notified to the relevant medical board. This notification may be made by anyone, such as a treating doctor, a work colleague, an employee or a personal friend or partner. However, it is advisable that the impaired doctor be encouraged to make the notification him or herself. In some states, there is legislation obliging treating doctors to report impaired peers. Once notified, the state and territory registering authorities have the legislative power and responsibility to

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investigate the circumstances of the notification and determine if the doctor has an impairing condition and if patients are at potential risk.

Once the registering authority confirms that a doctor is impaired, the doctor will be entered into a program in which the medical board will establish clinical and monitoring supports for the doctor. The aims of these supports are to ensure that the doctor's health concern is treated and that they can continue to safely work as a doctor. In NSW, about 88% of impaired doctors will continue to work in medicine.[6] The case study in the box on page 74 gives an example of how an impaired doctor may be identified and counselled.

Conclusion

Doctors face real health problems. Physical illness, mental illness and substance dependence may affect a doctor at any stage of their career to a degree that it interferes with his or her ability to safely practice as a clinician. Should a doctor be impaired the local state and territory medical registering authority is responsible for investigating and responding. These authorities are mandated to establish health and other supports for the doctor to enable him or her to continue working in medicine. MT

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COMPETING INTEREST: Dr Pethebridge conducts impairment assessments for the NSW Medical Board and completed a research degree on the NSW Medical Board's management of impaired doctors.

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