WHAT IS PHYSICIAN IMPAIRMENT?

All people are vulnerable to illness, illness that can result in impairment in one's personal, social or work life. As physicians, we are no exception. Indeed we may be even at higher risk to certain types of impairment than the general public.

The primary goal of this brochure is to convince you that, if you suspect a fellow physician is in trouble, there *are* actions that you *can* and *must* take as a concerned colleague. This brochure is intended to explain and to encourage those actions, and to offer resources that can be of help.

The American Medical Association defines an "impaired physician" as one who is unable to practice medicine with reasonable skill and safety because of physical or mental illness or excessive use or abuse of drugs, including alcohol. Physicians become impaired because of four major problems:

- Substance abuse Alcohol abuse is the most common problem. Abuse of narcotics, sedatives and other depressants as well as stimulants, including cocaine, also may occur.
- 2. Psychological problems Excessive stress, depression, anxiety, divorce and other relationship problems are the most common issues.
- **3.** Physical illness Physical ailments, either temporary or long-term, can lead to incapacity.
- **4.** Cognitive Impairment Trouble remembering, learning new things, concentrating, or making decisions that affect everyday life.

WHAT ARE THE WARNING SIGNS?

The physician who is impaired often acts in an unusual manner and exhibits behaviors that can serve as warnings if they are recognized and understood. These indicators may include, but are not limited to, the following:

- Loss of enthusiasm
- Negative attitude
- Changes in work habits
- Missed appointments and meetings
- Complaints from staff, patients, families
- Looks tired (insomnia)
- Personal hygiene changes and,
- At times, depressed, agitated, restless or forgetful.

WHY GET HELP?

Early intervention is critical. When left alone, problems caused by impairment tend to worsen and can lead to divorce, financial disaster, loss of employment, or suicide. Severely impaired physicians may be endangering the safety of patients and colleagues as well as themselves, on a daily basis.

Outcomes: In a five-year cohort study of U.S. physicians with substance use disorders about 75% of those engaged in active recovery programs had favorable professional and health outcomes (McLellan A, Skipper GS, Campbell M, DuPont RL. BMJ 2008; 337:2038).

HOW CAN YOU HELP?

Generally, impaired physicians do not seek help on their own. In fact, like other impaired persons, they usually deny that there is a problem.

Because denial is so common in situations of impairment, it is even more critical that you, the concerned colleague, take some action to see that help is made available to the physician who may need it.

There are several steps you can take that are *confidential* and that offer the opportunity for your colleague to get help.

First – Approach your colleague in a quiet and confidential setting. Mention the specific behaviors you have noticed that have caused your concern. Inquire directly whether there is a problem.

Second – If your colleague denies there is a problem but you still suspect one, wait a week or two (no more) for him or her to resume the conversation. If the topic isn't brought up again, and you still fear that a problem exists, call a reliable resource for advice (see resources that follow). This step can be taken anonymously.

Third – Based on the above information, advice from reliable sources, and your own observations, decide if you still think there's a problem.

Fourth – If you are convinced your fellow physician does have a problem, *you must act*. Call for help. Remember that this kind of problem does *not* go away on its own – instead, it is likely to worsen – but if caught *early*, the potential for a successful outcome is far greater.

WHAT RESOURCES ARE AVAILABLE?

If you are convinced that your colleague has a problem but has not acknowledged it, you must refer your concerns to someone in a position to intervene. You may consider contacting any of the following.

 UCSD Physicians' Well-Being Committee Contact Robin Seaberg, MD, Chairman, (858) 534-8093 (confidential 24/7 voice mail) or email: Rseaberg@ucsd.edu

The Physicians' Well-Being Committee is dedicated to recognizing and offering assistance to staff physicians who have problems with substance abuse or physical or mental illness, which impair their ability to practice safely and

effectively. Confidentiality will be assured depending upon the severity of the situation and the immediate risk to patient safety. If you are anxious about making this first call, you may want to contact the committee Chair initially without disclosing the name of your colleague, just to learn more about how the committee can help.

Other Physician Well-Being Committee Members (available through the UCSD Page Operator at (619) 543-6737) or by e-mail

Patricia Brady, MD/Family Medicine phbrady@ucsd.edu Rebecca Cherry, MD/Pediatric Gastroenterology rncherry@ucsd.edu Carter Jones, MD/Anesthesiology C0jones@ucsd.edu Pam Jong, MD/Internal Medicine pamela.jong@va.gov Chris Mathews/Internal Medicine cmathews@ucsd.edu William Norcross, MD/Family Medicine wnorcross@ucsd.edu Shannon Robinson, MD/Psychiatry shannon.robinson@va.gov Maria Tiamson-Kassab, MD/Psychiatry Maria.tiamson-kassab@ucsd.edu Karen Van Hoesen, MD/Emergency Med. kvanhoesen@ucsd.edu

Supervising Physician

These include the Training Program Director for housestaff physicians, and the Division Chief or Department Chair for other staff physicians. Confidentiality cannot be assured, but these are good resources to contact for help in modifying the clinical responsibilities of the involved physician. They are committed both personally and professionally to the best interests of the physician.

- ♦ UCSD Medical Center Employee Assistance Program (866) 808-6205
- ♦ UCSD Faculty/Staff Assistance Program (858) 534-5523

An employee benefit to all UCSD staff and their families, offering assistance for a broad range of personal problems. Families as well as faculty or staff can call for assistance. Services are totally confidential.

◆ California Medical Association (CMA) Confidential Physician Assistance Hotline (213) 383-2691

This is a telephone service of the CMA, for physicians and family members who request help with alcoholism, drug dependence or mental illness within their families. Complete confidentiality is offered for physician-to-physician assistance.

♦ Other Community Resources

- -ALCOHOLICS ANONYMOUS (619) 265-8762
- -COCAINE ABUSE 24 HR HELPLINE & TREATMENT (800) 222-0469
- -CONSUMER CREDIT COUNSELING (619) 521-0500
- -NARCOTICS ANONYMOUS (619) 584-1007
- -SAN DIEGO COUNTY MEDICAL SOCIETY COMMITTEE ON WELL-BEING OF PHYSICIANS (858) 565-8888
- -UCSD PSYCHIATRIC ASSOCIATES (619) 543-7946
- -UCSD HILLCREST PSYCHIATRIC ED (24 HR) (619) 543-6400
- -VA HOSPITAL

Via pager @ (858) 552-8585

- Pamela Jong, MD/Internal Med.
- Shannon Robinson, MD/Psychiatry



Physician Well-Being Committee

PHYSICIAN IMPAIRMENT

When a colleague needs help...

Published by: The Physician Well-Being Committee

Revised 09/16/2013