The Vulnerable Physician: Substance Use Disorders in Doctors

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Men are from Mars,
Women are from Venus…
Doctors are from Krypton
Invincible?
Physician health

• Doctors tend to live longer

• Doctors generally have good health habits

• Risk of Substance Use Disorders and Psychiatric Disorders
  • But shame, stigma contribute to late presentation

• Suicide rates might be higher
  • Especially for female doctors
“Mind you, only one doctor out of ten recommends it.”
Spectrum of Substance Use / Abuse

No problem

Use-related problem

Substance Use Disorder (SUD)

Zero use

Low risk

Misuse

Mild

Moderate

Severe

adapted from Ray Baker MD

OMA

Physician Health Program

Dedicated to Doctors. Committed to Patients.
DSM 5 Diagnostic Criteria

• 11 criteria in 4 groupings (2-3=mild, 4-5=moderate, 6+=severe)

1. Impaired Control
   – Inability to quit or cut down, using more than intended, time spent, craving

2. Social (functional) Impairment
   – School, work, home obligations not met
   – Social and relationship problems
   – Social, occupational, recreational activities abandoned

3. Risky Use (using despite)
   – Hazardous situations
   – Physical or mental illness / psychological problems

4. Pharmacological (Physiological)
   – Tolerance and withdrawal
Risk

Set
• Genetic factors / family history
• Use of substances at an early age

Setting
• Stressors
• Coping skills (or lack)

Substance
• Exposure, access
• Euphoric recall
There are many barriers to seeking help
“Early” Signs:

- Increased expression of negative thoughts, feelings, attitudes
- Increased somatic complaints, illness and fatigue
- Less well dressed and groomed
- Declining reliability
- Emergence of unhealthy coping behaviours
- More time at work
- Heavy drinking at professional and other social events
- Withdrawal from friends and family
- Family tension, conflict, infidelity
Later Signs:

- Angry outbursts at work
- Patient and staff complaints
- Professional withdrawal
- Cancelled clinics and increased absenteeism
- Deterioration of clinical skills and performance
- Drug diversion, inappropriate drug handling
- Alcohol on the breath at work
- Signs of withdrawal at work
- Family violence, separation and divorce
End Stage Signs:

- Drug using, drinking, intoxication at work
- Appearance of chronic illness
- Therapeutic error or mishap
- Extreme personal isolation
- Suicidal gesturing or
- Suicide
The Tip of the Iceberg

Usually the workplace is the last place where distress and impairment shows … so even minor persistent changes in a physician’s behaviour should be taken seriously
Even superheroes need help sometimes.
Peer support in the workplace

Healthy

Social

Adaptive coping

Mild and reversible distress or functional impairment

Reacting

Social

Clinical

Injured

Social

Clinical

More severe, persistent injury or impairment

Ill

Social

Clinical

Clinical illnesses and disorders requiring concentrated medical care

Grenier, MHI Consulting, 2012
Bystander

“A person who does not become actively involved when someone else requires help.”

Petruska Clarkson

*The Bystander*
Bystanding slogans:

• “It’s none of my business.”
• “I don’t have enough information.”
• “What if I’m wrong?”
• “I don’t want to get burned again.”
• “There’s nothing I can do to help.”
• “They did this to themselves and they have to ask for help.”
• “What if I hurt them?”
• “What if they hurt me?”
Supporting a colleague

- Reflect your observations and concerns
- Ask how they are feeling
- Offer time to talk
- Offer time to spend together quietly
- Offer helping resources
- Facilitate use of helping resources
- Follow up
Intervention:

“Sometimes it’s not so much seeing the light as feeling the heat.”

Unknown
Intervention

- seek advice first
- positive and motivational
- documented evidence
- planned and rehearsed
- assessment pre-arranged
- caring and compassionate
- consequences clear
Treatment of addiction in doctors:

- Abstinence based
- Often inpatient
- Detox
- Education
- Group support
- Twelve Step facilitation
- Identification of co-morbid disorders
- Family support
- Long term monitoring / case management
PHP First 100 Relapse Data
(Brewster, Kaufmann et. al. BMJ, Nov 2008)

- No Known Relapse: 71
- Relapse, Successful recovery: 17
- Relapse, Left Program: 12
PHP Services

Information and Advice
Intervention Services
Assessment and Referral
Monitoring & Case Management
Advocacy
Family Support
Education and Prevention

The PHP is a CONFIDENTIAL service
800-851-6606