

After the call:

*the Physician Health Program
referral and intervention process*

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The Physician Health Program is aware that many physicians may be uncertain about the implication of self-referral, or referral regarding a colleague, to the program. The following is an example of a situation that may lead a physician to contact the PHP on behalf of a colleague, and the actions that might be taken once a call is received.

Denial

Your colleague has always been the “life of the party.” At social events and CME meetings, he drinks more than everyone else. And twice, lately, you have had to drive him home. You aren’t aware of any problems specifically relating to his drinking, but there are rumours that his marriage is in trouble. You aren’t sure what you should do, if anything.

An opportunity arises to talk to him. Despite your discomfort, you take him aside and ask if he has a problem with alcohol. He becomes upset and denies any problem. He says he likes to drink, but never when he is working. He leaves, and you feel nothing has been accomplished.

Physicians suffering from drug or alcohol abuse frequently experience such significant denial that they are not capable of seeking out help on their own.

Intelligent, carefully selected for medical training, knowledgeable about drugs and therapeutics, some physicians may feel immune from the

perils of substance dependency.

Once in trouble, embarrassment, shame, and fear of losing one’s medical licence or privileges, fuel the fires of personal denial. Families may also deny the problem for a time, fearing loss of status and economic stability.

As the illness progresses — finally appearing in the workplace — more denial is encountered. Health-related institutions deny such problems exist, and seldom are there policies in place to deal with impaired staff. Very few offer education about impairment prevention, detection and management.

Colleagues may deny a problem in their midst. They don’t want to upset the troubled doctor, risk his or her professional status, lose a partner who shares practice costs and workloads, or risk retribution if they do act.

Some colleagues may have personal or family issues that generate uncomfortable feelings when they suspect drug or alcohol problems in a co-worker.

Obligation

You call the PHP with your concerns. Advised to speak to a colleague in a position of authority, you learn from the chief of staff that there are other reports of possible impairment.

The *Canadian Medical Association Code of Ethics* contains several references to physicians’ obligation to themselves, their patients, and colleagues to practise medicine free of impairment, and their obligation to report to appropriate authorities any unprofessional conduct by colleagues (such as practising while impaired.)

In Ontario, the Regulated Health Professions Act states that any physician who has employment or hospital privileges interrupted due to impairment, or who resigns to avoid that consequence, must be reported to the College of Physicians and Surgeons of Ontario (CPSO).

Confidentiality

All calls to the PHP regarding impairment, or even suspected prob-

lems regarding a physician colleague, are kept confidential. A caller's name is never revealed without first obtaining the caller's permission.

The PHP never reports concerns expressed by a caller at the point of intake, to any authority, including hospitals and the CPSO. Program staff will simply advise the caller about his or her responsibilities as described above. There is no "down side" to calling the PHP with concerns, or for advice.

Intervention

The chief of staff calls the PHP and an intervention is planned. Documentation is reviewed and participants who share your concerns are selected. Then, joined by a representative of the PHP, you all meet with the doctor one morning in the hospital board room.

By the time a physician appears impaired in the workplace, his or her illness is advanced. The affected physician is using all available energy to maintain an appearance of normal health and job functioning. Family and friends are already bound up with their own losses, pain and denial. Intervention is the necessary process that must be undertaken by colleagues to avoid further enabling this destructive condition.

Presuming the suffering physician is not willing to call for help on his or her own, the PHP works with referral sources toward a safe and effective intervention. Following is a listing of conditions that help promote a successful outcome.

1. The intervention is conducted by more than one individual (i.e. a team). This team is led by someone knowledgeable about the process and, whenever possible, is also trained and experienced.
2. Other members of the team share concern for the doctor, and are respected by him or her.
3. Intervenors are taught that intervention is a caring, compassionate procedure. It is not punitive.
4. Intervenors are screened and prepared so that they understand the documented concerns and are

firmly like-minded regarding the intervention outcome goals.

5. The intervention is rehearsed. Defensive responses should be anticipated and prepared for in advance.
6. Time and place selection is critical. Whenever possible, a time should be chosen that minimizes the likelihood that the physician will be intoxicated. The site should be calm, quiet, and available for as long as is required.
7. Specific assessment and/or treatment resources have been previously identified and are made immediately available to the physician following the intervention.
8. A support system of family, friends and colleagues should be identified prior to the intervention, and made available to the physician upon completion of the intervention.
9. Sufficient time must be taken to gather appropriate documentation of concerns, then to plan and execute the intervention.
10. Appropriate contingencies, if any, for non-compliance with the intervention recommendations must be clearly specified and adhered to.

It is the role of the PHP to facilitate, and participate in, this process. We help identify appropriate intervenors, gather the documentation, and guide the process. We protect the physician's confidentiality by speaking only to those who contact us. We arrange assessment and treatment resources. We work with callers on their terms.

Participants, in turn, share observations. The chief of staff explains that he expects the doctor to proceed promptly to undergo expert assessment of his health and alcohol use. The assessment has already been arranged by the PHP. The chief of staff is

prepared to recommend interim suspension of hospital privileges if the doctor refuses, mandating a report to the CPSO. The doctor agrees to the assessment process.

With the doctor's permission, the PHP meets with his wife to explain the assessment process and offer support. A detailed history of the impact of the doctor's drinking can now be obtained.

Reporting physicians may fear retribution. They often do not understand that outcomes are favourable and that recovering physicians express gratitude, not resentment.

PHP staff understand that this is a very difficult and emotional process for the intervenors as well as the suffering doctor. We will "debrief" intervention participants afterward, and remain available as a support for those who need it. We will offer support to spouses and family members also. We know that successful intervention leads to successful treat-

ment and quality recovery for the majority of physicians who suffer from chemical dependency. We know it's worth it.

Barriers

Usually, callers to the PHP are reluctant to do anything more than receive advice. They may feel their concerns are minor. They don't understand, or accept, that even "minimal" signs suggesting drug or alcohol abuse in the workplace may indicate advanced disease. This general lack of understanding about how the problem can be effectively managed is a serious barrier to action.

Reporting physicians may fear retribution. They don't understand that outcomes are favourable and that recovering physicians express gratitude, not resentment. Litigation following intervention is rare, and not likely to be successful, should it occur after action taken in good faith.

Some physicians believe that a suffering colleague must "want help" before intervention is likely to be successful. This is a myth. Waiting

allows the disease to progress, and can be fatal.

Colleagues may resist using "clout." They may not want to report an impaired physician to institutional or regulatory authorities for fear that the doctor will lose his or her licence and livelihood. They don't understand that hospitals and the CPSO embrace rehabilitation, and not a punitive approach to dealing with impaired physicians.

Sometimes, colleagues may not be able to overcome their personal experiences with alcoholism or drug addiction in their own families. The PHP can help in these cases as well.

Outcome

The assessment process results in a diagnosis of alcohol dependency and the doctor enters treatment. Upon discharge, he enrolls in the PHP monitoring and advocacy program. Three

months after the intervention, he returns to work clean and sober.

Intervention works. When properly planned, executed, and with contingencies in place, the majority of physicians experiencing intervention go on to assessment and, often, treatment. It has been the experience of the PHP that interventions fail mostly when there are no consequences that threaten a physician's right to practise medicine. The PHP tries to avoid an intervention without clout.

Once treated, physicians in recovery do very well. Over 90 per cent of the physicians monitored by the PHP remain abstinent from drugs and alcohol and are enjoying improving physical, emotional and professional health and productivity. Some of them have caring and compassionate colleagues who overcame the barriers and personal discomfort inherent in

intervention in order to help them on their way to recovery.

Where impairment is concerned, intervention can be a life-saving procedure. In this regard, we are indeed our brothers' (and sisters') keepers. Make the call. OMR

Suggested reading

Dr. G. Douglas Talbott, and Dr. Karl V. Gallegos. Intervention with health professionals. *Addiction & Recovery*, Sept. 1990;10(3):13-16.

If someone you know is in need of the confidential services offered by the Physician Health Program, contact the PHP at 1-800-851-6606 or (416) 340-2972.

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