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# GUIDE FOR COMMON INDICATORS FOR CANADIAN PHYSICIAN HEALTH PROGRAMS

## Final Report

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**Guide for common indicators for Canadian Physician Health Programs**

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## **Key Implications**

Physician Health Programs in every province and territory of Canada currently collect data to record their activities, and some programs carry out research with these data. Nevertheless, there is no consistent format or language currently used for this data collection across Canada. In collaboration with representatives of Canadian Physician Health Programs, the Common Indicators project developed a list of proposed common indicators to describe client characteristics and services provided, a Guide to define and explain the indicators, and an accompanying document providing a research rationale for the indicators.

The key findings and implications of the project are:

- Physician Health Programs (PHPs) in Canada are currently collecting data on their programs in disparate ways, and the programs have an interest in collecting common data for their programs to facilitate their own record-keeping, and to form the basis for both independent and collaborative research.
- The Guide was produced through a process of research investigation and consultation with representatives of the PHPs in Canada, resulting in a collective vision of the project.
- The Guide is a list of Common Indicator variables, with their definitions. It provides a common language for PHPs to use in recording client characteristics and program activities. It is accompanied by a brief list of variables and a research background providing rationale for collection of these indicators.
- The Indicators in the Guide concentrate on characteristics of clients using PHP services, and services provided. Suggestions for outcome measures are included, but the Guide does not provide a basis for evaluation of PHPs. It is a first step toward collection of common data. Application of the Guide to PHP data collection is voluntary.
- Use of the Common Indicators by PHPs will provide a firm basis for comparing activities of PHPs across Canada, and for conducting national research on characteristics of physicians using the services of PHPs.
- Next steps in using and implementing the Common Indicators for PHP activities are in the hands of the PHPs, their national organization, the Canadian Physician Health Network (CPHN), and the Canadian Medical Association Centre for Physician Health and Well-Being.

## **Executive Summary**

The Guide for Common Indicators for Canadian Physician Health Programs (PHPs) was developed to provide a common language and definitions for collecting data regarding the activities of PHPs in Canada and the clients who use them. Utilization of the Guide will enable programs to collect consistent data, so that future research can study and compare PHP clients and program activities across Canada. The project was funded by the Canadian Medical Association (CMA) Centre for Physician Health and Well-Being and the Institute of Neurosciences, Mental Health and Addiction of the Canadian Institutes of Health Research.

**Background:** Currently, there is some form of PHP or committee in every Canadian province and territory. All of these programs offer help to those who have problems with alcohol and other drugs, and many also provide a broad range of services for other problems such as mental health, occupational stress, infectious diseases, and family problems. However, there has been little research on the physicians who make use of Canadian PHPs, their characteristics, presenting problems, treatment, and outcomes.

Consistent data collection across all Canadian PHPs will allow comparisons across regions of Canada and among programs that offer different types of services. Programs will be able to compare their own data with national statistics. Currently in Canada, we cannot summarize the types of problems physicians bring to Canadian PHPs and nationally comparable demographic data such as participants' distribution of age, gender, marital status, school of graduation, etc. are not collected. Referral, treatment, and outcome data have never been available.

**Method:** The development of the Guide began with an review of the research literature on PHPs, to examine variables that have previously been reported. We consulted with representatives of the research committee of the US Federation of State Physician Health Programs (FSPHP), which has developed a standardized assessment tool, led by the PHP in Colorado. We also collected and scrutinized assessment and database instruments from addiction and psychiatric treatment programs.

The Canadian Physician Health Network (CPHN) is a collective of representatives of PHPs in every Canadian province and territory, along with representatives of the CMA, Academic Medicine, the Canadian Association of Interns and Residents, and the Canadian Federation of Medical Students. After developing a preliminary list of variables, we held a one and half day workshop in Toronto for members of the CPHN. This workshop served to introduce the project to the CPHN members, and to gain their input on the preliminary list of Indicators. There was much discussion about what the programs do, what terms best describe their activities, and how to reflect the range of activities with the Common Indicators.

After the workshop, the variable list was drafted into a Common Indicators Guide, with discussion among the project investigators and consultation with front-line physician health program workers and researchers. Drafts of the Guide were circulated electronically among the CPHN members for further comment and input. The completed Guide for Common Indicators appended to the final report is a first step in standardizing the data collected by Canadian PHPs.

**Results and Products:** Canadian PHPs currently collect a wide variety of data when contacted by physicians for information and assistance. The Guide for Common Indicators produced by this project provides a common language and set of definitions for consistent data collection by Canadian PHPs when they initially provide services to clients. The Guide provides Indicators for the following areas: contacts with clients and potential clients; reasons for contacting the PHP; client personal and professional characteristics; assessment and diagnosis; problem history; treatment; outcome measures. Utilization of the Guide by Canadian PHPs will assist the programs in data collection and will provide a powerful basis for future research on physician health in Canada.

The focus of the Guide is on intake data and description of services offered by PHPs. Although some outcome measures are suggested, the Guide does not provide a basis for evaluation of PHPs or client outcomes. It is a first step toward the collection of common data.

The project and the workshop for CPHN members was instrumental in continuing the dialogue among Canadian PHPs about the value of collecting data across programs. Although representatives came to the workshop from programs with very different approaches and backgrounds, they reached agreement on fundamental issues, and a strong sense of support for the project emerged.

**Conclusions:** Canadian Physician Health Programs currently provide a wide variety of services and collect disparate data about these services and the physician clients they serve. These programs would benefit from using the common language of the Guide for Common Indicators in collecting data. Use of the Guide provides benefits to the programs including:

- Sharing a common language with other Canadian PHPs so that summary data can be shared and compared
- Definitions and rationales for each indicator
- Participation in future research projects with other Canadian PHPs

Utilization of the Common Indicators Guide by individual PHPs is voluntary. Some programs may choose to implement only some of the indicators at this point. The Guide serves as a reference document for programs to facilitate discussions of comparisons of how PHPs provide services, and reporting in a common language. The Guide developed in this project is a first step in the application of Common Indicators to physician health in Canada, and should form the basis for further discussion and development.

**Recommendations:** In view of the results above, we recommend that:

- Canadian PHPs consider the Guide carefully and take steps to implement collection of the common indicators as far as is practical for their individual programs
- The CMA Centre for Physician Health and Well-Being develops methods to support individual Canadian PHPs in implementing collection of the Common Indicators in the Guide
- Canadian PHPs, through the CPHN and with support for the CMA Centre for Physician Health and Well-Being, continue to examine further ways to work together to collect common data on individual PHPs, resulting in future development of the Guide when experience is gained in its use
- The CMA Centre for Physician Health and Well-Being examine ways to support development of a national program of research on physician health through the PHPs, based on the Common Indicators Guide

## **Introduction**

### **Background**

In 2003, the Canadian Medical Association (CMA) issued a Request for Research Proposals on Physician Health in Canada. Through the Ontario Medical Association, a proposal was submitted to develop a Guide for Common Indicators for Canadian Physician Health Programs (PHPs), in collaboration with the Canadian Physician Health Network (CPHN), a consortium of the Canadian provincial and territorial PHPs, along with representatives of the CMA, Academic Medicine, the Canadian Association of Interns and Residents, and the Canadian Federation of Medical Students. The project was funded by the Canadian Medical Association Centre for Physician Health and Well-Being, together with the Institute of Neurosciences, Mental Health and Addictions of the Canadian Institutes of Health Research. This report is the result of the project.

### **Research Context and Rationale**

Physician Health Programs (PHPs) began in the United States and Canada in the mid-1970s as a response to concern about problems with the use of alcohol and other drugs among physicians.<sup>1-3</sup> Currently, there is some form of PHP or committee in every Canadian province and territory.<sup>4,5</sup> All of these programs offer help to those who have problems with alcohol and other drugs, and many also provide a broad range of services for other problems such as mental health, stress, infectious diseases, and family problems. Despite this history, there has been little research on the physicians who make use of Canadian PHPs, their characteristics, presenting problems, services offered to them, and their outcomes. In addition to this descriptive research, multivariate analyses relating presenting problems, treatments, outcomes, and risk factors require larger sample sizes than can be generated by any one Canadian PHP.

### **Studies of PHPs**

The few Canadian studies of PHPs that exist are descriptions of relatively small samples of physicians participating in a single program.<sup>6-8</sup> In the US, some PHPs and large treatment facilities that specialize in treating physician have published descriptive data on their programs and its participants.<sup>9-14</sup> While these findings from disparate programs are of interest, they cannot provide a broad picture of physician health and its treatment in PHPs. Results from any individual program are biased by factors such as self-selection of participants entering the program, the reputation of the program, and the range of services provided. For example, a PHP that refers most of its participants with substance abuse problems to a single treatment facility will not produce data that allows comparisons of different treatment approaches. Publications from single treatment facilities are particularly subject to this bias. A program's relationship with the licensing body in its jurisdiction also influences how the program functions and recruits participants.

While descriptive studies are the norm, one recent publication from a US PHP performed multivariate analyses to examine the relationship between factors measured at intake and risk of relapse for its substance abuse clients.<sup>15</sup> This type of research requires relatively large sample sizes, and could be carried out in Canada if data could be combined across programs.

### **Comparisons across PHPs**

Comparisons between different approaches for physicians who have problems with alcohol and other drugs have been made within a single state<sup>16</sup> and surveys of PHP program directors within the US have been carried out.<sup>17</sup> However, comparisons within a single jurisdiction cannot be broadly representative, and surveys of program directors suffer the problems of response bias, the measurement of the opinions of a single person from each program, and the quality of data available from each program.

In addition to selection and reporting biases, comparisons among programs and regions are made difficult by the fact that different data collection methods are used, and measures may not be directly comparable. Also, small programs from less populous provinces and territories do not serve enough participants to conduct research on their programs.

In the US, a project has begun to encourage state PHPs to collect uniform intake and assessment data from all participants. A questionnaire was developed by the research committee of the Federation of State Physician Health Programs (FSPHP), initiated by the PHP in Colorado. This group is encouraging other states to adopt the computerized questionnaire, but not all states have bought into the approach. The initiative is hampered by lack of funding and a lack of a long term research plan.

Consistent data collection approaches across all Canadian PHPs would allow comparisons across regions of Canada and among programs that offer different types of services. Currently in Canada, we cannot summarize the characteristics of physicians who use the services of Canadian PHPs, the types of problems they bring to PHPs, and the services they are offered. Even nationally comparable demographic data are not collected. Referral, treatment, and outcome data have never been available.

## **Methods**

### **Review of existing data and Common Indicators**

The project began with a review of the published English language literature on PHPs, using Medline and grey literature resources. The project investigators have extensive contacts within the North American PHP community, and these contacts were asked for information about projects known to them. The US FSPHP database project was contacted through its leader, Dr. Michael Gendel, and a copy of the software from this program was obtained. In addition, we examined intake data collected by drug and alcohol treatment systems that collect common data across treatment programs (e.g. the Ontario Drug and Alcohol Treatment Information System (DATIS)<sup>18</sup>).

Most published literature from PHPs includes only minimal descriptive data, and is not consistent across programs. The FSPHP project goes beyond common indicators to include assessment instruments, which are beyond the scope of the current project. Indicators from treatment systems for non-physicians include few variables relevant to physician practice.

### **Survey of Canadian PHPs regarding current data collection**

After the review, a preliminary list of potential variables was created and a questionnaire for PHP directors was constructed. The questionnaire was distributed electronically via the CPHN listserv. For each variable, program directors were asked to indicate whether they collect the variable or not, and to rank the relative importance of collection that variable to their PHP. They were also asked to suggest additional variables that would be important to collect. A reminder e-mail was sent to programs that had not responded after two weeks.

### **Workshop for CPHN members**

After the review of existing work and the data from survey of PHPs, a preliminary list of common indicators was drawn up for discussion at a one and half-day workshop in Toronto for CPHN members in June 2004. All members of the CPHN were invited to the workshop, with expenses paid by the grant for the project. In preparation for the workshop, the lists of preliminary variables were divided into general areas such as client characteristics, presenting problems, and outcome variables. The workshop agenda was arranged so that one general topic area was discussed in each major block of time. The proposed activity of the workshop was to work through the list of variables, discussing the definition and importance of each, and any additional variables needed in each general topic area. The workshop was chaired by Dr. Michael Kaufmann.

### **Follow-up and completion of the Guide for Common Indicators**

At the CPHN annual meeting in Toronto in August 2004, there was a brief discussion of the Common Indicators project, giving CPHN members a chance to express their reactions to the project and to bring forward any further issues to be considered in the final preparation of the Guide.

Incorporating the information from the workshop and other sources, a draft Guide for Common Indicators was created and distributed to the CPHN members for comment via the listserv early in 2005. Comments were also solicited from selected case managers and others who work directly with physicians seeking help. The Guide was further revised in response to this feedback.

## Results and Products

### Summary of current data collection by Canadian PHPs

Eight Canadian physician health programs responded to the survey asking about their current data collection, and the importance to them of the suggested variables. Table 1 presents a list of variables currently collected by most of the responding PHPs, and their judged relative importance.

**Table 1: Summary of data currently collected by Canadian PHPs, and judgements of importance**

VERY IMPORTANT TO COLLECT	LESS IMPORTANT TO COLLECT
<b>PHP program data</b>	
Date of first contact	Date of last contact
Referral source	
<b>Presenting problem</b>	
Problem type	
<b>Physician characteristics (Personal)</b>	
Gender	Age
Marital status	Smoking status
	Self-assessed overall health status
<b>Physician Characteristics (Professional)</b>	
Physician /Resident/Student	Year of Graduation (MD)
Specialized area of practice (or practice limited to)	Where educated (MD, school, country)
Total years in practice	Other advanced education or qualification
Work hours per week	Specialty certification
Narcotic prescribing privilege status	Practice Addiction Medicine
Regulatory body involvement	Certified in Addiction Medicine
Satisfaction with work situation	Type of income
Recent changes in work situation	
Self assessed work performance	
Practice setting	
Practice activity	
Community size	
<b>Referral outside program</b>	
Where referred	
Referral accepted by client	
Follow-up	
<b>Client satisfaction and outcome data</b>	
Client satisfaction with PHP services	Client outcome

The list in Table 1 reflects the variety of services offered by Canadian PHPs.<sup>4</sup> While some PHPs directly offer clinical services, others refer clients elsewhere for treatment and clinical service. In addition to the variables listed above, other categories of variables are currently collected by only a few PHPs, but were judged to be important to collect by those who did so. These variables include the use of various standardized diagnostic instruments and tools, previous treatment received by the client, and client's family history of problems related to the presenting problem. The list in Table 1 appears to present a more consistent picture than actually exists. While most programs report collecting the variables in some form, there is little consistency across programs in the definition of the variables or the values recorded.

### Workshop discussion

Presentation of a list of variables does little to capture the flavour and productivity of the discussions at the workshop for CPHN members. The project investigators envisioned systematically working through the lists of suggested

variables, and, to a large extent, this was done. However, the discussions highlighted the differences among the PHPs in the types of services they offer, and their approach to helping physicians. In addition, the face-to-face discussions brought forward issues that were invaluable in framing the Guide.

For example, much of the first meeting session was taken up with discussion of the definition of a “case.” At what point should an inquiry to a PHP be regarded as a case, and when should data collection begin? Should data be collected for brief contacts requesting information only? This discussion resulted in the structure of recording information for “contacts” and “cases,” used in the Guide.

In addition, the workshop discussion, and the discussion at the CPHN annual meeting in August 2004, offered an opportunity for the PHP representatives to learn the value of the project to their programs, and to understand the methods being used to develop the Guide. Program representatives who came to the workshop from programs with very different approaches reached agreement on fundamental issues and developed both an understanding and a strong sense of support for the project.

Discussions with PHP representatives identified several issues concerned with implementation of a standardized data collection system, particularly by programs in smaller provinces. These issues are discussed in our recommendations, below.

### **Guide for Common Indicators for Canadian Physician Health Programs**

The major product of the current project is the Guide for Common Indicators for Canadian Physician Health Programs, with its accompanying Summary Variable List and Research Background documents. The Guide, which accompanies this report, is intended as a guide and reference document to develop a common language and set of definitions for Canadian PHPs to use in collecting comparable data. PHPs can use the Guide in developing their own data collection systems, and, to the extent that the variables are implemented, Canadian PHPs will have data that can be compared across programs, in different parts of the country, and across time periods.

Use of the guide by Canadian PHPs is voluntary. Not all programs will collect all variables, and many variables will not be relevant to some programs and/or to many clients. Nevertheless, the Guide provides working values and definitions to be used when PHPs choose to collect particular variables. Data can be collected in a format that is consistent with that of other Canadian PHPs.

The Guide suggests some outcome measures, but outcome depends to a large extent on the presenting problem and services offered, and detailed measures of physician health outcome are beyond the scope of this project. The Guide is not an outline for evaluating the activities of PHPs, either in process or outcome. However, programs that use the Guide will have a data set that offers clear counts of contacts, cases, and their characteristics.

At the simplest level, the following descriptive research questions will be answerable if Canadian PHPs use the Guide in planning their data collection:

- What services are offered by Canadian PHPs?
- To which professions are the services offered?

For physician clients:

- What are the personal and professional characteristics of physicians who use Canadian PHPs?
- What are the reasons they contact the PHPs?
- What is the background of the client’s presenting problem?
- Are clients satisfied with PHP services?
- Are clients helped by PHP services?

The Guide is a tool for use by Canadian PHPs, and its implementation will lead to research on PHPs and the clients they serve. It should be clearly understood that implementation of the Guide will not serve research on the epidemiology of physician health or illness in Canada. Physicians choose to use the services of PHPs for a variety of reasons, but there is no evidence that these physicians are representative of all Canadian physicians, or of physicians who have developed health-related problems.

In the future, when sufficient data are acquired, and if a process for data sharing is implemented, multivariate analyses could explore the relationships among background risk factors, presenting problems, PHP actions, and client outcome.

## **Conclusions**

Canadian physician health programs currently provide a wide variety of services and collect disparate data about those services and the physicians to whom they are provided. The benefits to the PHPs of using a set of Common Indicators, with a common language and definitions are clear:

- Sharing a common language with other Canadian PHPs so that summary data can be shared and compared
- Definitions and rationales for each indicator
- Participation in future research projects with other Canadian PHPs

Through the iterative consultations with PHP representatives regarding the Guide, and the one and half-day workshop to discuss the project, support for the project among Canadian PHPs emerged. However, implementation of the Guide by individual PHPs is voluntary. Long-term research goals sometimes can be pushed aside by immediate program activities and priorities, and implementation of the Guide to fulfill its research potential will require coordination and support. The research value of implementing the Common Indicators across Canada is immeasurable. However, to achieve this goal, continued commitment to and support for this type of research is needed from the Canadian Medical Association Centre for Physician Health and Well-Being, the Canadian Physician Health Network, and individual Canadian Physician Health Programs.

## **Recommendations**

In view of the above findings, we recommend that:

1. *Canadian PHPs consider the Guide carefully and take steps to implement collection of the common indicators as far as is practical for their individual programs*

Implementation of the Guide in its entirety is a large undertaking, but every PHP in Canada can begin by making sure that the key indicators they currently collect are consistent with the definitions and values of the variables in the Guide. When designing their programs and databases, PHPs are encouraged to use the Guide as a reference document to help collect data consistent with other PHPs.

2. *The CMA Centre for Physician Health and Well-Being develop methods to support individual Canadian PHPs in implementing collection of the Common Indicators in the Guide*

In discussions with PHP representatives, concern was raised regarding possible costs of implementing the Guide for Common Indicators, especially regarding computerization of databases. The CMA Centre should look into developing a standard computerized database, based on the Guide, which would be available to all Canadian PHPs. Considerations for this database are that it be compatible with PHPs' existing data, and that it accommodate any additional data that individual PHPs choose to collect. Implementing such a system in every PHP might require start-up manpower and resources, especially to help smaller programs.

3. *Canadian PHPs, through the CPHN and with support for the CMA Centre for Physician Health and Well-Being, continue to examine ways to work together to collect common data on individual PHPs, resulting in possible future expansion of the Guide when experience is gained in its use*

The focus of the Guide produced by this project is on intake data and service provided. While outcome measures are suggested, development of detailed outcome measures remains a needed future project. In addition, PHP representatives may identify additional Common Indicators that would be useful for program planning and research, such as those needed for professions other than medicine, clients such as spouses, and those relevant to program evaluation. The support for this project should be continued through further collaborative work by CPHN members, identifying ways in which the Common Indicators research base can be used and expanded.

4. *The CMA Centre for Physician Health and Well-Being examine ways to support development of a national program of research on physician health through the PHPs, based on the Common Indicators Guide*

Implementation of the Guide for Common Indicators for Canadian Physician Health Programs is a first step in development of a national program of physician health research. The current project ends with production of the Guide, and

recommendations that it be implemented by all Canadian PHPs to give a common language for discussions, comparison of summary data, and further research.

However, an important concern identified by PHP representatives at the CPHN meeting in August 2004 is regarding the practical and ethical implications of data sharing. As data are accumulated, research benefits will come from examining relationships that could only come from pooling data. The CMA Centre should begin examination of these issues as soon as possible, and begin a collaborative process that will facilitate future research. In addition, a process should be developed whereby PHP staff and academic researchers can propose and seek funding for research projects based on the data.

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