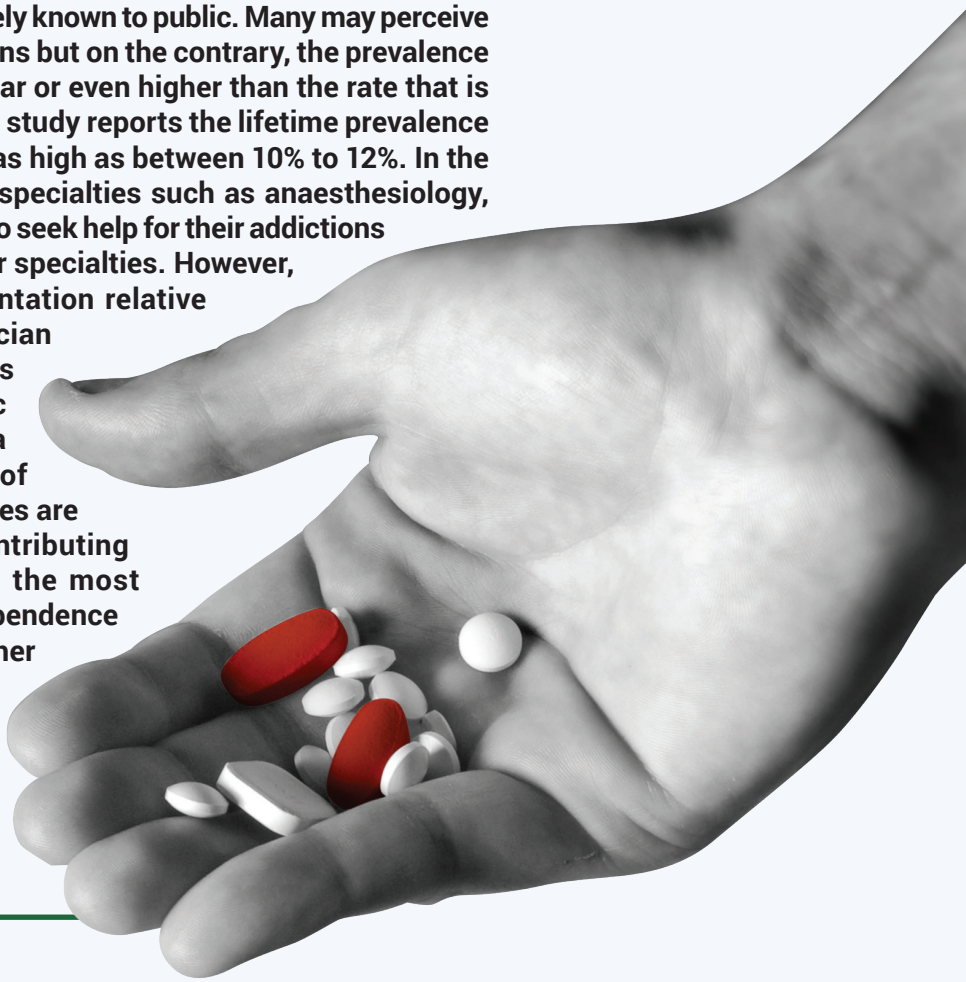
Substance Addiction

Among Physicians

Generally, the problems physicians face because of addiction to substances are not well reported in the media or widely known to public. Many may perceive that physicians are immune to addictions but on the contrary, the prevalence of addiction among physicians is similar or even higher than the rate that is seen in the general population. One US study reports the lifetime prevalence of addictions among physicians to be as high as between 10% to 12%. In the West, the number of physicians from specialties such as anaesthesiology, emergency medicine and psychiatry who seek help for their addictions is slightly higher than those from other specialties. However, this could be due to an over-representation relative to their numbers in the overall physician pool. Work-related stress, ready access to narcotics and other psychotropic drugs in the workplace, and also a possible selection bias in the type of physicians who choose these specialties are reported to be some of the other contributing risk factors. Alcohol dependence is the most common presentation, followed by dependence on opioids. Abuse of stimulants and other substances is also reported and among those who seek help, more than half are reported to be abusing multiple substances. There is no scientific data available in Singapore on addiction among physicians.



FACTORS AFFECTING THEIR HELP-SEEKING BEHAVIOUR

The problems caused by their substance abuse may first appear at home or in their social circumstances before becoming obvious in their workplace. By the time the symptoms appear in the hospital setting, their substance abuse would often have been active for a long period of time. One study found that the mean duration which physicians took to seek treatment for substance-related problems was six to seven years. It is not surprising that physicians seek treatment very late during the course of their substance use disorder and by that time, the symptoms are likely to be in an advanced stage. The key reason for the delay in seeking treatment may be due to their efforts to keep workplace performance and reputation intact. Physicians fear that the disclosure of addiction will affect their affluent social status and they may risk losing their licence to practise medicine. Lastly, it has also been commonly observed that the help-seeking process can be delayed due to the physician's family members and co-workers' efforts to hide the addiction, in order to protect the family, the medical practice and staff who are employed by it.

SIGNS AND SYMPTOMS

The earliest signs of addiction may include: neglect of physical appearance, weight changes, sleep impairment, lethargy in work or tiredness, smelling of alcohol while at work, or skin changes such as bruises and needle marks. Physicians are reported to be good in concealing their substance use and thus, these signs might be subtle and not easily detectable.

When the symptoms become severe, one might see significant deterioration in the quality of their work. They may repeatedly come late for meetings and appointments, show long-term absences at work, seek special considerations, or may have poor working relationships with staff and patients. They may show irregularities in their prescribing practices and may not promptly attend to their calls during their on-call duty hours. The presence of these signs should raise suspicion for addiction issues and warrant further investigation. However, these warning signs alone are not sufficient to confirm the presence of a substance use disorder.

ASSESSMENT

Once a suspicion of addiction is raised, the relevant authorities in the workplace should review policies and notify the appropriate people in the management to proceed with further investigation. If a discreet investigation is carried out and enough evidence is available to confirm the initial suspicion, the physician should be asked to undergo a proper clinical assessment. Evaluation of addiction issues in physicians would require a multidisciplinary team with experience in working with this population. The assessment could become very difficult because the physicians may show exceptional rationalisation, denial and resistance to cover their substance use habits. In the US, physician health programmes, which are available in most states, would provide such expertise to facilitate independent assessments and support for the struggling physicians and offer guidance to hospital administrators on treatment and monitoring.

Routine clinical assessment of addiction should involve eliciting a thorough history suggestive of loss of control over the use of substances, development of tolerance and/or withdrawal symptoms, cravings and the physician's own attempts to reduce or stop using substances. The physical, psychological, legal, social and interpersonal complications that might be substance-related should be explored in detail. Any information on observed negative changes at work such as allegations of stealing of samples, diverting medicines from patients, colluding with patients to share prescriptions, writing fraudulent prescriptions or seeking internet-based prescriptions must be thoroughly investigated. Consent should be sought from the physician under investigation to gather more collateral information from friends, family, co-workers and pharmacies to support the diagnostic evaluation, while careful steps should be taken to protect confidentiality.

The positive signs elicited in the history should be supported with laboratory investigations such as urine tests for drugs and blood alcohol levels or breathalyser tests for alcohol. The results of the investigations should be thoroughly scrutinised as they can act as a means for helping the clinician to refute the false allegations or claims. Therefore, extreme care should be taken to avoid false positives as physicians may face serious professional and legal sanctions if a test result indicates drug use.

TREATMENT

Once there is reasonable clinical evidence to establish a substance use disorder, an intervention should be provided

without further delay to help both the physician in question and his or her patients. Very few studies have been published on appropriate treatment methods for clinicians. Usually, residential treatment programmes which offer individual and group therapy, medications or attendance at Alcoholics Anonymous or Narcotics Anonymous meetings are recommended. The main focus is to achieve complete abstinence from drugs and alcohol.

Generally, treated physicians show very good recovery in the range of 75% to 80%. The high success rates are attributed to very structured treatments offered in physician health programmes that are available in countries like the US. The high cost of failure such as loss of income and public embarrassment, and the positive influence of staying in the medical practice also helps to maintain sobriety. However, there is also a high risk of relapse soon after treatment. Therefore, it is recommended to impose restrictions on employment with clear instructions to the recovering physician about the consequences of a relapse or failure to comply with any of the return-to-work conditions.

ETHICAL AND LEGAL CONSIDERATIONS

Healthcare organisations are required to report a physician to the licensing board if there is reasonable suspicion that the physician is struggling with a substance use disorder. Ethically, physicians have a primary duty to respect the autonomy of others, but when a fellow clinician is suspected of abusing drugs for their psychoactive properties, he or she can potentially harm patients and family members. Therefore, it is advised to seek an opinion from the hospital ethical committee if such dilemmas arise when reporting the suspected abuse to the authorities. In many parts of the US, recovering physicians are not legally allowed to self-prescribe or prescribe medications for their other family members except in true emergencies, to reduce the potential for wrong-doing or abuse. Physicians should be allowed to have their legal counsel handle various legal issues that can arise during the entire process, starting from the initial assessment period to the point when they are deemed to be safe to return to work.

CONCLUSION

Early recognition of the substance use disorder and prompt initiation of treatment is the key to successful recovery. It is vital that written policies and procedures are in place throughout the whole process, as faithful adherence to the policies can help to prevent disastrous clinical and legal consequences to all the parties concerned. It is better to prevent substance misuse before it begins. Therefore, physicians should engage in healthy lifestyle activities to reduce the risk of falling victim to psychoactive substances. They should seek immediate help for their medical or psychiatric problems. Healthy physicians create and maintain better working environments for themselves and those around them. In Singapore, the National Addictions Management Service at the Institute of Mental Health provides specialist addiction treatment for the general population and can offer expert advice and support for physicians who are concerned about their alcohol or drug habits. ◆

PROFILE

TEXT BY

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Further readings

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