Tennessee’s Physicians Health Program

Tennessee Medical Foundation
Roland W. Gray, M.D.
Medical Director
Physicians Health Program

TMF PHP
Statistics for 2002 through 2009

<table>
<thead>
<tr>
<th>Identifications</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical</td>
<td>549</td>
</tr>
<tr>
<td>Behavioral</td>
<td>338</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>108</td>
</tr>
<tr>
<td>Sexual Boundary</td>
<td>77</td>
</tr>
<tr>
<td>Over-prescribing</td>
<td>39</td>
</tr>
<tr>
<td>BME Referrals</td>
<td>55</td>
</tr>
<tr>
<td>Other/Consultations</td>
<td>30</td>
</tr>
<tr>
<td>Undesignated</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1198</strong></td>
</tr>
</tbody>
</table>
Physician Impairment: A Historical Perspective

"Inner History of the Johns Hopkins Hospital” written regarding professor William Halsted:

- “The *proneness to seclusion*, the slight peculiarities amounting to eccentricities”

- “He had *worked so well and so energetically* that it did *not seem possible* that he *could take the drug and done so much*. About six months after the full position had been given, I saw him in severe chills, and this was the first information I had that he was still taking morphia.”

- “*I believed, and Welch did too, that he was no longer addicted to morphia.*”


Substance Abuse

- Etiology of chemical dependency involves genetic vulnerability acted on by psychosocial stressors

- Stress may lead to self-medication; lack of pleasure sometimes causes one to seek pleasure in mind-altering substances.
Substance Abuse (Cont.)

- Physicians abuse alcohol at roughly the same rate as other professionals.
- Physicians are less likely than the general population to use illicit drugs.
- Physicians are more likely to abuse prescription drugs.

Hughes et al, 1992

---

Substance Abuse (Cont.)

- 11.4% of physicians in a nationwide survey had used benzodiazepines in the past year in an unsupervised fashion.
- 17.6% had engaged in unsupervised use of opioids.
- Physicians are five (5) times as likely to take sedatives and minor tranquilizers without medical supervision.

Hughes et al, 1992
Substance Abuse (Cont.)

- Colleagues are highly reluctant to confront substance abuse in a physician.
- Death from suicide or lethal overdose may be the initial presentation of substance abuse.

Alcohol and Drugs
Alcohol and Drugs

- Progression
- Special Access
- Type
  - Alcohol
  - Opiates-Hydrocodone-Oxycontin-Fentanyl
  - Ultram
  - Cocaine

Identification
- Last place affected – work
- Behavioral withdrawal
- Mood changes – depression – irritability
- Physical
Hospital

- Making rounds late, or inappropriate abnormal behavior during rounds
- Decreasing quality of performance
- Inappropriate orders
- Reports of behavioral changes
- Unavailability or inappropriate responses to telephone calls
- Often late, absent or ill
- Alcohol on the breath when on duty
- Intoxication when on call, even at home

Family

- Withdrawal from family activities
- Children neglected, abused or in trouble
- Mood swings, arguments or violent outburst
- Sexual problems, impotence, extramarital affairs
- Medicinal use of alcohol or drugs
- Family isolation
- Financial problems
- Spouse in therapy or taking psychoactive medication
- Geographical separation or divorce by spouse
Office

- Disruption in appointment schedule
- Hostile or unreasonable behavior to staff or patients
- Withdrawn, “locked door syndrome”
- Excessive ordering of drug supplies
- Excessive drug use, Prescription
- Complaints from patients and staff
- Unexplained absences from the office
- Spasmodic work pace, or decreasing work load and tolerance
- Taking sexual advantage of patients or co-workers

Physical

- Deterioration in personal hygiene
- Deterioration in clothing and dressing habits
- Numerous prescriptions and OTC drug use
- Frequent ER visits or hospitalizations
- Frequent visits to physicians
- Accidents
- Multiple somatic complaints
- Excessive tiredness or insomnia
- Memory problems, difficulty concentrating
- Emotional Crisis
Employment

- Frequent job changes or relocations
- Unusual medical history
- Indefinite, vague or inappropriate references
- Working in positions inappropriate for qualifications
- Resistance to pre-employment physical or family interview

Community

- Neglected social commitments
- Embarrassing behavior at social functions
- Arrests for driving while intoxicated or legal problems
- Unreliability or unpredictability in community activities
- Public intoxication or impairment
How Can TMF Help?

- Intervention
- Identification
- Assessment
- Referral
- Re-entry