The Impaired Medical Professional
Alarming facts

- 10-20% of medical professionals will develop a substance abuse disorder during their careers.
- Social stigma for medical professionals with an alcohol or drug abuse disorder is at least double that held for the general public with the same disorder.
- Alcohol is the drug of choice for most physicians.
- Anesthesiologists prefer potent IV opioids such as fentanyl and sufentanil.
- Nurses prefer fentanyl, morphine, percocet, and other easily diverted opioids.
Fact

- A medical professionals addiction is typically advanced before identification and intervention.
DENIAL!!!!!!

Not a river in Egypt!
Not a problem for just the addict!
“You’re a doctor 24 hours a day -
You can’t escape.”

- Debra Paul
Orlando Sentinel
November 9, 1986
“I don’t want my 13 month old son to grow up to be a doctor.”

- Debra Paul
Orlando Sentinel
November 9, 1986
“It wasn’t like he did it all the time - It wasn’t like every day - It was more for escape - like to sleep you know.”

- Debra Paul

Orlando Sentinel

November 9, 1986
“He could stop at anytime - He wanted to. And he would too.”

- Debra Paul

Orlando Sentinel

November 9, 1986
Debra Paul
Died at Age 27
Why?

- The delay in diagnosis relates to the medical professional’s tendency to protect their workplace performance and image well beyond the time when their life outside work has deteriorated and become chaotic.

- Maintaining access to the drug of choice may be dependent upon being in that workplace, providing incentive to stay at work.
Fact

• Suicide rates are higher for medical professionals than the general population and suicide is a disproportionately high cause of mortality in physicians, particularly female physicians.
Why?

The challenge of keeping up appearances and presenting a strong, balanced mind set must be met in order to determine a medical professional’s success, production numbers, and to meet the expectations held of him/her by colleagues, patients, the physician’s family, and the general public.
Fact

• The level of importance that is placed on work by those in the health professions is often very high.

• As a result, social, financial and interpersonal decay often occur before the addiction interferes with the job.

• Families, partners, and friends are much more likely to have been impacted by the effects of addiction long before it is noticed at work.
Why?

• Denial

• Manipulation

• Dishonesty

• Fear
Possible signs of Alcohol Dependence

• Alcohol on breath
• Slurred speech
• Ataxia
• Erratic performance or decrement in performance
• Tremulousness
• “Out of control” behavior at social events
• Problems with law enforcement
• Hidden bottles/secret drinking
• Poor personal hygiene
Possible signs of Alcohol Dependence

- Chronic tardiness
- Frequent hangovers
- Poor early morning performance
- Unexplained absences
- Frequently leaving the work place early
- Mood swings
- Irritability
- Sweating
- Isolation
Possible signs of Opiate Dependence

- Periods of agitation alternating with calm
- Dilated pupils
- Excessive sweating
- Frequent bathroom breaks
- Frequent unexplained absences from work
- Spending more hours at work than necessary
- Volunteering for extra call
- Volunteering to provide extra breaks or refusing breaks.
Possible signs of Opiate Dependence

• Volunteering to return waste drugs to pharmacy
• Rummaging through sharp containers
• Sloppy record keeping, or discrepancies between charted dose and actual dose administered
• Excessive narcotic use charted for patients
• Patients whose pain exceeds appropriate narcotic dose
Common symptoms to substance abuse

- Overreaction to criticism
- Inappropriate anger
- Frequent pager failure
- Manipulating schedule
- Hasty rounds/ odd hours for rounds
- Inappropriate or inaccurate orders
- Deviation from standard procedures
- Unwitnessed wasting
- Fatalistic comments
Physical manifestations

• Eyes:
  – Red, puffy, glassy, dead
  – Avoid contact
  – Constricted/dilated

• Smell:
  – Mouthwash
  – Mints
  – Excessive cologne
INTERVENTION

• Definition:

The initial confrontation with the suspected addict in an effort to coerce the individual to submit to a formal chemical/alcohol dependency evaluation by experts.
The Professionals Resource Network (PRN)

The Impaired Practitioner’s Program for the State of Florida
Department of Health

Board of Medical Examiners

Chapter 458
Mission

To protect the citizens of Florida by identifying and, when indicated, intervene upon, have evaluated/treated, and monitor those practitioners who suffer from an impairing condition. Ultimately, if possible to rehabilitate those identified practitioners and assure their safety to practice their professions.
Definition of Impairment

When an individual is unable to perform his/her duties as required under their professional license and within their prospective specialty’s standard of care due to substance abuse/dependence, physical impairment, behavioral disturbance, psychiatric/psychological disorder, cognitive dysfunction and/or other medical condition.
Types of Impairment

- Substance Abuse
- Substance Dependence
- Physical
- Infectious Disease

Psychiatric

- Axis I/II
- Disruptive
- Psychosexual
History

Pre-1979  →  Suspension vs. Revocation
1979      →  First contract in country between a PHP and DOH via FMA
            →  Part time Medical Director
1985      →  Full time Medical Director
            →  Statutes created
            →  IPN established – nurses only
            →  PRN to work with all other Boards and Councils
History cont’d

1992 → Formalize working with psychiatric cases
1993 → HIV
1994 → Formalize working with physical impairments
1998 → Development of first UDS system for PHPs
1999 → Formal research relationship with UF

Foundation now set for quality assurance, validation, and progression
When behavior is induced by disease, treating the disease changes the behavior.
Monitoring a health care worker is preventing harm to more than one person
1-800-888-8PRN
1-800-888-8776