Jefferson County Medical Society

PULSE

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Breaking the Myth of Addiction: A Look at the Physician Addict

By: Jill Billions, M.D.

Historically, both the American public and medical communities have been reluctant to accept addiction as a disease. The longstanding belief is that drug addiction is due to a character flaw or lack of will power. Only in this decade are we seeing evidence that the population is beginning to appreciate addiction as a brain disease. A public opinion survey performed by Harvard University and The Robert Woods Foundation in 2000 showed that 74% of Americans believe that addicts can stop using drugs or alcohol, but only with the help of professionals or organizations. Three out of four of those polled believed it would take more than one attempt to quit. This is hopeful acknowledgement of the chronic relapsing nature of this disease.

While the country is in the slow process of implementing quality education on this matter at the medical school and residency levels, it is imperative that practicing physicians become familiar with addiction. Fortunately some positive steps have taken place over the last decade. The American Medical Association recognized the field as a specialty in 1990 as advances in technology and diagnostics improved. In 1997, The International Society of Addiction Medicine was formed for the education and treatment of those with substance dependence. Just this year, The American Board of Addiction Medicine was established.

Breaking the Myth

Drug addiction is a brain disease. While it is beyond the scope of this article to delve into the details of brain reward circuitry, some simple highlights should be mentioned. Over the last three decades, scientists have identified the primary receptors for every major class of abused drug. They have identified their genetic code and cloned their receptors. They have mapped the locations of those receptors in the brain and determined the neurotransmitter systems involved; demonstrated activation during phases of addiction, withdrawal and craving; identified and separated the mechanisms underlying drug seeking behavior.[1] Most importantly, scientists have demonstrated that the mesolimbicdopamine system is the primary site of dysfunction caused by abused drugs. Just as Parkinson's disease is a disease of the dopamine system that affects movement, addiction is a disease of the dopamine system that affects behavior.

Initially it is a matter of choice for anyone to use a substance. However, if this individual is biochemically or genetically predisposed to addiction there will be changes in the brain over a period of continued willing consumption. [2] The brain of someone addicted is changed in fundamental ways including gene expression, glucose utilization, and response to environmental cues.[1] At an unknown yet critical point, a figurative "switch" is flipped and willing consumption ceases. The changed brain produces uncontrollable, compulsive drug seeking behavior—this is the nature of addiction.

Addiction is an insidious, progressive disease. With denial being a primary symptom, it is difficult to tell when someone is transitioning from willing consumption to uncontrollable use. Because this disease is fatal if not treated, it is important for physicians to appreciate it as a disease in respect to their patients, their colleagues and especially themselves.

Physicians: Behind the Illusion

The making of a physician is an arduous process. Candidates are carefully selected, rigorously trained in specialized skills, and expectations are set near perfection.

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Inside

UPCOMING EVENTS

Aug 5 Ethics Committee Meeting – 5:00 p.m.

Aug 17 Executive Committee Meeting – 5:30 p.m.

Aug 19 ENT-Coding for Flaps, Lesions & Grafts – 9 a.m. to 12 p.m.

Aug 20- Nov 19 **Thursdays** Certified Professional Coders Class – 9 a.m. to 3 p.m.

Sept 15 The Wayne Finley 811 Breakfast Club Meeting – Dr. Arnold Diethelm will speak on the "UAB Health Services Foundation" at 8:30 a.m. in the JCMS Board Room

Sept 21 Foundation Trust Meeting – 5:00 p.m.

Executive Committee Meeting – 5:30 p.m.

Board of Directors Meeting – 6:00 p.m.

Sept 23 Cardiac Cath and the Modifiers that Make it Happen Coding Class – 12 p.m. to 3 p.m.

Oct 7 Ethics Committee Meeting – 5:00 p.m.

Oct 19 Executive Committee Meeting – 5:30 p.m.

Oct 20 The Wayne Finley 811 Breakfast Club Meeting – Dr. Michael Saag will speak at 8:30 a.m. in the JCMS Board Room

Oct 21 Bundling Issues Made Simple for Ob/Gyn Coding Class – 9 a.m. to 12 p.m.

Oct 26 Executive Committee Meeting – 5:30 p.m.

Contact Juanita Pruitt at 933-8601 or jpruitt@jcmsalabama.org for more information regarding any of the above events.

Volunteers sought for appointments

Various organizations throughout the state seek nominations from MASA's Board of Censors for appointments to health care related boards and committees. In addition, regular nominations are sought from the Alabama Medicaid Agency for their Drug Utilization and Review (DUR) Board and Pharmacy and Therapeutics (P&T) Committee. For more information or if you are interested in serving on a board or committee, please contact MASA at (800) 239-6272.

Secretary Sebelius Makes Recovery Act Funding Available

On June 5, HHS Secretary Kathleen Sebelius announced the availability of nearly $200 million from the American Recovery and Reinvestment Act to support student loan repayments for primary care medical, dental and mental health clinicians who want to work at National Health Service Corps (NHSC) sites. In exchange for the loan repayments, clinicians serve for two years with the Corps. The new funds are expected to double the number of Corps clinicians and make 3,300 awards to clinicians that serve in health centers, rural health clinics and other health care facilities that care for uninsured and underserved people.

"The Recovery Act has laid the foundation for health reform and is supporting our effort to give more people more access to the quality, affordable care they need," Secretary Sebelius said. "National Health Service Corps has helped protect the health and well-being of millions of Americans. Now, we are doubling the Corps and putting doctors and clinicians in the communities where they are desperately needed." Since its inception nearly 40 years ago, the NHSC has provided scholarships and loan repayments for more than 30,000 doctors, dentists and other health professionals who provide health care in the most geographically isolated and economically distressed regions of the country.

Sebelius encouraged fully trained health professionals who are dedicated to working with the underserved and have qualifying educational loans to apply for this opportunity. In addition to $50,000 for loan repayment, each clinician receives a competitive salary and a chance to have a significant impact on a community. Primary care practitioners interested in applying for loan repayments should visit http://nhsc.hrsa.gov.

To see a list of opportunities available by state, go to http://www.hhs.gov/recovery/programs/nhsc/vacancies.html.

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Viewed as noble by those around them, they become expert at delayed gratification; working with little sleep, food or praise. Upon completion of training these doctors happily climb onto the pedestal that society places them, for after all, we rely on them to protect our lives. This "Pedestal Profession" creates an isolated and potentially dangerous place. Training fosters an elitist attitude which can facilitate addiction. Feeling "too smart" to become addicted, these doctors develop a false sense of security. Life in medicine is a delicate balance to maintain--pressures of a demanding practice, difficult patients, trouble with third party payers, endless paperwork and administration begin to weigh heavily. Family obligations can feel like added stress. Health care professionals may cope with stress, anxiety and pain by using drugs or alcohol. Many authors report the key risk factors for addiction to be: family history of chemical dependency, emotional problems, access to pharmaceuticals, work and home stress, sensation seeking, self treatment of pain and emotional problems and chronic fatigue.[4]

The exact number of impaired physicians in America is roughly 10-15%, percentages that are not statistically different from the general population.[5] However, doctors are more likely to self medicate. The use of benzodiazepines and opiates among phsicians is five times higher than the general population.[6] This means roughly one in eight doctors is addicted and chemical dependence is reported to be the most frequently disabling illness among physicians.[7] The scale of this problem is magnified considering these ill professionals are responsible for the general health and well being of the public.

Identifying the Problem

Identification and diagnosis of the impaired physician is often difficult. Doctors are motivated to keep their addictions secret: their careers depend on their professional reputation, and their sense of self depends on their careers. Usually the first sign of a problem is marital conflict. Left unchecked, there is a predictable, progressive deterioration in all aspects of the individual's life - affecting family first, then friends and community, finances, health,and finally professional performance. The impaired doctor is so pro-

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The National Practitioner Data Bank Reporting Requirements Are Advantageous to Impaired Physicians Who Voluntarily Seek Treatment

By: Fran Quarles, Esq. of Quarles Law Firm, LLC

The reporting requirements of the National Practitioner Data Bank ("NPDB") encourage impaired physicians with medical staff privileges to take leaves of absence and voluntarily enter into drug or alcohol rehabilitation programs. A physician's decision to take leave and go into treatment is not reportable to the NPDB since it is voluntary in nature and not an adverse action by a governing body or Medical Executive Committee. An example of a reportable adverse action would be a vote to suspend the physician for over thirty days with a requirement that he or she enter into drug or alcohol treatment.

Voluntary leaves are not reportable even if the medical staff bylaws provide that a physician's privileges will be automatically suspended during that time. The NPDB considers automatic suspensions to be administrative in nature and not reportable events. (It should be noted that if a physician is suspended for over thirty days and required to enter into rehabilitation, then the suspension should be reported as "due to quality of care concerns", in accordance with federal confidentiality laws relating to drug and alcohol treatment programs.)

The NPDB's reporting requirements are consistent with current views that impaired physicians should be supported and encouraged to enter into rehabilitation – not punished because they have an addiction. Impaired physicians should be advised by those around them that voluntary entry into drug or alcohol treatment has many advantages, one of which is not incurring a permanent report with the National Practitioner Data Bank.

The opinions expressed in this article are intended for general guidance only. They are not intended as recommendations for specific situations. As always, readers should consult a qualified attorney for specific legal guidance.

New Members

Heath Douglas Beckham, M.D. .....Colon & Rectal Surgery

Bethany M. Campbell, M.D. .....Obstetrics/Gynecology

Neal Durham Daniel, M.D. .....Pulmonary Medicine

Laura Brooke Farless, M.D. .....Internal Medicine

Edward Joseph Grady, M.D. .....Resident

Corey Louis Hartman, M.D. .....Dermatology

Wright Benjamin Lauten, M.D. .....Ophthalmology

Daniel M. Sherrer, M.D. .....Anesthesiology

Paul Andrew Sykes, M.D. .....Neurology

Daniel I. Wasserman, M.D. .....Resident

Christen L. Walters, M.D. .....Resident

Implementation of Routine HIV Testing

UAB's Center for AIDS Research will be conducting a study to examine the implementation of CDC's new HIV testing recommendations and would like to ask you for your help. During the next months a survey will be mailed to members of the Jefferson County Medical Society, who are actively practicing in Internal Medicine, Family Medicine or OB/GYN. Please let us know if you need any additional information regarding this study or would like to learn more about it!?

Phone: (205) 934-7186

Thank you for your support!

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Ask Robin Long for your MEMBER DISCOUNT!!

The Jefferson County Medical Society has arranged for its members to receive special discounts for collection and billing services. By special agreement with Healthcare Financial Services, LLC (HFS), members will get outstanding collections results and services while paying low contingency fee rates... no results, no fees for JCMS members. Take advantage of your JCMS affiliation and call Robin Long at 601-420-1242 or 1-877-747-7072 (Client Services). Your benefits will be worth the call as HFS designs a special campaign for your specific needs. Be sure to mention your membership with JCMS to receive the discounted rate.

(See ad on page 7)

Articles Wanted

Pulse is interested in publishing articles written by our members as well as articles which would be of interest to our members. Because our members practice in every specialty, articles should be of wide interest to a variety of specialties. We would like to publish two articles per issue. Articles should be between 650 and 1000 words and should not be self-promoting or commercial in nature. Authors will be credited and the name of their practice will be included, along with a photograph of the author if one is furnished. Articles are not peer-reviewed and the content of the articles is the sole-responsibility of the author. The Jefferson County Medical Society does not assume responsibility for the accuracy or content of any articles published in Pulse. Deadlines for submitting articles to be published in 2009 are: January 4, March 3, May 5, July 3, September 2 and November 3.

In Memoriam

The JCMS wants to acknowledge the recent passing of the following JCMS members:

Charles B. Bernhard, M.D.
June 23, 2009

Richard "Zeke" D. Carter, M.D.
July 20, 2009

Additional Benefit for Members

The JCMS in conjunction with Merck has printed a sixteen page "Guide to Making the Most of Your Annual Health Exam." This four-color brochure is designed to be given to your patients or made available in your waiting room. It contains recommended guidelines for various screenings for men and women, general information on what patients should do in preparation for their annual visits, what they can expect during the visit and includes a list of frequently asked questions. The purpose of the Guide is to foster communication between patients and their physicians and to better educate patients about their care.

Copies of the Guide are available to JCMS members free of charge. If you would like to review the Guide or to request copies for your office, contact Martha Wise at 933-8601 or mwise@jcmsalabama.org.

June 28, 2009

A Day With The Barons

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tective of the career that by the time a problem is obvious at work their lives are virtual wastelands.

For the addicted doctor, there is great difficulty admitting a problem exists and those around an addicted professional are often hesitant to intervene. Family fear discovery by the community or loss of income; office staff fear reprisal or termination; close friends fear it will harm the relationship; peers fear loss of respect for the profession or are unsure how to proceed. Doctors are often given more latitude in eccentric behavior than most. Falling asleep at social events or rounding at 2 a.m. may or may not be viewed as indicators of impairment. Unfortunately, it may feel "safer" for family and colleagues to view this as the behavior of an overworked, dedicated doctor rather than one with a problem. For the impaired physician, asking for help or any admission of being out of control is unimaginable. This pattern of suppression and even denial is reinforced through years of professional training in which one is not to complain or admit to personal needs, much less shortcomings.

Hope

In 1982, William Osler described the cocaine addiction of his colleague, William S. Halstead, the father of modern surgery.[8] Many recovering physicians have played important roles in both the field of addiction medicine and in establishing programs to help their suffering colleagues. All 50 states now have physician health programs (PHPs) which are usually independent of state licensing boards. Modern PHPs provide a safe place for family, colleagues and the suffering physician to get help. These programs are effective because of the lack of punitive self reporting. While PHPs do not provide treatment themselves, they offer educational programs that promote early referral, intervention services, referral to formal evaluation and treatment as well as long term monitoring.

When a physician is referred to a PHP, a preliminary assessment is performed to verify the validity of the complaint. In an intervention, the physician is presented with the concerns in a non-threatening way. Formal evaluation is the next step. If the evaluation fails to identify a problem, the PHP can use this to help eradicate the original complaint. If a problem does exist, the PHP assures that the physician is referred to a qualified center which can provide treatment and care. When formal treatment is completed, PHPs include long term monitoring with random urine drug screening, group attendance documentation and other recovery activities. Typically, long term monitoring is for a period of five years and is evidenced by a written contract.

The PHP's unique services of diagnosis and long term support produce high success rates in its participants. Sobriety success of mainstream addiction programs in the general population show relapse rates of 40-60% in the first six months. An important five year cohort study of physicians treated for substance abuse published last year revealed that roughly 80% of physicians following PHP contingency management programs had favorable outcomes at five years.[9] Surveys reveal that up to 25% of physicians in PHPs experience relapse, but because of monitoring and re-intervention, most establish stable recovery. They retain their medical licenses and go on to lead healthy lives and successful practices.

The Director of Alabama's Physician Health Program is Gregory E Skipper, M.D. Fellow, American Society of Addiction Medicine. He can be reached at 334.954.2596.

1 Graham, Allen W., et al, Eds. Principles of Addiction Medicine. 3d Ed.: Lippincott Williams &Wilkins, 2003.

2 Angres, M.D., Daniel H, Talbott, M.D., G. Douglas and Bettinardi-Angres, M.S., R.N., Kathy. Healing the Healer: The Addicted Physician. Madison, Connecticut: Psychosocial Press, 1998.

3 Woodruff, R. "Cocaine Addiction and the Lawyer Next Door." Professional Lawyer, 1992. 3 (August): 7,9.

4 Centrella, Michael. "Physician Addiction and Impairment-Current Thinking: A Review." Journal of Addictive Diseases, Vol. 13 (1) 1994.

5 Boisaubin, Eugene V. and Levine, Ruth E. "Identifying and Assisting the Impaired Physician." The American Journal of the Medical Sciences. 322 (2001): 31-36.

6 Hughes PH, Brandenburg N, Baldwin, DC, et al: Prevalence of Substance Abuse Among U.S. Physicians, JAMA 1992;267

7 Baldessari,et al: Impaired Healthcare Professional, Critical Care Medicine 2007, Vol. 35, No.2

8 Osler, William. The Principles and Practice of Medicine. 1st Ed. New York: D. Appleton and Com,1892.

9 McClellan, T. Skipper, G, Campbell ,M, DuPont, R; Five Year outcomes in a cohort study of physicians treated for substance use disorders in the United States :BMJ,2008337:a2038