Ethical Issues Related to State Physician Health Programs

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1. The Historical Basis For Ethical And Practical Standards Of Mutual Responsibility For Assisting Professional Colleagues.
2. The History Of The Establishment Of State Physician Health Programs (SPHPs) Along With Their Missions And Visions.
3. The Basic Active Functions Of SPHPs

In Accordance With Lecture Policy

- No financial Conflicts of Interest
- Direct the Nevada State Physician Health Program
- Past President of the Federation of State Physician Health Programs

Ethical Issues Related to State Physician Health Programs I

1. The Historical Basis For Ethical And Practical Standards Of Mutual Responsibility For Assisting Professional Colleagues.
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3. The Basic Active Functions Of SPHPs

Ethical Issues Related to State Physician Health Programs II

4. Helping Physicians Who Are Ill Helps Their Patients And Has A Public Health Function.
5. The Positive Sick Role As Opposed To The Negative Sick Role.
6. The Value Of The Confidentiality Of SPHPs In Helping Physicians And Their Patients.

Summary

- If I Assist My Professional Colleagues To Be Healthy It Helps Patients
- If I Help them, They I Help Me – Reciprocity, Mutual Help
- Hippocratic Oath - Actions For The Benefit Of The Sick And To Take Care Of Those Who Taught Me
- Maimonides Give Me The Desire To Learn From Physicians With Greater Understanding - When Fools Insult Me, Strengthen My Spirit - Truth Alone Be A Lamp
- Muslim To Strive In The Pursuit Of Knowledge And To Revere My Teacher, Teach My Junior, And Be Brother To Members Of The Medical Profession
Organized Medicine Addressed The Subject In The 1970's

The AMA Sick Physician Committee Report 1972 (Published 1973) - Reported Findings and Recommendations


Responsibility To Fellow Physicians
Help Refer Physicians For Treatment And Protect Patients
Education Of Medical Students, Residents And Colleagues About The Illnesses For Prevention
Model Legislation To Set Up Diversion Type Programs Treatment VS Punishment

Only Addressed Addiction and Alcoholism (SUDs)
Recovering Physicians (From SUDs) Helping Actively ILL Physicians

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Professional Staff – With Participant Rights and Appeal Process
Many Illnesses Addressed
Confidentiality
Diversion – Choose Health vs. Adversarial Orientation
Federation of State Physician Health Programs (FSPHP) – Guidelines, Physician Leadership

July 13, 2010
Dr. A. Clark Gaither at his family medical practice office in Goldsboro, N.C.

Rather Than REPORT To REFER To A SPHP

Major Point Intervention
Warren Pendergast – Past President Federation of State Physician Health Programs
"I ask them, 'Would it be better if they lost their money, their marriage, their home, their cars, their license and then their life?'" he said. "Does that sound better than getting them the help that they need?"

Not Only Address Health But Also Wellness
Coping With Stress And Building Social Support Systems
Coping With The Work Place And Changes
Understanding What They Mean By Professionalism
Bringing The Joy Of Practice Back Or Keeping The Joy In Times Of Stress

PHPs Some Areas of Scientific Interest Today
How Doc Health Effects Patient Care
Balance in Life
Stress
Illnesses Effecting Physical Functioning
Illnesses Effecting Mental Function
Keeping The Joy of Practice
Assisting The Aging Physician
Mutual Support
Illnesses Addressed I
- Substance Use Disorders
- Other Psychiatric Illnesses
  - Axis I - Depression, Bipolar, ADHD
  - Axis II - Personality Disorders

Illnesses Addressed II
Neurological Diseases
- Dementia
- Head Injury
- Brain Tumor
- Aging

Illnesses Addressed III
General Illness And Stress
- Latex Allergy
- Diabetes Mellitus
- Debilitating Injury
- Dealing With Malpractice Issues
- Coping With Systems
- Facing Burnout
- Dealing With Imbalance In Life

PHP Functions
- Primary Prevention – Education And Encouraging Contact With Program
- Case Identification And Intervention
- Guidance Through Evaluation And Treatment
- Monitoring
- Advocacy

PHP Primary Roles
- Confidential Guidance Through Evaluation And Treatment
- Assure Physician’s Ability To Practice Safely and Effectively In Relationship To Recovery From Illness or Wellness
- Continue or Return To Practice Based on Health and Wellness
- Monitor - Behavior, Body Fluids, Treatment, Mutual Help Group Attendance, Worksite
- Advocacy so that Career Can Continue or Be Resumed With Treatment

Advocacy
- State Medical Boards
- Regulatory Agencies
- Manage Care Contracting
- Malpractice Insurance
- Hospitals - Credentialing
- Criminal Action
- Other
Ethical Issue Illness vs. Behavior
- Are The Psychiatric Illnesses Addressed By PHP Truly Illnesses Or Are They Behavioral And Moral Issues
- If Illnesses Are They Treatable
- Is Diversion From Punishment To Treatment Effective In Prevention Of Patient Harm
- Does It Help Patients Get Better Care

The Importance of Illness/Disease vs Choice and Morals
- A Long Controversy In Medicine Up Until The Second Half Of The 20th Century
- As The Field Of Addiction Medicine Grew The Illness/Disease Concept Became Established
- By The First Decade Of The 21st Century A Seminal Article Brought The Conceptual Thinking Together
- Plus Major Psychiatric Illnesses Same - Related To Abnormal Brain Function

Drug Dependence as a Chronic Medical Illness
1. Pathophysiology
2. Genetic Heritability
3. Diagnostic Consistency
4. Role of Personal Responsibility
5. Compare to Hypertension and Diabetes Type II
McLellan, AT; Lewis, DC; O’Brien, CP; Kleber, HD; Drug Dependence, a Chronic Medical Illness, JAMA 284:1689-1695

90% to 95% Recovery
- Alcoholism and Drug Addiction
- Physician Health Programs (PHP’s)
- Monitoring and Support
  - Body fluids – urine, blood, saliva
  - Hair and nails
  - Practice or worksite
  - Behavior
  - Treatment
  - Mutual Help Group Attendance
- National Standards
  - Federation of State Physician Health Programs
  - FSPHP.org
  - Federation of State Medical Boards

Drug of Choice by Class NY

Relapse

Percent

Per Cent

Alcohol
Methadone
Opioids
Sedatives
Stimulants
Marijuana
Hallucinogens

Number of Relapses

85.9%
6.5%
3.7%
0.35%
88.48%
8.03%
3.14%
0.26%

None
One
Two
Three
Monitoring As Therapeutic Tool

- Recovery Rate Increased 20% to 30% in Only Studies Conducted in 1980's
- Physicians vs. Physician Control
- Physicians vs. Middle Class Control Group

Physicians as Role Models

- Healthier Physicians Give Better Care
- Healthier Physicians Serve As Better Examples
- Data From PHP’s Show Lack Of Patient Harm Once Treated And Monitored And Often Before Treatment
- Physicians More Careful Prescribers Of Addicting Drugs – “Opioid Epidemic”
- Diagnose Addictive Illnesses In Patients

How Does Physician Recovery Help Patients I

- Healthier Physician Give Better Care
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How Does Physician Recovery Help Patients II

- Effectively Help Other Colleagues With Addiction And Other Psychiatric Illness
- Can Help With Effective Coping
- Have Become Used To Mutual Support
- Higher Degree Of Empathy
- Enjoy Practice And Family More
- I Rather Go To A Recovering Doc Than A Random Doc In Community

Ethical Issue the Sick Role

Having A Chronic Illness Does Not Devoid An Ill Person From RESPONSIBILITY And ACCOUNTABILITY

- Feel Like Can Still Contribute To Society
- Increased Self Worth
- Decreases Pain And Suffering
- Can Join Mutual Help Groups – Not Alone
- MGH For Almost Past 100 Years
- Used Now For Most Psychiatric Illnesses
- Family Mutual Support Groups
- Helping Others On The Basis Of Your Own Illness And Pain Has Many Dividends

Responsibility and Accountability

- Destructive Negative Sick Role “Oh POOR ME” And “VICTIM” Role Leads To:
  - Self Pity
  - Giving Up
  - Negative Thinking
  - Helplessness, Hopelessness
  - Feeling Less Than Or Worthless
  - Feeling alone and isolated
  - Alienating Family and Friends
  - No Source of Hope
Ethical Issue Confidentiality

- Issue Confidentiality Vs Protecting Incompetent Dangerous Docs
- The Right Of The Public To Know The Illnesses Of Their Doctors
- The Right Of The Public To Know Moral And Ethical Problems Their Doctor Faces
- The Right Of The Public To Be Assured People In These Occupations Are Not Impaired

Safety Sensitive Occupations

- Airline Pilots
- Physician
- Military
- Police
- First Responders
- If Impaired By Illness Can Loose Ability To Work
- How Do We Encourage To Get Help For Psychiatric Illnesses
- How Do We Best Protect The Public

Standards to Protect The Public For Safety Sensitive Occupations I

- Not All Evaluation Sources Understand The Disease Concept And Few Are Experienced In Safety Sensitive Areas And Protection Of The Public
- Evaluation At Such Centers By Multidisciplinary IME’s
- Treatment Standards For Monitoring By Experts In Monitoring For Safety Sensitive Occupations

Standards to Protect The Public For Safety Sensitive Occupations II

- Monitoring to Assure Relapse is rapidly recognized
- What If Person In Occupation Refuses Treatment Recommended – Major Dilemma
- Loose License
- Indefinite Careful Monitoring By Professionals
- Monitoring Including – Worksital, Performance, Body Fluids, Family
- Involve Employers And Liability Companies
- Second Opinion Multidisciplinary IME’s

Best Procedure Is To Help Physicians and Protect the Public

- Early Identify Illnesses Which Can Potentially Impact – Primary Prevention
- Get Treatment For Illness With Accepted Treatment Standards – e.g. ASAM Treatment Criteria
- Monitor With Standards
- Best Done Across The Country By SPHP’s
- Confidentiality

Value of Confidential Programs

- Encourage Physicians To Seek Help For Illness – Early Detection vs Underground and PROGRESSION of Illness Leading to Patient Harm
- Air Force Program And Suicide
- FAA Program For Pilots
- Help Before Impaired At The Worksite Preventing Patient Harm
Peter Mansky
- Physician
- Psychiatrist
- Husband of Susan
- Father of Abigail, Michael and Shauna
- Grandfather of Seven
- Me

The End
That’s ALL
FOLKS

Appendix FYI
1. Medical Oath Abstracts

The Oath Of Hypocrites (Excerpts)
- To Take Care Of Those Who Taught Me This Art Equally To My Parents
- Do What Benefits Patients And Don’t Take Harmful Action Morphs Into Risk/Benefit
- All Actions For The Benefit Of The Sick
- Abstain From Mischief, Corruption And Seduction
- Confidentiality For Patients

Maimonides Physician’s Prayer (Excerpts)
- Don’t Let Praise Effect Knowing And Doing What Is Right
- Strength To Consider Every Suffering Person As A Human Being And When A Person Is In Distress Show Me Only The Human Being – No Distinction Between Rich And Poor, Friend And Foe, Good Person And Bad.
- Give Me The Desire To Learn From Physicians With Greater Understanding But When Fools Insult Me, Strengthen My Spirit
- Let The Truth Alone Be A Lamp To My Feet
- Strengthen And Fortify Me In Body And Soul,
More Recent Islamic Code of Medical Ethics (Excerpts)

➢ To Protect Human Life In All Stages And Under All Circumstances, Doing My Utmost To Rescue patients From Death, Malady, Pain, And Anxiety
➢ To Be An Instrument Of Mercy, Extending My Medical Care To Near And Far, Virtuous And Sinner And Friend And Enemy
➢ To Strive In The Pursuit Of Knowledge And Harnessing It For The Benefit But Not The Harm Of Mankind
➢ To Revere My Teacher, Teach My Junior, And Be Brother To Members Of The Medical Profession Joined In Piety And Charity