The Impaired Physician

Q: You talked about “Physician Heal Thyself,” please explain.

A: Well, I think physicians, if they have an illness, want to feel better, so they will self-treat themselves, in terms of an illness or disorder or diagnosing themselves. So they figure that if they are depressed or have a substance abuse problem or any sort of impairment issue, they can take care of it; they are going to make it better and things will be perfectly all right, so they will just prescribe the “right” medication and do the right thing for themselves.

Q: So, this is not highly recommended?

A: No, it is not recommended that we self-treat ourselves. We are not objective in taking care of ourselves or taking care of our family members, so we don’t recommend that physicians or other health care professionals treat their families. We are just not objective in terms of signs and symptoms and may overlook something.

Q: You spoke about, “Don’t Drink & Drug”, what are some of the other effective disorders?

A: Certainly, substance abuse is not the only impairment that health care professionals or physicians may have. There are many others that cause just as much heartbreak and destruction in our lives. Depression is one of those because it is very common and can be a debilitating illness many times if it is not appropriately treated. We are not really talking about the “garden variety” of depression for which we seek the appropriate treatment and have the right medication. We may not get the right medication or the right treatment so we don’t get ourselves treated because we don’t want to be seen as having a psychiatric disorder or “crazy”, as some people would see us. So that stigma prevents us from getting the right treatment; therefore, we get more and more depressed to where we may get psychotic, and have a very severe depressive disorder that is not easily treated. Many times it takes a long time to recover from a severe depressive disorder.

Q: Can you talk more about the “Culture of Safety” where people may feel intimidated to report a fellow doctor or healthcare worker?

A: Typically we look at physicians as individuals who are very powerful. If we are afraid of them or perceive that they may threaten our job or feel that they have power over us, and they are not open to understanding or hearing our comments many times or they display behavior that may not allow us to be
A: . . . communicative with them, then we may certainly not report certain issues that are going on with a patient. We may not want to call a physician during the night to say “this patient is developing a fever” or “what do you think about this”, if the physician is going to yell at us over the phone. Many times we don’t want to call. Pharmacists, if they call a physician to clarify an order, don’t want to call if the physician is going to be rude and disruptive to them. So, you may end up with a mis-filling or the patient gets the wrong medication.

Q: You stated there is a Florida law for those healthcare workers that do not pass a drug test; however, not everyone is tested. Please explain.

A: Well many hospitals may drug test their employees that are hired by the hospital. Nurses fall under that category because they are hired by the hospital. Physicians, however, are independent contractors, and not hired by the hospital so they are not subject to the drug testing policy of that hospital. Even if they are, the physician group may have negotiated with the hospital that they wouldn’t be drug tested. So, many times we have not subjected the healthcare professional to drug testing by our policies; we test the secretary, but we don’t test the physician.

Now there are exceptions. It is my understanding that the VA hospitals now test physicians, residents and individuals who rotate through their hospitals. Also, some hospitals in some states do test physicians. It just happens that some individuals have never been drug tested in many settings.

Q: So, if a healthcare worker, in a hypothetical situation, notices an independent contracting physician displaying disruptive behaviors, can they then be subject to drug testing?

A: Again, it depends on the policy of the hospital of the medical practice. So what I encourage hospitals to do is to set up procedures that for at least reasonable suspicion that they can drug test any employee. Certainly, when I was at LSU medical school, we drug tested everybody across the board; that is they were subject to drug testing—everyone from the chancellor to the janitor could be tested for reasonable suspicion. For example, if you came into the operating room smelling of alcohol—you were subject to drug testing.