

Physician Impairment: Exploring the Health Issues and Determinants

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ABSTRACT

Physician impairment is a critical issue in health care setting. Physicians have an exaggerated risk of psychosocial problems. The most common psychiatric problems in the physician can be isolated psychiatric conditions or substance abuse. Physician impairment due to psychosocial problems, substance abuse, burnout or accidental health care hazards can result in adverse personal, social and professional consequences. Due to the nature of the work, physician impairment can result in significant compromise in patients' health. It is absolute necessary to have a definitive set of programs within each health care facility to target physician impairment preserving the functionality and optimal health output of health care provider and the receiver.

Key words: Physician impairment, psychosocial problems, accidental hazards, public health.

INTRODUCTION

There is a global trend of increasing adverse health issues in medical practitioners and care takers. Health care takers have one of the highest rates of mental health issues in the community. This is a matter of grave concern for everyone since it is associated with decreased quality of life and loss of productivity in the workplace. Training appears to be the peak time for distress among physicians, but burnout, depressive symptoms, and recent suicidal ideation are common during both the training and the early years of medical practice. Physicians have the similar or slightly higher depression risk than the general population in both sexes.^[1,2] Along with the mental health issues and the repercussions of rigorous training, physician impairment also pose a major health concern in medical students, residents and physicians (Fig-1). At each stage, burnout is

more prevalent among physicians than among their peers in the general U.S. population. Burnout may adversely affect the competency, professionalism of physicians and the quality of care provided to the patients.

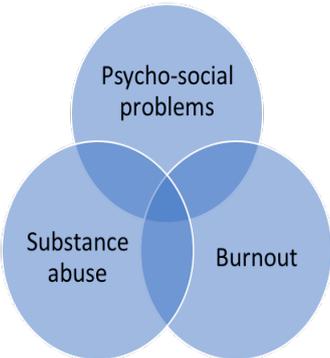


Fig-1: Psychosocial problems, substance abuse and burnout- the major determinant for physician impairment.

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Anesthesiology and emergency medicine are the most common specialities that have a higher rate of drug abuse due to the highly uncertain environment and the easy availability of these drugs in these departments. The drugs can be used for recreational purposes, enhancing performance or for self-treatment which is the major cause of dependence and abuse. It is the cause of concern because of the amount of responsibility and trust that the physicians withhold. Benzodiazepines and opiates are more commonly abused by the health professional as compared to other recreational drugs such as marijuana or cocaine. Beside

substance abuse, the stress from the workload and long hours of work from the job can also predispose the physician to various mental health issues such as depression which can worsen and turn into suicidal ideation if not taken care in time. Substance abuse and depression can alter the mental status of the physician inclining them towards ending their life.

Major health issues in physicians:

1. Psychosocial problems:

Physicians clearly have an exaggerated risk of psychosocial problems owing to excessive work limits. Studies have suggested that resident physicians experience higher rates of depression than the general public. Residents dissatisfied with their career choice in medicine were twice as likely to be depressed.^[3] The peak time for distress among the physicians is the training period versus the early years of medical practice and training, where they more commonly have burnout, depressive symptoms and suicidal ideation.^[4] Surprisingly, it has been noted that physicians have a lower mortality risks for cancer and heart diseases relative to the general population but have greater risks for depression and suicide. The social stigma of having a mental health issue and fear of losing respect in front of their patients and peers can lead to delay in seeking help and treatment and ultimately undesirable consequences.^[5]

Resident physician depression is a public health problem. Depression in physician directly interferes with their decision taking capability and clinical practice. Depression can also be the nidus for substance abuse in physician with higher incidences of suicidal attempts and successful suicidal rates. Depression in physician is followed by mood disorder, bipolar mood disorder being fairly common. The prevalence of resident physician depression is approximated at 20%; there are around 107,851 residents in the United States, and approximately 21,570 residents in training who may be suffering from depression.^[6] Beyond the effects of depression on individuals, resident depression has been linked to poor-quality patient care and increased medical errors.^[7] The potential public health implications of this are apparent considering the nature of resident physicians' work and the potential loss of future healthcare providers. Residents who are depressed and are more likely to continue working despite presence of any illness, have greater difficulty concentrating at work, and work in impaired conditions more than twice a month.^[8]

Suicide is a devastating consequence of depression in resident physicians. Depressed residents are at an increased risk for suicide because they are prone to a failed sense of belonging, perceived burdensomeness, and an acquired ability to self-harm. A study looking at emotional impairment in house staffs reported that 3% of those "emotionally impaired" attempted suicide and an additional 2% completed suicide.^[9] Residents may be prone to feeling emotionally burdensome as a result of depression. Finally, residents become habituated to the suffering associated with self-injury and death. Additionally, they are familiar with properties and lethal dosing of medications.^[10]

Suicidal rate in physician is a general health problem with estimated risk of at least 2 times more than the general population. Female physician has higher rate of suicidal rate as compared than general population. It has been deduced that anesthesiologists have higher mortality rate related to suicide and substance abuse. This is more common in young physician.^[11] The risk factors for suicidal attempts in physician are tabulated in Box-1.

Box-1: Risk factors for suicidal attempts in physicians:

1. Extreme of age
2. Race- white
3. Social problems- marital disruption and loneliness
4. Substance abuse- alcohol and active drugs
5. Psychiatric illness- depression, schizophrenia
6. Excessive work stress
7. Easy access to medication
8. Other associated medical conditions

2. Substance abuse:

Physicians are at a higher risk of substance use disorders in view of the stressful nature of their job and easy access to medicines. The pattern, prevalence and characteristics of substance abuse in physicians are different from the general population.^[12] There is considerable overlap with substance abuse and psychiatric problems. These psychiatric problems range from depression, bipolar disorder or schizophrenia. There is also a high number of psychiatric co-morbidity in substance abuse.

One of the most common public health problems is excessive alcohol consumption. But there is no defined study to support an increased alcohol use in physician and the risk is comparable to the community alcohol health problems. Apart from alcohol consumption, there is an obvious high rate of self-prescription drug use in medical practitioners. There are multiple confounding factors for these added problems. Some of these problems can be implicated to work stress and psycho-social problems.^[13] It has been reported that a considerable number of physicians who are suffering from substance abuse disorder have a family history of substance abuse and stress at work and home. Given the challenges and the drive to excel at work, they deny any social or personal problems predisposing them to the impairment.^[14] Physicians, because of their medical training and profession, are skilled at hiding their developing signs and symptoms of substance abuse. This might help them believe that they are immune to these disorders. All these factors contribute in the late diagnosis of the impaired physician predisposing their patients to a greater risk. Most of the substance abuse cases go without notification for many years, resulting in significant impairment and relapse.^[15]

3. Accidental health hazards:

Health care workers (HCWs) are at increased risk of accidental injury and acquiring infections including hepatitis virus and human immune deficiency virus (HIV) infection. It is inevitable to some degree that health care workers sustain injuries from sharp objects such as needles, scalpels and splintered bone during execution of their

duties. Direct exposure to patient's blood and other body fluids such as saliva and urine also pose an increasing risk for acquiring infections.^[16] Being exposed to per-cutaneous injuries once increases the risk of a repeated exposure by 3 times. This can be due to the fact that there might not be an adverse outcome during the first exposure or because the physician might take it as a normal hazard increasing the risks of having a repeated exposure. Various reasons that have been reported for needle stick injuries to be common are: overuse of injections, recapping after use, lack of supplies, lack of awareness of hazards or passing instruments hand to hand in the operating theatre.^[17] Recapping of needles is the most important risk factor associated with the needle stick injuries. Some of the other reported risk factors associated with needle injury are not taking the precautionary measures for safely disposing off the syringe and improper handling of the garbage bags.^[18] Beside the percutaneous injuries, health care workers are also at a high risk of exposure to blood or blood related products. Parenteral inoculation or exposure to infected blood products on non-intact skin or mucous membranes may lead to transmission of an active infection such as HIV. Therefore, having proper guidelines for post-exposure prophylaxis is a must for every clinical setting in order to reduce the chance of the health care workers for contracting the infection. Beside the accidental injuries, the health care workers are also having the risk of being exposed to various carcinogenic agents and chemicals that have been reported to cause dermatitis and asthma.^[19] Lack of workplace training of HCWs about the health care associated infections and safety precautions had also contributed to the rising health hazards. Studies have also shown that surgeons are more prone to needle stick injuries and internal medicine physicians and nurses are more prone to blood borne infections such as HIV, HCV or HBV.^[20] Vaccinating the HCWs against HBV early in their career can help decrease the risk of acquiring these infections. But there are no vaccines available yet for HIV which makes education and taking precautions necessary in order to reduce the incidence of these hazards. Management of the occupational exposures with post exposure prophylaxis for infectious diseases is costly and also requires a responsive health care system which cannot be met efficiently by the developing countries.^[21] Therefore, in developing countries safe practices for the use sharp objects and proper measure for the disposals should be implemented in order to reduce the risks for sharp object injury and further adoption of post exposure prophylaxis.

Physician impairment and public health issues:

Impaired physician is a practicing physician unable to maintain the standard of care. The inability of the health professional to fulfill their professional or personal responsibilities because of alcoholism, psychiatric illness or drug dependency is defined as an impairment of a health professional. Standard of care in medical field is guided by doing no harm to the patient with optimal output based on evidence. This principle can only be fulfilled by fully competent health care professionals. There is a distinctive

pattern of impairment in doctors in response to their growing ages. Although there are no defined criteria and study to classify the specific types of these disabilities, older doctors have high risk of "4 D's", depression, dementia, drugs and drinking problems.

With growing age, doctors have to acclimatize with age-related and mental changes and work towards retirement and healthy life.^[22] The most common reason for physician for retirement in UK is psychiatric illness followed by musculoskeletal and cardiovascular diseases.^[23] Physician impairment and evaluation is a critical point in health care sector. There are multiple factors contributing to physician impairment. The commonly implicated factors include substance abuse and mental health issues with psychosocial problem. These issues should be dealt with formulations of suitable program to address impairment in constructive and scientific manner leading to effective day to day functioning.^[24]

There is distinctive risk of physician impairment in patient's health. Physician health programmes have been launched in most of the US states to target impaired physician.^[25] A good medical doctor not only possess clinical competency but plays a significant role in building trust with communication and leadership and teamwork.^[26] Reporting a colleague about their impairment is another dilemma for a physician in regards to their friendship and career. But it is important to understand the severity of the issue and report them on time before they harm their patients and put their life and their own career at risk.

Effective approach for physician impairment:

With the impairment of the physicians comes the risk of compromising the patient health care. Patients are also at a risk of unintentional harm if treated by the depressed healthcare providers.^[9] This is one of the major causes of concern as it not only poses threat to the patient's care but can also potentially risk the physicians' career by revocation or suspension of licence. It is therefore important to understand the severity of this cause. Working environment plays a very important role. It can either encourage the impaired physician/resident/trainee to accept, identify and get the treatment for the required health issue or take an impulsive and terminal decision which is not in favor of either the patient or the physician. Therefore, these patients have to be handled very carefully in order to prevent any undesirable outcome for them, their families and their colleagues. Various strategies have been developed by the hospitals and the medical schools to prevent the physicians in training and the residents to reach the last stage and instead help them to accept their health issue before it worsens. The major motive of any of the programs or strategies is to enhance a friendlier and supportive working environment in hospitals and medical schools.

Physicians suspected with the substance abuse or mental health that would led to compromise in the patient care, is usually referred to the physician health program for intervention, treatment, professional support and long term monitoring. Most of the physicians treated under this

program have favorable outcomes at 5 years. It plays dual role by not only helping the physicians to attain sobriety and personal well-being but also provide assurance to the colleagues, medical licensing authorities and their patients that they can practice safe.^[27] Program for the integral care of the ill physicians (PAIMM), a therapy program launched by Barcelona, Spain aims at providing proper care to the physicians suffering from psychiatric disorders and drug addiction so that the physicians can be rehabilitated and practice medicine without being medically negligent or putting the patients in jeopardy.^[28]

Other programs such as Physician support network created by Brazil which is a psychiatric clinical support service aimed at reducing the disabilities arising due to the mental health issue by providing prompt access to the treatment, performing early diagnosis and regular follow-ups to evaluate the evolution of the case has shown promising results in lowering the otherwise late diagnosis of the physicians.^[5] This program helps protect the physician and the patient by performing early diagnosis and increasing the chances of the treatment to work. There has been a rise in spontaneous search for the treatment among the physicians which is a boon because it is associated with higher rate of adherence to the treatment by the health professionals. Similarly, many of the states in the US have health professional recovery programs which operate on the laws formulated by the professional regulatory/licensing boards. Other than the conventional drug treatment, enrolling into a 12 step program support group has shown some promising attributes. It is a support group consisting of people undergoing through the same condition or problem. It helps an individual to accept their problem (such as alcoholism or drug abusers) and then take steps towards it to recover and regain control of their lives and maintain the abstinence. Support from the colleagues to opt for the appropriate treatment to their fellow impaired physicians could help relieve the fear of professional consequences among the impaired physicians and it's more likely that they would undergo the desired treatment without any terror from the acuity from their colleagues. Therefore, the only thing that has to be focused on is the way these patients can be dealt, conquering their fears and by providing favorable environment for early detection of the mental condition.

DISCUSSION

Physicians have an increased risk of mental health issues and accidental hazards compared to the community. Lack of awareness and considering the needle stick injuries as low risk have increased the incidence and lowered reporting of the accidental hazards. The major abnormal health findings in physician were of ill-health related to psychological disturbances and unhealthy lifestyles, including excessive alcohol consumption and substance abuse. Burnouts due to long work hours, dissatisfaction with the job or due to substance abuse can lead to low job performance and high risk of physician error compromising the patient health and care. Physician burnout is the next most important factor for the lack in patient care. Due to

the excessive workload and long hours of work physicians also resort to various options such as smoking which does nothing but gives an illusion of escaping or de-stressing from the situation.

Abuse of the prescription drugs is more prevalent among the physicians compared to other illicit drug or alcohol abuse in general population.^[29] The abuse is more common because of the easy availability of these drugs in the clinical settings and hospitals. Mental health, substance abuse and cognitive impairment are the core areas for physician impairment.^[30] The psychiatric illness was complicated by excessive alcohol consumption and unhealthy life style. Doctors have to remain fully capable and functional during his practising years. Patient protection is the prime concern. Patient protection is followed by root cause analysis of physician health problems and approaches to address it. Physician should maintain the standard of care throughout their practice and the health body should ensure it.^[31] Deficient physician communication skills have also lead to various complaints by the colleagues and patients. Various communication training programs are available to improve the physician training skills.^[32]

Depression being the utmost reason for suicide among the doctors has led to formulation of various resident wellness strategies and programs which aim at familiarizing and confronting the mental health issues with the physicians in training the residents making them comfortable and assuring them about this issue. De-stigmatizing the mental health issue is very important part of assurance so that the physicians are comfortable to accept their condition. Developing confidential systems that help would identify and help in treating the trainees would stop dragging the mental health condition to the point where the physicians rather choose to end their life.^[33] This will be beneficial in physicians with suicidal ideation. Promoting a supportive and friendlier environment between the junior and the senior residents would help in management of stress among the junior residents as they will be mentored by senior residents who have already been under those circumstances. It has also been indicated that most of the programs should enroll a pre-employment drug testing for the incoming residents or the medical students. Setting up of drug testing policies in residency programs and medical schools for the residents and physicians in training, might help lower the incidence of substance abuse and the deleterious effects on patients, colleagues and family members. Lack of awareness about the drug testing policies of the particular hospital or institution may lead to disruption of their residency or clerkship program and hence it is necessary to educate the applicants prior to the start of the program.^[34] Awareness about the drug testing policies may also limit or decrease the recreational use of illicit drugs by the physicians or the medical students due to the fear for disruption to their education or career plans.

The optimal benefit of prevention and early detection with speciality care and community protection in impaired physician is well established and there is a distinctive need

of independent programs to target physician for improving quality of life. These can be quite challenging in doctors with habitual substance abuse where along with specialist care and rehabilitation, regular follow up, community protection and support program is also warranted.^[35] The targeted programs tailored to individual physicians needs have a high likelihood of positive outcomes.^[36] In order to lower the public health risks, it is important that the impaired physicians are brought into check timely so that the patients care is not compromised. It is also important that the residents and physicians understand and recognize the signs of depression or substance abuse or stress and suicide in them on time. Joining the rehabilitation programs, practising exercise, staying healthy and fit are some of the ways in which the public health risks can be minimized and be given a proper care that the patient deserves.

Most of the doctors are willing to get help for their impairment. Addiction and substance abuse should be given a priority health concern. The regular medical education program and continuing medical education (CME) should emphasis in timely intervention by segregating the risk groups with screening, early diagnosis, treatment and rehabilitation programme. The newer programs tailored to individual needs focuses in preserving the occupational competency in physician. These approaches of preserving the occupational competency has low relapse with excellent recovery.^[13] Promotion of the programs to understand and tackle the physician impairment has proved to improve the issue. Awareness plays the most important role in acceptance of the cause by the physicians, residents and trainees. This approach can be combined to ESE model (Education, surveillance and Enrollment), which starts with physician education, followed by physician surveillance and finally enrollment of impaired physician to target rehabilitation program (Fig-2). Therefore, all the programs aim at not only building the strategies to treat the physician but also aim at awaking the medical students and residents before they join the residency program about the substance abuse and various other causes so that if they find themselves in the same spot at any time of their medicine practise they would know what will be the next step in order to prevent them from jeopardizing their hard work and time they invested in their career to grow as a successful physician.

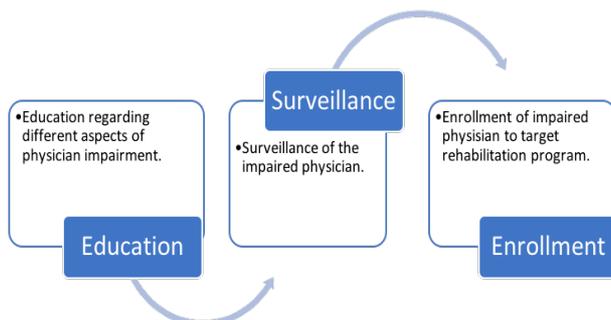


Fig-2: ESE model for effective tackling of physician impairment. ESE - Education, surveillance and Enrollment.

CONCLUSION

Physician impairment is a public health issues. The risk of psychosocial problems with substance abuse and increased suicidal rate clearly outweighs the general population, if not the same. Substance abuse, physician burnout, dissatisfaction with the job is the most common factors to complicate physician impairment. It is pertinent that each health care setting have a definitive plan to face these physicians' related problems to preserve the functionality and optimal health of the physician, without compromising their efficacy.

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