EDITORIAL

The Impaired Physician

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Increasing attention is being paid to the recognition and treatment of physicians – including psychiatrists – whose behavioural health interferes with the practice of medicine. The nature of the problems faced by 7%–12% of practising physicians include the neglect of their own health.

Physician's impairment is the inability to practise medicine with reasonable skill and safety because of physical or mental illness, including but not limited to ageing related complications, alcoholism and chemical drug dependence (1). Unrelenting situational crises *eg* intense marital and financial stress, burnout syndrome (2), chronic overwork and fatigue, can also cause sufficient distractions, pre-occupation and weariness, to be classified as physician impairment (3).

In the United States of America (USA) estimates of impairment range from 7%–10% and 10%–20% of practising physicians (4, 5). Seventy-five per cent show chemical dependency, 6%–20% are psychiatrically ill. An unknown number show cognitive impairment and other physical disabilities (6). Some show chemical dependency plus co-morbid conditions *eg* depression, obsessive compulsive disorder, anxiety or addictive disorders *eg* eating disorder, compulsive spending, gambling and compulsive sexual disorder ("sexual addiction") (7, 8).

If unrecognized or untreated the consequences are potentially harmful. In the case of patients, their care may be inadequate or inappropriate, psychologically traumatic, medically dangerous or may result in their death. The physician's family may be confused, despondent, neglected and ashamed and sometimes suffer abuse. The physician himself may suffer a lack of job satisfaction or personal happiness, absenteeism, secondary psychiatric and medical complications, loss of professional stature, career derailment, lawsuits, humiliation and premature death from medical complications or suicide.

Physicians should reach out to their colleagues who are in distress or showing signs of impairment. It is a moral imperative to intervene. Treatment results for most of these conditions are impressive. Most disorders can be treated in weeks or months and compliance is generally good with follow-up, including embracing treatment again in the future should relapse or a new condition arise.

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However, we need to be aware of the barrier to recognition and diagnosis of physician impairment. Many physicians are good at denying, rationalizing or minimizing their impairment. Others know their problems but feel that they would be a bother to their own physicians. While there are many physicians who do not take care of themselves, most impaired physicians fall through the cracks. Fear, shame, guilt and concealment are very common. There is the fear of exposure, loss of privacy, gossip, loss of face, being reported and threat to their professional livelihood. They are usually ashamed of being ill, and fear the stigma of a psychiatric illness. Some physicians have a morbid fear of illness and doctors. For many of them, it is difficult to switch to or accept the patient role. Some work so hard that they fail to set aside time to visit a doctor – "workaholism."

Another obstacle to seeking and receiving adequate treatment lies in the dilemma faced by the people around the impaired physician. Those who observe peculiar or worrisome behaviour in an impaired physician may not know what to do. Colleagues, patients, members of staff and relatives may feel awkward, embarrassed and confused. These individuals may not trust their perceptions or hunches. They may not know what to say. They may be afraid of being seen as mean, malicious, and fear defaming a friend.

In some countries, the development of a process that enable someone to report suspected impairment in a colleague, to an appointed impaired – physician committee or a similar body has largely superceded the once common "turn the other cheek" mentality. Increasing numbers of concerned persons are consulting them for advice and direction regarding impairment in colleagues or in themselves.

The formation of a Welfare Committee for Physicians under the Medical Association of Jamaica last year was timely, necessary and opportune to deal with this issue of impaired physicians. It will establish mechanisms within the medical fraternity in the strictest confidence, to identify and help impaired physicians, to avoid major consequences of loss of licences, health problems and even death. The proposed structure, methods of referrals and intervention strategies are being refined by the committee's chairman. This will help in the effort to take care of professional colleagues when impairment sets in and help us all to serve a cause that is greater than ourselves.

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