

# Historical Perspectives on Physician Health Programs

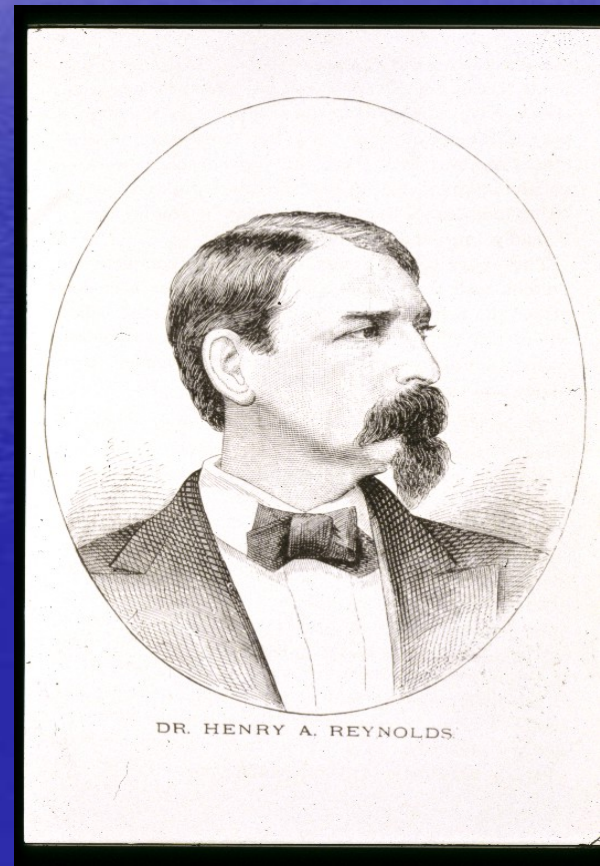
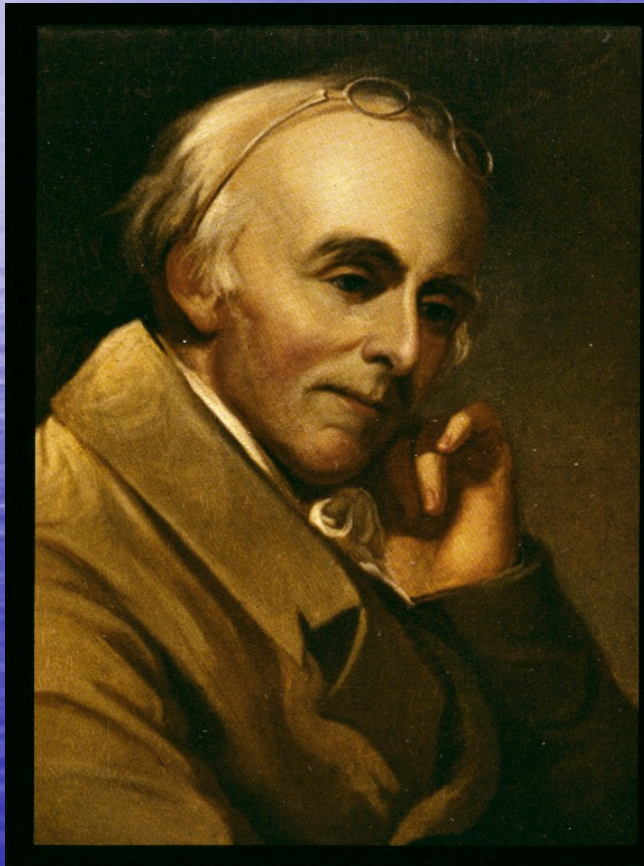
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# Presentation Goals:

1. Early history of addiction among physicians and milestone responses of the medical profession
2. The influence of early industrial alcoholism programs on the design of physician health programs (PHP)
3. Brief synopsis of PHP-related research

# Early Concerns about Addicted Physicians:

## Drs. Benjamin Rush & Henry Reynolds



# Early Concerns about Addicted Physicians

*Journal of Inebriety* & other medical journals

Mattison, J. (1883). Opium addicts among medical men. *Medical Record*, 23:621-623.

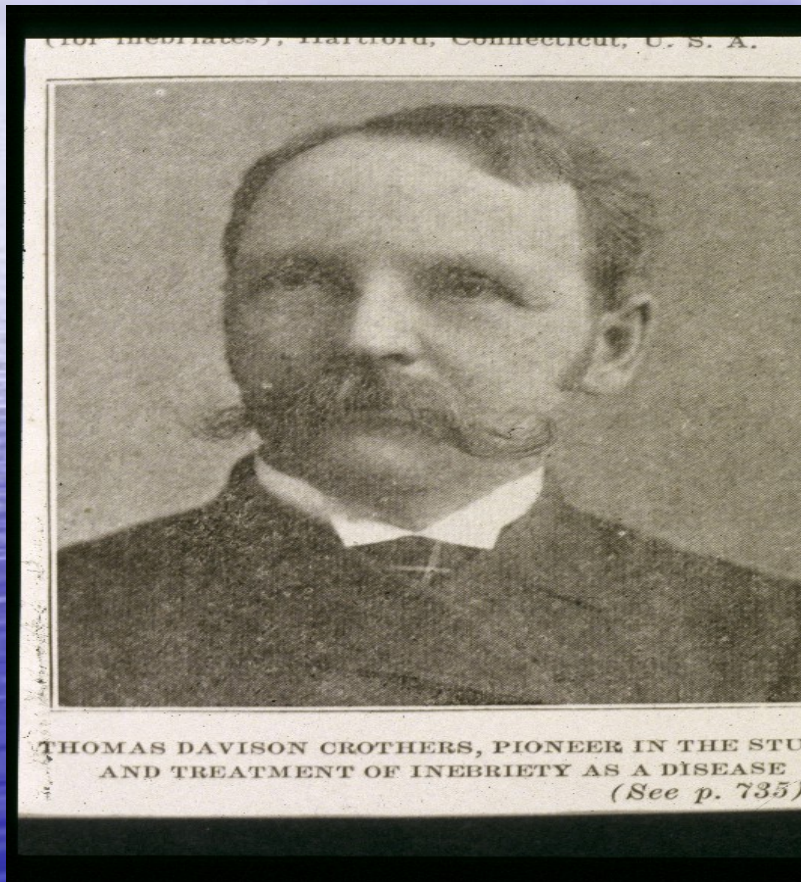
Crothers, T.D. (1899). Morphinism among physicians. *Medical Record*, 55:784-786.

# Biographical accounts of Addiction among Physicians



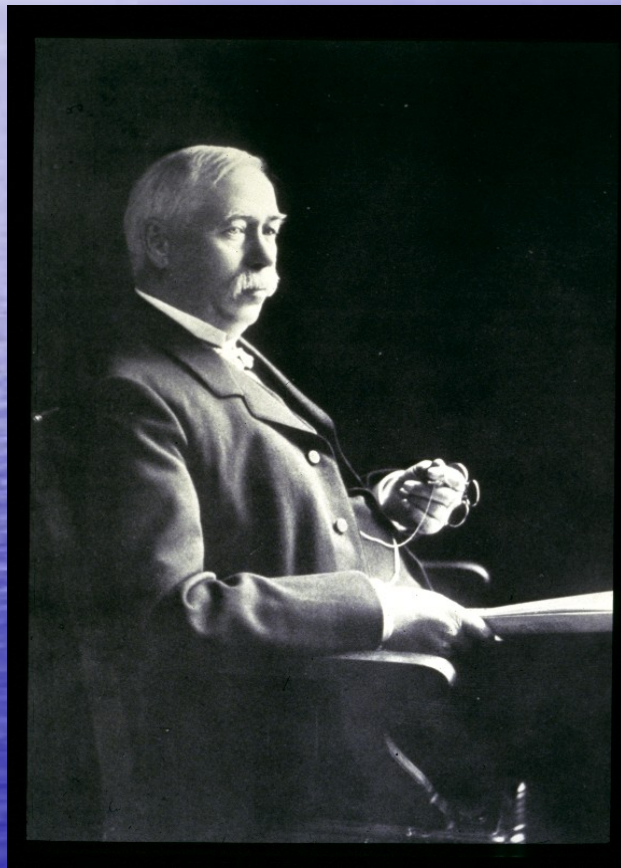
Dr. William Halsted,  
Father of American  
Surgery

# Concerns about Addicted Physicians Working in Addiction Medicine



Dr. T. D. Crothers (1897) charged that physicians who treated addicts following their own cure remained impaired ("defects of the higher mentality") and were vulnerable for relapse.

# The Keeley Physicians



# The Keeley Physician Log

- 418 physicians listed (1891-1950)
- 131 addicted and treated at a Keeley Institute and then hired (51 hired 1891-1892)
- Usually hired within a year of discharge, some within weeks
- Isolated reports in record of relapse, e.g., "Suicided—drinking heavily"



# Recognition of Addiction among Physicians: Early Professional Associations

The American Association for the Cure of  
Inebriety (1870)

- *Quarterly Journal of Inebriety*

The American Medical Temperance  
Association (1891)

- *Bulletin of the American Medical  
Temperance Association*

# Early Responses to Physician Addiction

Targeting of addicted physicians by fraudulent cure purveyors

Specialty practices devoted to treating addicted physicians, e.g., Dr. J. Mattison

No significant responses from early medical societies until late 1800s when medical boards increased and placed emphasis on professionalization and physician competence

# A.A. and the Rebirth of Addiction Medicine: Drs. William Silkworth & Harry Tiebout



# International Doctors in A.A.



- Started in upstate New York in 1949 by Dr. Clarence Pearson
- Annual meetings in early August
- Membership role in future development of ASAM & PHPs

# A.A. and Early Industrial Alcoholism Programs (1945-1970)

- Alcoholism focus
- Peer-based intervention inside the workplace
- Acute treatment and recovery initiation within A.A.
- Sustained peer-based recovery support & early re-intervention inside the workplace/union/profession

# Evolution of Occupational Alcoholism Programs

- From occupational alcoholism to “broadbrush” employee assistance programs (EAP)
- Shift in focus from drug-impaired employee to drug-using employee
- Shift from internally delivered to externally contracted services
- Shift in EA vendor focus from Tx linkage to Tx gatekeeper
- Shift from local to national EAP vendors

# Birth of Physician Health Programs (PHPs)

- Federation of State Medical Boards calls for model physician assistance program (1953)
- AMA's Council of Mental Health report addresses physician impairment (1972)
- AMA's 1973 report on "The Sick Physician"
- Disabled Doctors Act of 1974 (mandatory reporting, whistleblower immunity)
- AMA's conferences on impaired physician (1975 & 1977)

# Evolution of Physician Health Programs (PHPs)

- State Medical Society Physician Health Committees established (1970s)
- Rapid growth of formal PHPs (1970s)
- Specialized treatment programs (1980s)
- Federation of State Physician Health Programs, Inc. (1990)
- Expanded scope of problems addressed within PHPs



# PHPs and the “New Temperance Movement”

- Lowered per capita alcohol & tobacco consumption in the culture
- Changing views of alcohol & tobacco in the workplace
- Changing norms about drinking while on call or at lunch

# PHP-related Research

- Overall prevalence of substance use disorders among medical students and physicians similar to general population (studies challenged earlier inflated estimates)
- Higher rates noted in particular specialties (e.g., anesthesiology, emergency medicine)
- Substance impairment # 1 cause of disciplinary action by State Medical Boards

# PHP-Related Research

- Etiological factors, e.g., access, self-treatment
- Obstacles to treatment, e.g., professional enabling (“Conspiracy of Silence”), fear of loss of license/identity
- Issues in treatment, e.g., entitlement, role reversal, medical knowledge

# PHP-related Research

- Excellent treatment outcomes (recovery rates far exceeding those in general population)(70-90+%)
- Length of initial treatment not a predictor of outcome
- PHPs are a key to those outcomes

Sources: Guggenheim, 2001; Welsh, 2001;  
Gastfriend, 2005

# Core Components of PHPs

1. Workplace / professional intervention
  - Intervention teams, trained leaders, defined intervention goals
2. Involvement in a formal PHP
3. Comprehensive assessment
4. Comprehensive treatment
5. Sustained recovery management

# Key Recovery Management Elements

- Sustained PHP monitoring (5 years), support & early re-intervention
- Random drug screens
- Active recovery coaching (mentoring/sponsorship)
- Peer recovery support meetings ("Caduceus Meetings" )

# Key Recovery Management Elements

- Broader involvement in recovery support fellowships
- Practice modifications to lower risk of relapse, e.g., shift in specialty, prescribing restrictions, altered work schedules
- Again, excellent recovery outcomes with most physicians involved in PHPs successfully continuing their medical careers\*

\* JAMA, 2005, 293(12), 1513-1515.