

Maryland Physician Health Program

*Helping physicians and the medical community
for 40 years*

Center for a Healthy Maryland, Inc.

MedChi, The Maryland State Medical Society

Professional Obligation

“It is a physician's ethical responsibility to take cognizance of a colleague's inability to practice medicine by reason of physical or mental illness, including alcoholism or drug dependence...

Accountability to the public through assurance of competent care to patients by physicians and other health professionals is a paramount responsibility of organized medicine.”

AMERICAN MEDICAL ASSOCIATION, 1973

Physician Health Program (s)

Program Philosophy & History

“Physicians with substance use and mental health or other problems should not lose their medical licenses (and livelihood) without at least attempting intervention.”

- Maryland Physician Rehabilitation Committee established by MedChi in 1978; funded by portion of MedChi dues
- Program was established in 1985, with the hiring of professional staff; funded by license fees through the State Board from 1990 to 2004
- Administered by the Center for a Healthy Maryland since July 2004; funded by fees and donations

Physician Health Program(s)

- Physician Health Programs are in 49 States, Military Branches, and the VA
- PHP is NOT an “Addiction or Mental Health Treatment Program”
- PHP is an intensive, long-term case management and monitoring program designed for Physicians
- Participation in the PHP is voluntary
- PHP provides education and outreach regarding physician impairment and available services
- Services are provided in a private, confidential setting
- PHP provides case management to facilitate compliance with a rehabilitation plan, and provide on-going monitoring

Types of Impairment Addressed

Using national estimates, approximately 3,000 physicians in Maryland will experience a potentially impairing problem during their careers, including:

- Alcohol Abuse
- Drug Abuse
- Mental Health/Psychiatric Illness
- “Disruptive” Workplace Behavior Issues
- Stress Leading to Impairment
- Physical and Cognitive Impairment
- Sexual Misconduct/Boundary Violation

Substance Abuse by Physicians

- Most frequent reason for referral to MPHP
- Substance use or abuse should be ruled out in all cases
- Is substance abuse/dependence a primary diagnosis?
- Are other psychiatric disorders present that also require addressing?
- Are there medical conditions that require assessment?

Epidemiology of Substance Abuse by Physicians

Alcohol abuse and dependence

- No difference in incidence or prevalence than in the general population
- Usually have later onset, less antisocial behavior

Illicit drug abuse and dependence

- Lower than in the general population
- Marijuana is the most common illicit drug of choice

Prescription drug abuse and dependence

- Higher than in the general population
- Oral opioids are the most common drug of choice
 - Anesthesiology—Opioids
 - Psychiatry—Benzodiazepines

Substance Abuse Monitoring

Elements of a monitoring

- Random toxicology screening
- Drug screens and alcohol testing—onsite and/or offsite toxicology screen collection (Urine, Hair, Oral Fluids, Breathalyzer)
- Documentation of treatment compliance and continuing progress
- Communication with treatment providers, employers, licensure boards, etc., as indicated and appropriate
- Vocational/Workplace Monitoring