



DOCTORS HELPING DOCTORS

BY GARY CHINMAN, MD ('88)

THE KEYNOTE SPEAKER, A SLIGHT, DIGNIFIED, GRAY-HAIRED WOMAN, made her way to the podium. Now retired, she had long been a respected and beloved physician. The audience applauded, and then hushed as she spoke her first words.

“Hello. I’m Eileen, and I’m an alcoholic and a drug addict.”

Her blunt words felt like a blow to the chest. I stopped breathing. But I had no time to reflect before the audience responded: “Hello, Eileen.”

Like Eileen, almost everyone attending the event was a doctor. And most were also alcoholics or drug addicts or both, and now in various stages of recovery. Some had dressed up; others wore jeans and flannel shirts. But all had been to medical school and knew the horrible yet irresistible craving for the liquid or tablet or behavior that quelled their anxiety, shame, or pain.

The program was organized by the Physicians Health Services of Massachusetts, an organization dedicated to helping doctors struggling with issues, such as a substance use disorder, that compromised their professional capacities. Eileen had helped design the program 30 years earlier and then worked for years to implement and improve it, becoming known along the way for her dedication, her mentorship of younger staff, her down-to-earth wisdom, and her wonderful sense of humor.

I was there as associate director of the program. In the brief silence that followed the audience’s response, I heard and felt complete acceptance of Eileen’s admission.

Eileen launched into her speech, detailing her early experiences with emotional and physical pain and the magic little pills that, at least for a time, took away her pain and gave her a confidence she had never known before. Her account was frank and funny, but it was also alarming to hear how her dependence had been fostered both by her own cunning and self-deception and by those who prescribed the pills for her. She mentioned with complete humility that she had been completely sober for 38 years.

After Eileen sat down, other physicians took turns describing their own similar yet unique stories, all of which were frank, funny, and wise. One white-haired man dressed in a jacket and tie recounted his elderly mother’s reply to his confession of repeated bingeing: “Tom, you can’t be an alcoholic. You’re an orthopaedic surgeon.”

The room exploded in laughter.

Tom’s mother didn’t know that learning the Krebs cycle and running resuscitation codes confer no immunity from substance abuse. She probably also did not know that the prevalence of substance use disorders among doctors in the U.S. matches the rate in the general population—about 12 percent. There are now approximately 850,000 doctors in the U.S., and therefore

roughly 100,000 doctors with a substance use disorder.

Furthermore, as a group doctors suffer from depression at a rate close to that of the general population, also about 12 percent. However, the suicide rate among physicians is much higher than that of the general population—about 40 percent higher for male physicians than for other men and more than twice as high for female physicians compared to other women. And physicians can and do, of course, contract cancer, heart disease, diabetes, arthritis, and other chronic conditions.

In short, doctors get sick. This fact terrifies everyone connected to health care. Patients are understandably frightened about any possible impairment of their doctors’ judgment and dexterity. Hospitals and other employers are anxious about legal liability. Fellow doctors are concerned about covering the workload of impaired colleagues. And the doctors who suffer from substance use disorders worry about all of these possibilities, plus professional condemnation and potentially career-ending interventions by state licensing boards. These boards typically have a mandate to protect the public from physicians who might be seen as dangerous. They often act by revoking, suspending, or putting on probation the doctor’s license. But the boards usually provide no direct help to the doctors who need it.

This brings us back to Eileen and to the Physicians Health Services of Massachusetts. This organization has an explicit mandate to help doctors and medical students who are struggling with any condition that impairs their performance. These doctors and students deserve the same respect and dignity afforded to their patients, as well as the strict confidentiality that would allow them to come forward. After all, unlike many of their patients, physicians risk professional ruin merely by seeking treatment. Although most states have somewhat similar programs, most are understaffed and underfunded.

We need to help these doctors—and those across the country—by conveying to them the acceptance that Eileen showed throughout her career and received that evening from the audience.

GARY CHINMAN IS AN ASSISTANT PROFESSOR OF PSYCHIATRY AT HARVARD MEDICAL SCHOOL AND AN ASSOCIATE DIRECTOR OF PHYSICIANS HEALTH SERVICES OF MASSACHUSETTS.