

## CATEGORY IV – DISTINCTIVE GROUPS: THE HEALTH OF DOCTORS

### 1.0 Introduction

Drugs are often considered commonplace in student life including the life of medical students.

You will have heard about cheap drinks deals in bars, novel psychoactive substances, and the use of so-called 'study aids'. University life can result in exposure to many and varied forms of drug use.

But unlike students from many other disciplines, those training to become doctors will also see the fallout from drug misuse in their professional lives. Medical students and doctors are not immune to the problems associated with taking drugs and drinking to harmful levels. After completing the hurdle of passing finals, doctors may see themselves as people who do not have problems. There is a strong pressure to be perfect and to be the cool professional. Consequently, problems are often hidden, with doctors feeling ashamed and secretive about difficulties. Acknowledging the need for help is usually thought as being seen to be a failure. Previous studies amongst medical students highlighted that 10% of responders smoked tobacco; 17% reported exceeding recommended limits for sensible drinking, and 37% had used other drugs, most reporting having used more than 10 times and 9% reporting current drug use (Ghodsse and Howse, 1994).

Furthermore, substance use by medical students poses risks to them and can also have serious consequences on their effectiveness and fitness to practise as tomorrow's doctors. Many medical students may consider themselves like other students, who have found a new independence often having left home for the first time. Some may not realise that their substance use behaviour is a serious matter for both personal and professional reasons. Any issues relating to substance use during students days will be viewed no differently than the same behaviour in doctors. There is a dilemma here for both students and doctors regarding an individual's actions and behaviour when not at work, i.e. in their own leisure time. For example there are cases of doctors convicted for drink driving; both the police and doctor involved are required to inform the GMC after an offence. This referral will lead to an investigation by the GMC of fitness to practise. A caution by the police for possession of cannabis, for example, would also lead to the same consequences of referral to the GMC. For further reading see the GMC guidance on Fitness to Practise.

With more than a third of adults having tried drugs at some point in their lives, it is inevitable that medical students will come across patients and colleagues who use substances frequently. Ten million adults drink at levels that increase the risk of harm to their health and 1.6 million adults show some signs of alcohol dependence and in 2013-14 there were 333,014 hospital admissions where the main reason is alcohol related (PHE, 2016).

For medical students and doctors, it is likely that peers and colleagues will observe changing behaviour, absence from work, reduced performance, and potentially near misses or serious untoward incidents. The impact of substance misuse amongst doctors is a serious issue as you will see in the two vignettes. The use of substances can impact not only on the individual and their families, as a result of damage to career and profession, but also on colleagues, patients and the organisation, in the event of an incident.

### LEARNING OUTCOMES

Medical students will be able to:

1. Recognise the responsibility all doctors have to ensure problems with their own health do not impact adversely on their patients.
2. Understand what help is available for colleagues.
3. Understand the responsibility doctors have to protect patients.
4. Know what to do if you suspect a friend or colleague is using / having problems with alcohol or drugs.

### Vignette One

*Tim is a first year medical student from a stable background who has worked hard to get a place at medical school. He is very sociable and looked forward to 'letting his hair down' at university. One evening during his first term, he is with friends in his room at halls of residence and is offered a joint of cannabis, which he tries. Drinking games then begin and Tim ends up drinking far more than he is used to. He becomes sick and is taken to A&E, where he is admitted overnight for monitoring and treatment, although is discharged the next day, once recovered. The incident comes to the attention of the warden at his halls of residence as well as the fact that Tim had been using cannabis, which is then fed back to the medical school.*

- Would Tim's alcohol use be considered problematic?
- Why is illicit drug use considered as a problem for medical students and doctors?
- What might be the consequences for Tim having being caught using cannabis?

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### Vignette Two

*Meet Dr O: he has just qualified, relieved that the seemingly endless late nights of studying and taking exams have finished and yet the pressure is on again. In his first job Dr O now needs to put it all into practice, impress the senior doctors and be responsible and accountable for his actions. Dr O is new, but others turn to him for decisions and answers to problems. Long hours and being on-call is tiring and to relax Dr O enjoys a drink or two. Several weeks later Dr O is stopped on his way to work, breathalysed, and found to be over the legal limit.*

- *Why might Dr O turn to drinking in excess or taking substances?*
- *What sort of issues might Dr O keep hidden and how could these be tackled?*
- *Who would you go to if you had any difficulties?*
- *What else might Dr O do to help with the pressures of being a doctor?*
- *What might be the consequences for Dr O being caught drink driving?*

### Vignette Three

*Hospital; Doctor April 10, 2007*

*A surgeon (Mr Hill) suspected of having a drink problem is an issue that cannot be ignored, but tackling it isn't easy.*

*The Case: you have a very able and well-liked senior colleague, a cardiac surgeon whose reputation is growing both at home and abroad. Unfortunately, you have reason to believe that he is suffering with a serious drink problem. Over recent months, you have twice smelt alcohol on his breath before surgery. As far as you are aware, nothing has gone wrong, but you are concerned that, one day, it might. You have several times been on the verge of discussing the matter with him, but have never quite managed to summon up the confidence. What should you do?*

- *What are the key issues here?*
- *How could these be tackled?*
- *Who would you go to if you had difficulties?*

*If we think about the vignette Dr O, he could be any doctor who is struggling with the usual challenges of a busy career. Mr Hill, who is well respected and a senior colleague seems not to be coping and is potentially going to put patient safety at risk.*

## 2.0 Context

Drug and alcohol misuse among doctors is not uncommon. For example, doctors are three times more likely to die from cirrhosis than the population as a whole. The pattern of substance misuse can often start in medical school: in 2004 more than half of second year medical students regularly drank alcohol to excess and a third used drugs. Many doctors who face the General Medical Council's disciplinary procedures misuse substances. For example, at the end of 2001 out of 201 doctors under supervision 199 had problems with alcohol, drugs or mental illness. There can be serious potential consequences to the career of a doctor who misuses drugs or alcohol, including

removal from the medical register. Alcohol is the commonest substance of misuse in all doctors (Sick Doctors Trust). Approximately 50% of people drinking at harmful levels will develop alcohol dependence. Alcohol misuse is associated with high levels of depression and anxiety; psychiatric co-morbidity is common.

Anaesthetists are more likely than other doctors to abuse narcotics as a drug of choice, to abuse drugs intravenously and to be addicted to more than one drug. The incidence of non-alcohol substance abuse in all grades of anaesthetists has remained consistent at 1-1.6%, over the last three decades. Rapidly acting drugs are most commonly used, particularly fentanyl. The fact that anaesthetists have easy access to a wide range of psychoactive drugs may well influence the likelihood of trying them (The Association of Anaesthetists of Great Britain and Ireland, 2011).

## 3.0 Common presentations

### 3.1 Special features

- Medical students and doctors may present at a late stage as a result of problems and issues escalating to a position where it is no longer possible to hide. For example, decreased academic performance, being subject to a disciplinary process due to behaviour or conduct at work, absenteeism, suspension from work, loss of driving licence, revalidation, serious incident investigation, admission to hospital due to alcohol or drug related issues. Whilst this in itself is not dissimilar to the general population, medical students or doctors may try to conceal their substance use or problems or avoid detection due to the seriousness of the impact on their future career.
- Self-treatment with controlled drugs is a 'unique concern' for doctors who have access to prescription pads or drugs.
- All doctors have a duty to act when they believe patients' safety is at risk, or that patients' care or dignity are being compromised. This includes raising a concern or acting on a concern such as related to substance use (Raising concerns paragraphs 1-3 and 7 and Good Medical Practice paragraphs 24,25).

*For example, imagine Dr O is on call and when he responds to his bleep he arrives and smells of alcohol. The nurse in charge doesn't say anything for fear that if she does there will be no doctor for the night and that Dr O will get into a lot of trouble. However, then Doctor O then makes an error in his prescribing and prescribes an IV antibiotic to which the patient is allergic. What do you think should happen next?*

### 3.2 Recognition

- Early signs that a doctor may be developing a substance misuse problem include increased drinking after work, hangovers at work, poor punctuality, deteriorating performance, erratic behaviour, absenteeism, concealed or denied use of substances, and, in some cases, acquiring hypnotic or controlled drugs from a ward or self-prescribing.
- Early diagnosis is critical as doctors are often reluctant to seek help and colleagues are reluctant to intervene.

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- Presenting issues may therefore be of a serious nature and may have already spiralled out of control, for example where the presenting problem is depression, suicide or self-harm.

### Warning signs of Alcohol misuse

- Subtle change in personality – ‘something not quite right’
- Mood swings and/or anxiety – at times flushed and full of bonhomie, at other times irascible and irritable
- Gets drunk rather easily at departmental events and behaves bizarrely and out of character
- Dishevelled appearance, forgetful, disorganised
- Unexplained minor injuries, e.g. facial bruising
- Staff members report the smell of alcohol
- Drug errors, illegible handwriting
- Secretive, socially isolated, regularly turns up late for work, or misses meetings Frequent changes of address
- Marital/relationship problems, call for help from family members, including children

### Warning signs of Drug misuse

- Behavioural changes
- Needle marks on the arm, long sleeves
- Unexplained regular facial bruising
- Physical signs of withdrawal
- Regular absences from theatre
- Volunteering to draw up drugs for others
- Patients in excessive amounts of pain
- Insisting on personally administering opioids in the recovery room
- Excessive or unnecessary prescribing of opioids
- False recording of drug administration
- Improper recording on the anaesthetic record
- Failure to discard wastage
- Over-anxious to give or to have breaks
- Presence in hospital out-of-hours
- Enthusiasm for long, difficult or complicated cases
- Volunteering to work extra shifts
- Offering to stay late, or working overtime especially if likely to be working alone

(Sources: Marshall, 2008; American Society of Anaesthesiologists Committee on Occupational Health 2001; Hines, 2003)

### 3.3 Barriers to detection

For doctors, there are particular issues in relation to identification of those with needs. If we just think about the vignette of the cardiac surgeon: there are risks to patients here and one mistake could affect not only the career of the surgeon, but have an impact on those who worked with him and didn't take action to protect patients. It is not uncommon for problems to go undetected as a single, uncharacteristic mistake which nevertheless results in an alcohol-related caution or conviction. This could jeopardize a medical student or doctor's future career.

Doctors self-medicating: what are the barriers to detection in this group in addition to the usual barriers? Often doctors who self-medicate can go undetected for some time and may only present when a crisis point has been reached such as mentioned above. The medical student or doctor will have real anxieties about the implications of their drug and alcohol use including:

- Risk to training / risk of not being able to gain a provisional registration with a licence to practise
- Getting another job / loss of job
- Revalidation
- Reputation
- Career ruined
- Criminal history
- Specialities most at risk include primary care, anaesthetics, A&E and psychiatry in particular
- Stigma

- Fear of consequences for career and references if whistle blowing about colleagues
- Fear of breach of confidentiality amongst colleagues or colleagues having access to NHS electronic notes

### 4.0 Assessment

The assessment of medical students and doctors is generally the same as any other member of the general population; however there may be some sensitivity issues in relation to confidentiality. Assessments of doctors can be handled through special services such as the NHS Practitioner Health Programme (see section 6.1.1).

It is important to ensure that a full history is undertaken and to be mindful of the particular importance of confidentiality, especially in the event that the medical student or doctor has been admitted to the local hospital where they may be known by staff.

If a medical student requires help, they are advised to seek help from their GP or occupational health doctor, who can arrange for an assessment for needs. Doctors may feel the need to seek help from an out of area service, and may seek advice from some of the services listed below, such as Sick Doctors Trust and BMA regarding how to access help and treatment. One of the biggest challenges for students and doctors is how to persuade colleagues to seek help. The most frequent pathway into services for doctors with substance misuse problems is as a result of personality difficulties, anxiety and depression and family stress (Marshall, 2008).

### 5.0 Treatment

Treatment available for medical students and doctors is likely to follow the same principles as for the general population; however the location or setting may vary according to the choices available. There are some dedicated services specifically for doctors (see section 6.1).

The General Medical Council publishes guidance setting out the principles and values on which good practice is founded for both doctors and, more recently, medical students. These documents include sections on health, which make it clear that both doctors and medical students should be registered with a General Practitioner outside his or her family to ensure access to independent and objective medical care. Both guidance documents clearly state that neither doctors nor medical students should treat themselves. The General Medical Council also expects a doctor who has reason to believe he suffers from a condition liable to affect his judgement or performance to consult a suitably qualified colleague and follow their advice about any investigations, treatment or changes to practice deemed necessary. This includes doctors who misuse or are dependent on substances, including alcohol. A doctor's fitness to practise may be brought into question if that doctor has a serious medical condition, including addiction to drugs or alcohol, and does not appear to follow appropriate medical advice about modifying their practice as necessary in order to minimise the risks to their patients.

#### Range of treatments may include

- Psychosocial interventions: motivational interviewing, cognitive behavioural therapy, generic counselling
- Group therapy, family and couple therapy
- Other addiction counselling such as for gambling or sex addiction
- Pharmacological therapy which may be as an outpatient, in the community, or for complex dependence problems may be in an in-patient setting (see fact sheet on pharmacology for further information on the range of treatments available)
- Access to mutual aid groups such as alcoholics Anonymous (AA), Narcotics Anonymous (NA) Cocaine Anonymous (CA)

### 6.0 Referral/ networks/ services

Medical students and doctors who require help for substance use problems will likely be seen by the GP, who can assist them together with the support services of the various organisations below, to identify a suitable service for referral. Referral to a service out of the area where the medical student is studying or the doctor is practising may be an option for consideration. Other options may include help via the independent sector.

#### 6.1 Specific help for doctors and dentists

##### 6.1.1 Practitioner Health Programme

There is the NHS Practitioner Health Programme (PHP) to help doctors who themselves are using drugs and alcohol. It is a free, confidential service for doctors and dentists living in London who have mental or physical health concerns and/or addiction problems.

Any medical or dental practitioner can use the service, where they have

- A mental health or addiction concern (at any level of severity) and/or
- A physical health concern (where that concern may impact on the practitioner's performance).

They have contract arrangements in place to cover all doctors and dentists living in London. For patients outside of London they cannot accept self-referrals, but NHS referrals can be accepted on a cost per case basis.

For those living in London, you can contact PHP in confidence either through calling on 0203 049 4505 or via their web site or by emailing [england.phpadmin@nhs.net](mailto:england.phpadmin@nhs.net). If you would like to discuss a referral to PHP you can call on 0203 049 4504 or advise the practitioner to contact PHP directly.

<http://php.nhs.uk/>

PHP are happy to provide telephone advice and signposting to all practitioners, family, friends, employers and defence organisations throughout the UK.

The service is part of the NHS but is entirely independent from other organizations.

#### What does PHP provide?

- Information
- Advice
- Assessment and referral
- Treatment for psychological problems
- Treatment for drug and alcohol problems
- Treatment for other addictions (for example, gambling)
- Case management and monitoring
- Advocacy
- Family support
- Education and prevention
- Intervention Services
- Reports for GMC/GDC employers (only with consent from the practitioner patient)

##### 6.1.2 BMA Counselling and Doctor Advisor Service

British Medical Association, BMA House, Tavistock Square, London WC1H 9JP

Telephone: 0330 1231245

Website: [www.bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service](http://www.bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service)

The BMA provide a confidential, nationwide, non-stop advice and counselling service for doctors and medical students. The service is staffed by professional telephone counsellors 24 hours a day, 7 days a week.

**Contact: 0330 123 1245 – 24 hours a day, 7 days a week**

The Doctor Advisor service runs alongside BMA Counselling giving doctors and medical students in distress or difficulty the choice of speaking in relative confidence to another doctor.

**Contact: 0330 123 1245** and ask to speak to a Doctor Advisor – you will be given the name of a doctor to contact and details of their availability.

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More information for students is available on:

[www.bma.org.uk/advice/career/studying-medicine](http://www.bma.org.uk/advice/career/studying-medicine)

### 6.1.3 Sick Doctor's Trust (SDT)

The Sick Doctors Trust provides the following support to both protect patients and offer hope to affected colleagues.

- to identify doctors who are suffering from the effects of addiction to alcohol and other drugs.
- to persuade affected doctors that they have an illness which can be treated successfully and to assist them in accessing such treatment.
- to assist doctors with the practical problems they may face in maintaining their livelihoods and supporting their families during their treatment and recovery.
- to help recovering doctors to formulate a lifestyle that is conducive to uninterrupted continuing recovery, and
- to assist, consult and cooperate with any agencies that share the objectives of SDT.

[www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

Helpline: 0370 444 5163

[help@sick-doctors-trust.co.uk](mailto:help@sick-doctors-trust.co.uk)

### 6.1.4 Royal Colleges

It is recommended that individuals check what support or advice services are available for the relevant Royal Colleges.

### 6.1.5 General Medical Council (GMC)

The GMC registers doctors to practise medicine in the UK. Their purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. The GMC have four main functions.

- Keeping up-to-date registers of qualified doctors.
- Fostering good medical practice.
- Promoting high standards of medical education and training.
- Dealing firmly and fairly with doctors whose fitness to practice is in doubt.

### Advice and support when considering raising a concern

- It is important that you seek advice and support if you are not sure whether, or how to raise a concern. There are many sources of help:
- contact your educational supervisor or manager
- your medical defence body, Royal College or professional association (such as the BMA)
- the appropriate regulator (raising and acting on concerns about patient safety)
- the NHS Whistleblowing helpline (doesn't operate in Scotland or Wales) or Public Concern at work
- Keep a record of your concerns and the actions you have taken to resolve them (Raising concerns paragraph 15)
- Remember that you will be able to justify raising a concern if you do so honestly, on the basis of reasonable belief and through appropriate channels, even if you are mistaken

### 6.1.6 Role of Occupational Health

Occupational health services provide a confidential service to students and staff and can facilitate access to help and treatment out of area if required.

### 6.1.7 Other student /staff support

In local universities there may be other local support services for medical students. It is also useful for medical students and doctors to check what your own medical school/organisation has to offer for help and support, what policies and guidelines are in place relating to seeking help, whistle-blowing, and responding to concerns about a fellow student or colleague.

## 7.0 Hints and Tips

- If you are concerned about a colleague (changed behaviour, absenteeism, conduct) consider whether drugs or alcohol might be a factor in relation to your concerns.
- Medical students and doctors are at increased risk of developing alcohol-related problems and should monitor their own alcohol consumption and to encourage others to do so.
- Medical students and doctors have responsibilities to promote sensible drinking and healthy lifestyle and to be accountable for their own behaviour and be aware of the impact of their behaviour on others.

## 8.0 References and useful resources

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