

THE IMPAIRED PHYSICIAN: TREATMENT PROGRAMS  
by Daniel M. Avery, MD

Abstract: There are only a few treatment centers in the United States able to address the specific recovery needs of addicted healthcare professionals. These have significant differences in their treatment programs and costs.

Chemical dependency is characterized by the compulsive use of mood altering substances which in addicted healthcare professionals leads to impairment, or the inability to practice medicine with reasonable skill and safety.(1) It is a chronic, progressive and potentially fatal disease when untreated. Addiction exists when the use of chemicals consequently causes increasingly severe complications in a person's life. Most addicts require professional help to arrest this disease, usually involving a number of treatment modalities and support.(2)

Chemical dependency treatment programs of all varieties have been established throughout the United States since 1983, but there are only a few which are able to address the specific recovery needs of addicted healthcare professionals.(3) Treatment of the addicted physician almost always must be approved by his state medical licensure board and its impaired physician program. Most physician addicts require residential or extended care inpatient treatment, and most programs are incapable of meeting these special needs due to time limitations.(1)

Four large treatment centers specializing in addicted healthcare professionals were selected for this study. Data for analysis was acquired via voluntary patient and staff interviews, published information and personal correspondence plus the centers' marketing brochures and patient handbooks. The selected treatment centers are approved by all state licensing boards and impaired physician programs. Data was gathered, studied and categorized according to administration, cost, staff, addictions treated, medical treatment plans, therapies, meetings, contracts and discharge planning. Identification of treatment centers is alphanumeric. Table 1 summarizes the study data according to the above categories.

(CONTINUED ON PAGE 9)

---

| |  
| THE WITNESS BOX |

| |  
| | Doug Daniel, Editor | |  
|\_\_\_\_\_|

"One person with courage makes a majority."

Thomas Jefferson

This issue's installment in Dan Avery's continuing series on physician impairment addresses treatment programs and rehab. Although the financial costs may seem high they can literally save a marriage, family, career, even a life. Give us a call for more information if you think one of these programs could benefit you or a colleague.

In the back there's a copy of the Kentucky Board of Medical Licensure Newsletter Spring 1997 issue's front page addressing the statutory requirements and definition of the physician-patient relationship. Although published by the Kentucky Board, it's good advice for anyone pondering the New Age of Medical Practice Under Mismanaged Care and For-Profit Provider Entities. If anyone feels these conditions are not applicable in your jurisdiction, let me know.

Your Board met via conference call 26 JULY 1997. It was decided to have a meeting of the current membership and those interested in joining the Society during next year's ACM in New Orleans, probably as a Special Interest Group Meeting. The concern for the past two years was the unavoidable conflict with "Stump the Professors" on the last afternoon of the ACM. I went this year as always and was one of probably 300 or so in attendance. Obviously it doesn't draw the way it used to and therefore doesn't present a serious conflict. I suspicion however that 75% or better of the ACM registrants were already leaving town by noon Wednesday. I know of only one Society member in addition to the Directors who attended the Vegas ACM, but we've got to try it.

A discussion ensued regarding the Board's universal disappointment in the lack of growth of the membership roll but no new strategies for increasing membership were developed. Report was given regarding two expectedly favorable articles on the Society to be published in September by OB.GYN.News and OB/GYN Malpractice Prevention. A later article in ACOG Today is also a possibility.

Ben Harer was thanked for his service as President over the past year and there being no opposition, Dan Avery was confirmed as President effective 1 JANUARY 1998. Ramon M. Cestero, MD, FACOG, was unanimously elected Vice President - President Elect. Ray is one of our members from California where he has a general obstetrics and gynecology practice plus working as a medical expert witness. Good luck to Dan during his term as president and congratulations to Ray upon his election.

I received an interesting piece of mail recently. Apparently aimed at defense and plaintiff lawyers, it was a solicitation for a two-day seminar providing CLE (Continuing Legal Education) credit entitled "Trial of an Obstetrical Malpractice Case/Mock Trial: Actual Demonstrations From Opening Statements To Summation" and sponsored by Law Journal Seminars-Press. I know nothing about this organization but their brochure was very impressive. Not being a lawyer, I haven't a clue how I turned up on their mailing list. The faculty consisted of nine lawyers and four medical expert witnesses (two pediatric neurologists and two obstetricians), none of whose names I recognized. Cost was \$595.00 for the seminar and \$395.00 for the audio cassettes ("...includes the seminar course materials and all postage and handling charges. All tapes are sold with a money-back guarantee if returned within ten days of delivery.") Also available for \$295.00 were audio cassettes from the May 1997 seminar entitled "Failure to Diagnose Fetal Distress".

I've never been to one of these, but if any of you have I would appreciate your opinion on whether or not they are worthwhile. These folks are certainly well-organized with toll-free and local telephone numbers, fax number, E-mail

address and Internet web site in addition to plain old snail mail. Oh by the way, I just came across a blurb about the sponsor: "Law Journal Seminars-Press is affiliated with The National Law Journal and the New York Law Journal, the two most prestigious publications for lawyers in the nation, and is a division of the New York Law Publishing Company." Hmm. I still don't know who the hell these guys are. There's a copy of their brochure in the back so if you know anything about these folks, let me know.

You may or may not remember an item in last October's Newsletter regarding members being eligible for reduced subscription rates to OB-GYN Malpractice Prevention at \$79.00/year, published by Leslie Norins of Global Success Corporation. Leslie has since sold out to Williams & Wilkins, who now charge \$198.00/year with a \$50.00 discount if you order within the next 30 days. I decided to let my subscription lapse.

There is an alternative however. Ben Harer recommended California Malpractice Topics edited by David S. Rubsamen, MD, LL.B., and published monthly by Professional Liability Newsletter, Inc. I contacted Dr. Rubsamen and he graciously offered to give the Society's members a 40% discount as a special introductory offer. Usual subscription price is \$49.00/year but our \$19.00 discount reduces it to \$30.00/year. A complimentary copy is enclosed with this issue for your perusal.

Topics usually only reports California cases, not limited to obstetrics/gynecology. It's also relatively slim but covers the clinical and legal aspects quite well. And as Dad used to say, "Whatever craziness is going on in California seems to hit these parts sooner or later." Looks like a pretty good deal to me. There's more information on subscribing in my enclosed letter if you're interested.

I've also enclosed a copy of the North Carolina Medical Board Forum, recognized nationwide as the premier state medical board periodical. There's a lot to be learned here, from excellent editorials and book reviews to detailed reporting of what gets licensees into trouble. Authors include staff and members of the Board plus university professors. By special arrangement we can offer the Forum to a limited number of our members as an enclosure with each issue of the Society's Newsletter. If you wish to receive the Forum at no additional cost, attach a note to your 1998 dues check and we'll accommodate as many as we can.

Oh by the way, there have been two recent articles on the Society. The first was on the the SEPTEMBER 1, 1997, edition of OB.GYN.News front page and concerned the Impaired Physicians Project. The second was the lead article in the above mentioned OB-GYN Malpractice Prevention, September 1997 edition, on office medical records risk management. If you missed them and wish a copy, send me a SASE and your wish shall be granted. We also expect an ACOG Today article on the Impaired Physicians Project in the near future.

As usual we encourage submission of letters to the editor and articles for publication consideration, letters subject to editing only for space requirements with articles typewritten and double-spaced. Free reprints of individual past Newsletter articles are available to members upon submission of a SASE, back issues for \$10.00 each or \$20.00 per volume of four issues.

Finally, don't forget to send a \$75.00 check for your 1998 dues as soon as possible. Only those received by 31 DECEMBER 1997 will be included in the 1998 Membership List. For more, see my letter enclosed with this issue.

---

THE MAIL BOX

15 JULY 1997

Dear Doug:

Thank you for publishing my article on medical malpractice tort reform. There is however a persistent concern after reading the commentaries that perhaps the 25 suggested changes were not as clear as I meant them to be.

No. 4, "Charge the insurance carrier for defense and plaintiff attorney fees in cases decided for the plaintiff", was intended to address the confusion juries face in awarding damages by separating all attorneys' fees from successful plaintiffs' recovery.

No. 18, "Require a detailed evaluation and report compiled by a certified medical expert with education, training and experience in the relevant speciality be filed with every plaintiff's complaint", was intended to halt the filing of obviously nonmeritorious nuisance cases. Contrary to some of the commentators' experience, I am not infrequently contacted by attorneys who have already filed suit with no medical expert's opinion willing to testify. There have even been a few instances when no medical expert opinion whatsoever was obtained prior to filing. These attorneys were either trying to get a plaintiff's legitimate motion to dismiss denied by the judge or find a medical expert witness who would give a deposition favorable to their client. Most of these have been bogus cases filed by general law practitioners, one of whom was facing potential sanctions by his state's bar for similar past practices.

The other aim of No. 18 was to prevent dermatologists, for instance, rendering medical expert opinions regarding nondermatologic complications of neurosurgery. Obviously a rare potentially compensable event will not require any plaintiff medical expert opinion at all, i.e. *res ipsa loquitur*, and a few involve issues which are expected common medical knowledge for anyone graduating from medical or osteopathic schools. But the rest should be judged by professional peers. One of my pet peeves for years has been generalists and nonphysicians providing peer review and precertification services for medical specialists.

No. 19, "Establish certification of all expert witnesses by supervisory bodies", was intended to apply to all expert witnesses, not just physicians. There has been a tremendous problem with a relatively small number of both defense and plaintiff experts tailoring their opinions and testimony to the current case in question. Attorneys call this "Shepardization" and the responsible ones will review an expert's past testimony for contradictions and inconsistencies which are then presented to the expert during cross examination before the jury, essentially destroying the expert's credibility. I suppose anyone is entitled to his professional opinion, but it should at least be fairly consistent, scientifically based to the extent possible and capable of surviving objective peer review. In some instances the admission of pseudoscience and baseless opinions has had catastrophic results, the best examples of which are the Dow-Corning silicone breast implant and Merrell-National Bendectin cases.

This was not intended to imply that noncertified experts could not be presented to the court for qualification, only that certification could aid the jury in differentiating reality-based testimony from make-believe.

I hope the article and commentaries will launch the dialog you envisioned.

William D. Daniel, MD, FACOG

15 JULY 1997

Dear Doug:

Thanks for the letter.

Doug

---

17 JUNE 1997

Dear Doug:

Thank you for sending me copies of the Medicolegal Ob/Gyn Newsletter. I enjoyed the entire newsletter and think that it should be available more widely than your mailing list. I think it is a very nice compendium of differing views on a number of medical-legal liability issues.

If there are additional copies available, I would be more than happy to pay for them, as I would like to share the issue with a number of my colleagues.

Once again, thank you for allowing me the opportunity to be part of the Newsletter and I look forward to having the opportunity to meet you sometime in the future.

Sincerely yours,

Wayne A. Sinclair

19 JUNE 1997

Dear Wayne:

Thanks for the letter. There's been excellent feedback on the Newsletter's tort reform issue and I'm pleased you were favorably impressed, but realize that your input was greatly responsible for the project's success. Additional copies of the JULY issue of the Newsletter were printed and are available at \$10.00 per issue.

I too look forward to a personal meeting, the sooner the better. Like the man said, "Let's do lunch!" If we're lucky we might even get Chip Welch to join us and we could "reason together". That actually was the whole point of the project, to hopefully begin a dialog.

Doug

---

12 JUNE 1997

Dear Doug:

In response to your request in the January edition of the Newsletter for individuals interested in becoming certified as medical expert witnesses, I would like to add my name to that list. I see from the July 1997 Newsletter that there has not been overwhelming interest in this endeavor, but when the appropriate number is reached please include me in the mailings of instructions for what needs to be carried out.

I find the Newsletter very interesting and helpful, and I encourage your good work.

Timothy B. McGuinness

9 JULY 1997

Dear Tim:

Thanks for your letter and its encouragement. You're on the list.

Doug

---

2 JULY 1997

Dear Doug:

As recent applicants and members of the Society, we are pleased to see a body committed to regulating and educating the role of the expert witness in the medical/legal arena. Upon reading the recent Newsletters that we have received, we are interested in being certified as medical experts in the field of obstetrics and gynecology. Any information or applications that are needed in this regard, please send to our office.

Stratton N. Sterghos, Sr., MD  
Stratton N. Sterghos, Jr., MD

9 JULY 1997

Dear Stratton and Stratton:

Thanks for your letter. See Tim's letter. You're on the list too.

Doug

---

	THE BOOK BOX	
	Doug Daniel, Editor	

---

THE WAY THINGS USED TO BE

The Stories of a West Virginia Doctor  
By Harold D. Almond, MD  
Unillustrated. 114 pp. Parsons, West Virginia:  
McClain Printing.

Paper, \$8.00.

On my first visit to Buckhannon, West Virginia, back in 1982 I was looking for a job. The small local hospital had never had an obstetrical specialist and they were recruiting. One of the people I met was Harold Almond, known to his patients and everyone else as Doc Almond. He had an active medical practice but had finally given up surgery and obstetrics. Even back then he was old. He retired from general practice (in his day the politically correct term of Family Practice was yet to come) at age 75, and now at 82 he's a part-time historian/agronomist/sage/author/lecturer and full-time nice guy.

You may not find his book as interesting as I did and that's understandable; I know the doctors he writes about, both living and dead, either by stories I've heard or by personal acquaintance. But that doesn't make the book any less enjoyable for you.

Doc Almond figures he delivered about 3200 babies during his 40 years here, most of the early ones as home deliveries and the later ones at the hospital. His colleague Bob Chamberlain delivered about the same before retirement and their fellow-physician Jake Huffman, now deceased, as many as the other two combined. One of my first memories of obstetrical practice in West Virginia is Doc Huffman asking me to come help him deliver a laboring patient of his with a breech presentation. This was at a time when the big-city experts were advocating caesarean section for all breech presentations, a philosophy I never bought into, and during the course of things it became apparent that Jake (that's what he insisted I call him) had probably delivered more breeches vaginally than all those smarty-pants experts put together. He obviously didn't need my "help" but was only trying to make me feel useful.

But I digress. Many of Harold's stories are about making house calls at night in winter storms. He drove a Jeep and later a Bronco but usually at the end had to hike up to three miles to reach his patients. If he was lucky a family member or friend would meet him at the end of the road and lead him through the snow or rain on a footpath trail, sometimes rowing him by boat to his patient's cabin. After all that some could never even pay his token fee, and many others paid in vegetables, meat, eggs or firewood.

The worst weather story concerns Dr. James Cunningham, one of his heros who practiced medicine for 65 years in Pickens, West Virginia, until age 101 and attended his last delivery at age 94 after approximately 3600 home deliveries without hospital, x-ray, laboratory, paved roads, ambulances, helicopters or even telephones (not to mention ultrasound and EFM). Remarkably, he never lost a mother but probably lost more than the occasional baby since neonatal mortality was tremendously high back then and destructive procedures in order to effect delivery were not unheard of. Pickens gets the record winter snowfall for all of West Virginia every year and since it sat at the end of the line for the B&O Railroad and the unpaved state road, Dr. Cunningham had to make his rounds on foot, horseback, railscooter, train and, when they first became available, Model T Ford. His daughter used to tell how one cold winter's night her father rode his horse home but couldn't dismount. She had to get the ax and literally chop him free of the ice covering him and his horse. WOW! And I complain about having to drive five minutes to the hospital?

Other stories are knee-slappin' funny, like the time a very young Harold was called to drive thirty miles upcountry and then walk two miles uphill to see an old woman who was going crazy with the itch and diarrhea for the past three weeks. As he approached the cabin an old man asked who he was. When told it was the doctor who had been called, the old man admitted he was the patient's husband but had expected one of the older doctors to come. He had no intention of letting some some young idiot doctor treat his wife.

Harold noticed that the dog sitting beside the old man was having the same symptoms as the wife, and asked if he minded Harold treating his dog. After a moment's thought the old man agreed, allowing as how the dog weren't worth nothin' as it was. The young doctor, remembering a presentation in medical school, diagnosed both dog and wife as having pellagra, or niacin deficiency. He reached in his bag and pulled out a handful of liver capsules, niacin tablets,

and vitamin pills, offering them to the miserable dog who immediately wolfed them down. Then he turned around and walked/drove the 32 miles home.

Four days later the storekeeper at the end of the paved road up at Selbyville called Harold's office. The dog was cured and now the old man wanted Doc to come back and see his wife. Harold says that family provided some of his best patients for the next ten years or more.

Other stories are poignant, like the time he went through a rainstorm to do a home delivery and the roof over the laboring mother's bed was leaking. Harold took off his old army issue raincoat and spread it over her. When he left after delivering her baby, it seems he forgot to take his raincoat.

Some are downright scary. Once he was called from the breakfast table to attend another doctor's pregnant patient who was in the hospital following biopsy of a lymph node. She had started having grand mal seizures and by the time he arrived less than five minutes later she was dead. He did an emergency postmortem caesarean section and within 30 seconds delivered a seven pound girl crying lustily. She remained in town to become a college graduated CPA and he has known her ever since.

I could go on but you probably get the idea by now. This is by no means a scholarly treatise, though I'm sure Harold could write several on varied subjects. It is a man's remembrances from a life well-lived and enjoyed, one which today seems unimaginable to us but probably was more satisfying personally and professionally than we will ever know.

The book is available for \$11.00 including tax, shipping and handling from:

The Bookstore  
15 East Main Street  
Buckhannon, West Virginia 26201  
304-472-1840.

Ask for Mike if you place a phone order.

	THE BALLOT BOX	
	Doug Daniel, Editor	

The most important item you will read in this issue of the Newsletter is the following: Ben Harer has announced his candidacy for President Elect of ACOG. Needless to say he has the full and unequivocal support of the Newsletter and the Society. If you've never met Ben you've missed a rare treat. He is truly a Renaissance Man, with multiple scholarly interests both professional and personal that take him all over the world. I know of no one in the College who has given more generously and unselfishly of themselves. Ben has served as Vice Chair and Chair of his Section, Vice Chair and Chair of his District, Chair of the Insurance Committee, VRQC Reviewer, member of the Committee on Health Care Economics, member of the Long-Range Planning Committee and, since 1991, College Secretary. With no slight intended toward any of the other candidates, Ben is in our opinion the best qualified candidate to lead the College into the 21st century. I'm sure he will appreciate any encouragement or support you may provide. WIN WITH BEN!

THE IMPAIRED PHYSICIAN, Continued from page 1

The administration data shows that residential treatment can be very expensive. Cost for the average length of stay ranges from \$15,600.00 to \$31,000.00. All are approved by the JCAHO and act as advocates for their recovering physicians after treatment. Three are "Twelve Step" oriented and two will negotiate costs with insurance carriers.

Each treatment center's program is headed by a medical director, staffed by addictionologists and utilizes psychiatrists, primary therapists and family therapists. Center A has only one family therapist compared to the others' six or seven, but it is the only one with medical specialists available for consultation.

Conditions usually treated in residential programs include chemical addictions, sexual addictions, eating disorders such as bulimia and anorexia nervosa, gambling addictions, and multiple diagnoses. Only treatment center A's program treats all five. Medical treatment in all centers is provided by physicians, with three offering initial assessment by a physician and one by a nurse with later assessment by a physician. Histories and physical examinations are performed by staff physicians in all treatment centers except one which utilizes physicians in treatment. Only treatment center A's program provides detoxification and stabilization. Brief physician hospital visits are usually monthly except for center A which provides visits approximately three times a week. All programs utilize urine drug screening from once or twice a week to prn.

Therapies consist of group therapy, professional group therapy, individual therapy, family therapy, and individual and group couples therapy as well as First Step groups, occupational therapy, lectures, relapse prevention groups and vigorous exercise programs. Total group therapy ranges from four to thirteen hours. Treatment center A's program offers four hours of professional group therapy per week while most offer only one. Center D's offers none. The number of healthcare professionals under treatment in each program ranges from eight to eighty. Individual counseling ranges from none to four hours per month while family therapy ranges from twice a month to once every two months. Two programs have First Step meetings three to nine times a week while the other two have none. All have occupational therapy, relapse prevention programs and strenuous exercise programs. Lectures range from none to five per week.

Addiction treatment programs are by tradition "Twelve Step" oriented and include regular Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Cocaine Anonymous (CA) meetings. Three of the study programs require one meeting per day while treatment center A's program only requires two meetings a week plus a weekly Caduceus meeting. All programs except center A's offer men's, women's and combined groups. All offer different contracts during and after treatment.(4)

Discharge planning begins on admission and only two programs offer aftercare. One collects patient-generated quarterly reports, signed and verified by the recovering physician's local physician monitor, documenting results of drug screens, Caduceus and AA attendance, and overall quality of life. The same center offers revisits and reunions while the other has monthly alumni meetings.

In summary, treatment center A appears to offer the most the quickest for the least. The average length of stay is less and all conditions are treated. It is the only treatment center that offers medical stabilization and detoxification plus availability of all medical specialties for consultation. There is more time for group therapy, individual therapy, and family therapy plus there are more lectures. It also offers two years of monthly alumni meetings for long-term support. Center A's disadvantages are having only one family therapist on staff, requiring only two A.A. meetings a week, having no First Step groups, no sexually segregated groups, no quarterly reports and no reunions.

As we said at the beginning, there are only a few treatment programs which specialize in the addictions and unusual needs of recovering healthcare professionals. The data is very interesting, informative, and educational. Most physicians learn very little about addiction in medical school, residency or practice unless they themselves become

addicts. While the treatment programs described above require significant time and money, treatment for healthcare professionals is lifesaving for physician addicts as well as their patients.(4)

---

**REFERENCES**

1. COPAC Residential and Extended Treatment for Chemical Dependency: Nationally Recognized for Providing Quality Extended Care Since 1979, Brandon, Mississippi.
2. The University of Alabama in Birmingham Professional Resource Program: A New Vision: Our Vision for the Healthcare Professional. Birmingham: The University of Alabama in Birmingham Center for Psychiatric Medicine.
3. Yes, There is a Happier Healthier Life in Recovery From Addiction. Chicago: The Rush Institute for Mental Well Being, Rush Presbyterian Saint Luke's Medical Center.
4. Avery, DM. The impaired physician: intervention. The Medicolegal OB/GYN Newsletter 1996;5:1-13.

Editors note: For information on contacting the treatment centers discussed in this article write the ASFOG offices at the masthead address or call 304-472-8594.













