

Title: THE PRESENCE OF A DEPARTMENTAL SUBSTANCE ABUSE POLICY
IMPROVES OUTCOME OF IMPAIRED PERSONNEL

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Introduction. Drug and alcohol abuse has become a major socioeconomic problem in the United States with physician abuse rates approaching 10%. Anesthesiologists appear to be at increased risk for addiction. Anesthesiologists constitute 4% of physicians but 10-14% of United States physicians in drug treatment programs.¹

The purpose of this study was to evaluate the incidence of substance abuse, characterize the mechanisms to deal with substance abuse, and ascertain the outcome of impaired members of academic anesthesia departments.

Methods. A questionnaire was sent to 107 United States' academic anesthesia departments. The survey consisted of questions concerning the presence of a departmental policy or committee on substance abuse and the individual policies of these committees. Specifically, respondents reported on methods of monitoring controlled substances in the operating room, the incidence of substance abuse and methods for identification of impaired personnel in their respective institutions. Finally, data were collected on various methods of intervention, recommendations for treatment, and after-care support for the re-entering personnel. Data were analyzed using Chi square analysis. P-values of less than 0.05 were considered significant.

Results. Of 107 departments surveyed, 70 (65.4%) responded. Fifty-three percent of the responding departments reported a formal departmental policy concerning alcohol and drug abuse. Details of departmental policies are outlined in table 1. Departments with formal policies identified 119 impaired personnel; 57 impaired individuals were recognized in departments without substance abuse policies. However, the incidence of recognized substance abuse was similar (0.59% and 0.56% per year) in departments with and without formal policies, respectively. The outcome of recognized impaired personnel are detailed in table 2. Table 3 shows the outcome for impaired personnel who returned to their original positions.

Table 1. Specific departmental Guidelines

Do you have specific guidelines to deal with?	# Respondents	
	YES	NO
A. Detection of impaired physician	24	43
B. Confrontation of impaired physician	32	35
C. Treatment of impaired physician	39	29
D. Re-entry of impaired physician	29	29
1. Do you allow re-entry	46	22
E. Post treatment urine or blood screening	38	26
F. Monitoring post treatment psychological and emotional well being	36	29
G. Random urine or blood screening of your non-impaired departmental personnel	11	53

Table 2. Outcome of Impaired Personnel

	With Policy	Without Policy
Returned to original position	69(58%)	32(56%)
Functioning acceptably	51(43%)*	14(25%)
Relapsed	18(15%)*	18(32%)
Dismissed	30(25%)	19(33%)
Died	4(4%)	2(4%)
Other	12(10%)	3(5%)

* P < 0.03 compared to departments without policies

Table 3. Outcome of returning personnel

	With Policy	Without Policy
Returned to original position	69	32
Continued to function acceptably	74%**	43%
Relapsed	26%**	56%

** P < 0.01 compared to departments without policies

Discussion. Abuse of chemical substances is a frequently encountered problem in academic anesthesia departments. There was a highly significant increase in the incidence of anesthesia personnel who continued to function acceptably in departments with a formal policy. The 74% functionality rate in these departments compares favorably with previously reported recovery rates among anesthesiologists (60-80%)¹. However, recovery rates as high as 90% have been obtained among impaired physicians participating in a highly structured after-care program.²

We conclude that the presence of any departmental policy to detect, treat and follow impaired personnel greatly improves the chance of successful recovery. However, the rate of successful re-entry is below that reported by others.² This suggests that further improvements in success may be possible with a highly structured after-care program.

References

1. Spiegelman WG, Saunders L, Mazzer R: Addiction and Anesthesiology 60:335-341, 1984
2. Talbot GD, et al: The Medical Association of Georgia's Disabled Doctors Program - A 5 Year Review: J. Med Assoc GA 66:775-781, 1977