

Physicians Serving Physicians

It is estimated that there are currently two million people in the United States with Opioid Use Disorder (OUD). Every year 1% of those affected will have a fatal overdose. In Minnesota, there were 338 overdose deaths in 2015. According to the Centers for Disease Control and Prevention, this number has risen every year since 1999.

Opioid addiction is so prevalent that most of us personally know someone—a family member, friend, or neighbor that is suffering.

While it would be nice to think that the physicians we trust with our care are somehow immune to addiction, they are not. Subjected to long hours and intense stress on the job, drugs can become a crutch to help relieve stress or pain. Estimates suggest that approximately 15% of physicians will develop a substance use disorder at some point in their careers. For alcohol and illegal drugs like cocaine this is similar to rates seen in the general population. However, the rates of abuse of opioids are actually higher, probably because of easier access to these drugs.

With a growing shortage of doctors, helping to keep the ones we have in practice is important. Rehabilitation of doctors in Minnesota begins with resources like Physicians Serving Physicians (PSP).

PSP was founded in 1981 by Dr. Robert (Bud) Premer who, at the time, was chief of orthopedic surgery at the



VA Hospital and an associate professor at the University of Minnesota Medical School. “There was very little knowledge of addiction and interventions at the time,” he said. He secured a donation of \$5,000 from the Hennepin County Medical Society and PSP was born with the core mission to provide help to physicians, medical students, and family members affected by addiction. The first organizational meeting was in his office at the VA Hospital, “We had about 12 members in the first year,” he said. It rapidly grew into a small group of physicians in recovery and the meetings were moved to a little room at St. Mary’s Hospital, now Fairview Riverside in Minneapolis. When asked about those early meetings he states, “We formalized the intervention process, had regular meetings, and learned as we went along.” Over the years PSP has grown into a large voluntary network of physicians

who get together monthly to share stories, inspiration, support, and guidance.

PSP is staffed by Diane Naas as the executive director, a licensed alcohol and drug counselor. Some of the services PSP offers include help with identification of persons currently suffering from chemical dependency or mental health illness, education about the illness, and leading interventions when indicated. In addition, counseling and education for families, coworkers and other concerned parties is provided. Since its inception PSP has helped more than 880 physicians and their families.

PSP is not affiliated with the Minnesota Board of Medical Practice (BMP) or the Minnesota Health Professionals Services Program (HPSP). They seek to maintain the confidentiality of those seeking assistance to the extent possible. The organization is 100% funded by donors like the Minnesota Medical Insurance Corporation (MMIC), hospitals, medical societies, physicians, and other donors.

There are no fees for membership. Referring a colleague, friend, or oneself, begins with a simple phone call. However, it is not always easy. There is a natural reluctance to approach a co-worker or friend suspected of drug addiction. The impaired physician is often fearful of seeking help themselves because of discipline by law enforcement, punitive

By Annie Burton, M.D.

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actions by the state licensing boards, and the potential for loss of professional practice. Pausing one's career to seek treatment can seem daunting.

The good news is, when it comes to addiction, physicians actually make great patients. After seeking help they succeed at rates much higher than the general population and have a markedly lower risk of relapse. Studies show a greater than 80% recovery rate after five years⁽¹⁾ when they complete treatment and receive ongoing support from groups like PSP. Most physicians remain licensed and employed five years after treatment.

There are several theories as to why this patient population is so successful. Physicians typically start using drugs

later in life, not in their teenage years. Having spent long hours and large sums of money on their careers, they have a lot to lose. In addition, they are encouraged to participate in ongoing monitoring by agencies like HPSP in order to continue to practice. These programs are very effective. In fact, impaired physicians that don't participate in monitoring programs and recovery groups like PSP have a relapse rate closer to that of the general population.

In order to effectively handle the opioid epidemic that is currently sweeping the nation we, as a society, need to shift from viewing addiction as a moral failure to treating it as the chronic progressive illness that it is.

Physicians in recovery possess qualities that are highly sought after in a caregiver—humility, empathy, respect, and

patience. With resources like PSP, recovering physicians can effectively and safely return to productive practice. www.psp-mn.com. ♦

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References:

1. DuPont, Robert L., et al "How are addicted physicians treated? A national survey of physician health programs." *Journal of Substance Abuse Treatment* 37 (2009), 1-7.

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