MEDICAL STUDENT PARTICIPATION IN COMMITTEE FOR PHYSICIAN HEALTH (CPH)

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Disclosure: 80% of my salary comes from my work with CPH, 20% from my work with Northwell

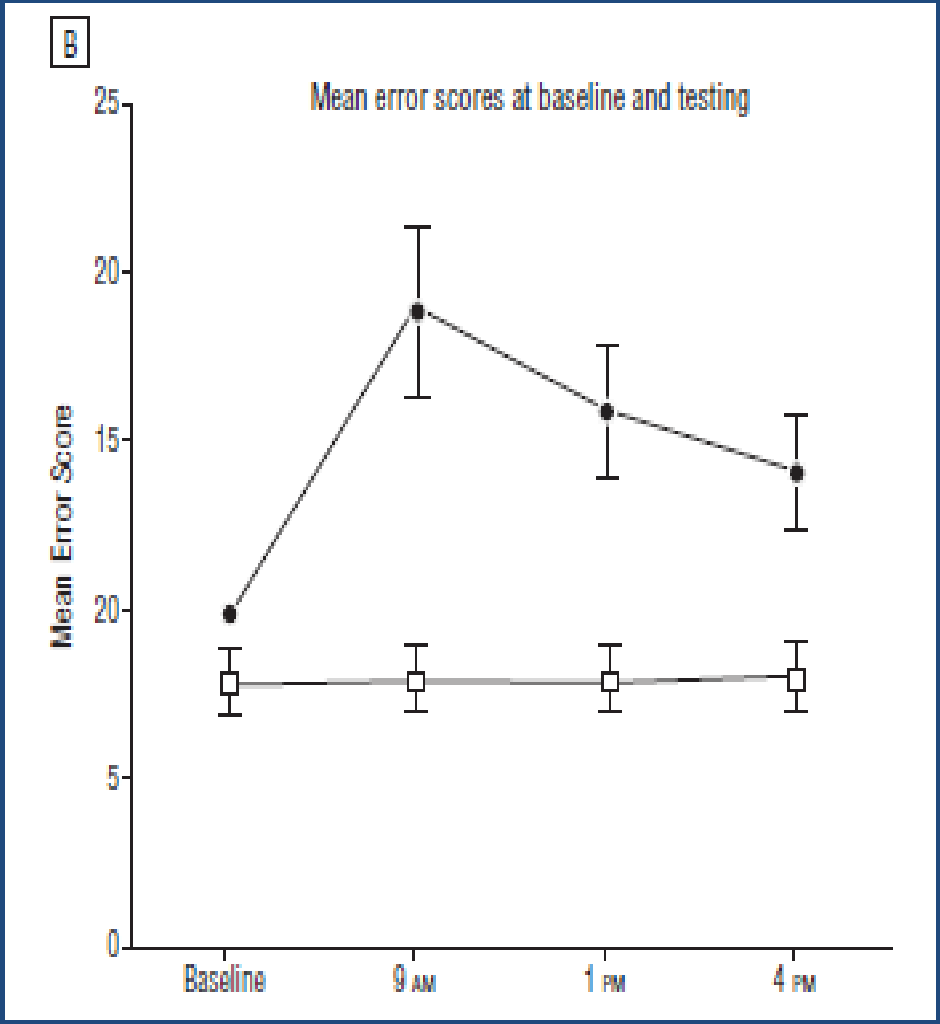
Physician Illness and Impairment

- Federation of State Medical Boards Definition: Inability to practice with reasonable skill and safety due to illness
- Most frequent Illnesses responsible for physician impairment: substance use disorders, mood disorders, burnout, cognitive disorders.
- Personal distress and interpersonal problems usually precede difficulties in professional roles. (Illness = Impairment)
- NYS Medical Board does not regulate or limit the "practice" of medical students (in contrast to resident physicians)

Substance Misuse in Physicians:

- Lifetime prevalence of substance use disorders in physicians has been cited as 8-15% based on surveys with methodologic problems
- 7,164 surgeons surveyed: 13.9% of males and 25.6% of females endorse alcohol use disorders (Oreskovich, et. al., Arch. Surg. 2012)
- Rate of substance use disorder = 15.4%, rate of alcohol use disorder = 12.9% in males, 21.4% in females, Orescovich, et. al., American J Addiction, 2015.
- Alcohol use disorder associated with burnout, depression, suicidal ideation, lower career satisfaction, and self–report of recent medical errors.
- Very little data available for medical students

Persistent Next-Day Effects of Excess ETOH on Laparoscopic Surgical Performance



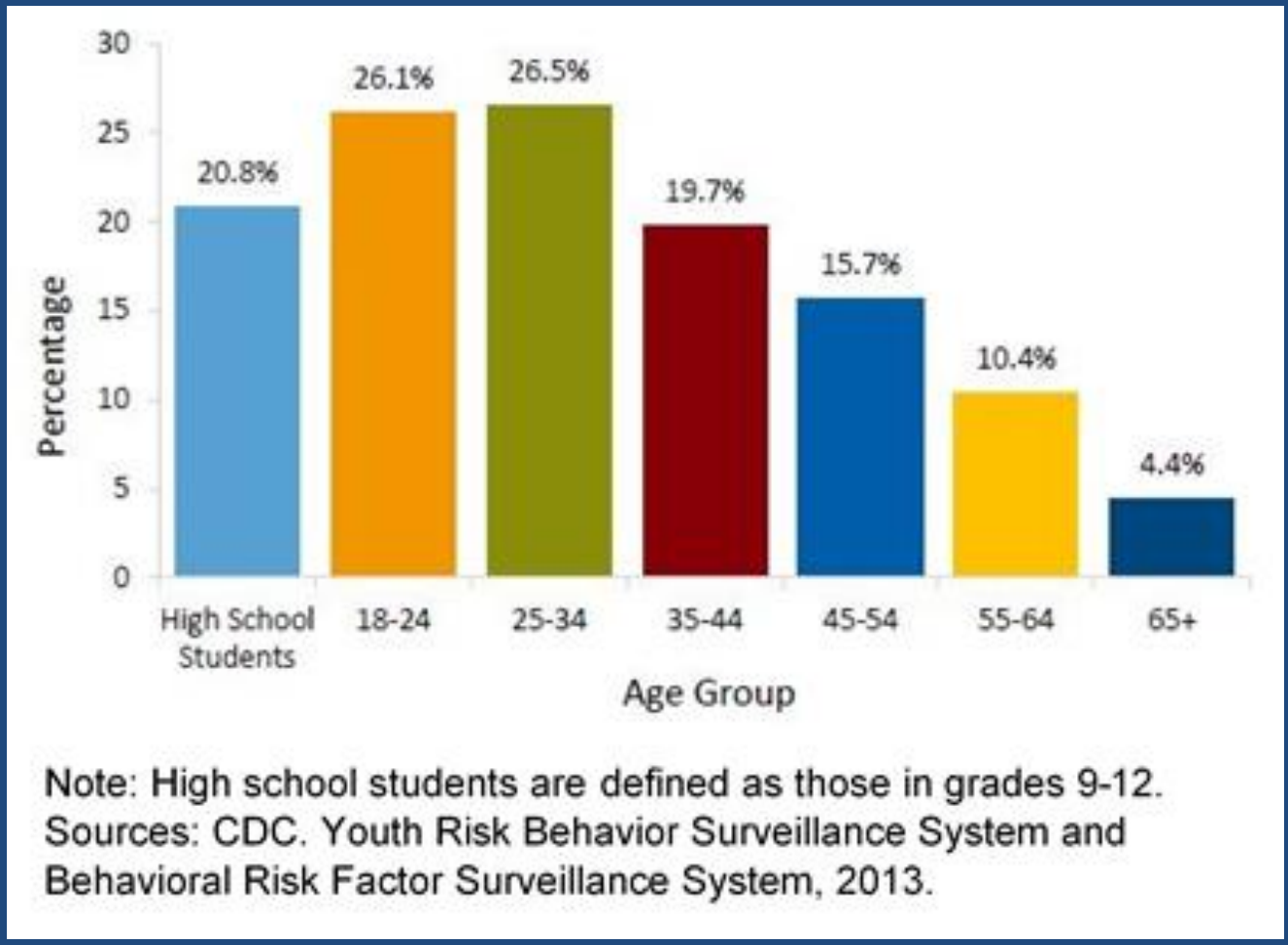
Archives of Surgery, Vol. 46, No. 4, 2011

Table 2. Binge Drinking Among US Adults Who Consumed Alcohol, 2001*

Characteristic	Males (n = 57 654)		Females (n = 46 811)		Total (N = 104 465)	
	%†	Rate‡	%†	Rate‡	%	Rate
All respondents	35.9	20.1	15.7	5.8	26.8	13.7
Age, y						
18-20	61.1	39.0	37.7	17.6	51.3	30.0
21-25	61.9	38.7	32.0	12.5	48.6	27.1
26-34	44.2	20.8	20.2	6.5	34.1	14.8
35-54	33.3	17.9	13.5	4.7	24.2	11.9
≥55	15.0	10.4	4.7	1.8	10.2	6.4

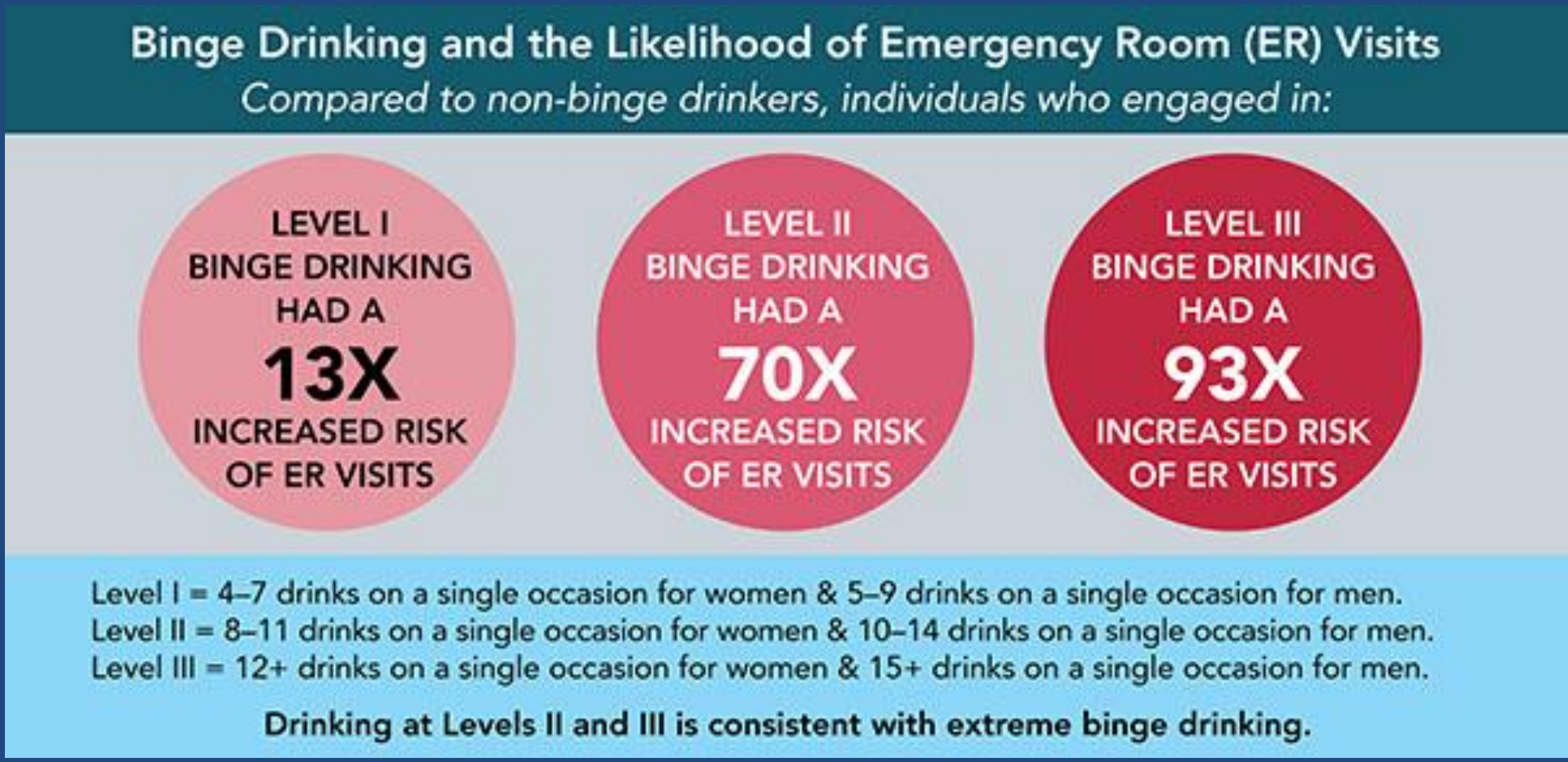
JAMA. 2003;289(1):70-75

Binge Drinking Rates as Reported by the CDC



Note: High school students are defined as those in grades 9-12.
Sources: CDC. Youth Risk Behavior Surveillance System and Behavioral Risk Factor Surveillance System, 2013.

Extreme Binge Drinking



Why Won't Physicians Get Help?

- Belief that problems aren't really out of control
- Time demands of work make it hard to get care (and provide a great excuse)
- Concern about loss of income and cost of treatment
- Fear of stigma and career impact if others learn of illness (including fear of actions on license)
- Physicians see selves as healers, not those who need healing
- Sense of failure, shame, and guilt based on false belief that one should be invulnerable and based on personal views of patients with substance use disorders
- Part of the hidden curriculum for medical students

Physician Health Programs (PHPs):

- Developed in the 1970's through state legislation as a non-disciplinary, confidential pathway for physicians to help other physicians recover from substance use disorders
- In exchange for confidentiality, participant agrees to cooperate with treatment recommendations and rigorous toxicology monitoring program
- Outcomes excellent for participants *during the period of monitoring* (typically 5 years)
- Operate in most states and most PHPs enroll student participants

Medical Students and CPH

- As of 1/30/18, 14 active participants (although we've been involved with 94)
- 43% SUDs (vs 70% of MD participants) and most common drug is alcohol
- Majority complete successfully as residents but % of successful completions is less than for licensed MDs (no regulatory consequence for students?)
- Challenges: Fear that CPH involvement will affect academic record and residency competitiveness, cost and inconvenience of treatment and monitoring , tendency to minimize the stress of transition to residency and the possibility that CPH can play a role as a supportive, stable partner

Why Spend the Time and Energy?

- Investing in our health and well-being is the best investment in the longevity and quality of our careers
- May also be the best investment in the longevity of our patients and the quality of care that they receive! There is a strong correlation between physician self-care and the quality of care patients receive (Healthy Docs = Healthy Patients)
- We should encourage *and assist* medical students to begin to invest early

"Physicians must be guided from the earliest years of training to cultivate methods of personal renewal, emotional self-awareness, connection with social support systems, and a sense of mastery and meaning in their work. Maintaining these values is the work of a lifetime. It is not incidental to medicine but is at the core of the deepest values of the profession to first, do no harm. Doing no harm begins with one's self."

Spickard, Gabbe, and Christensen. JAMA, 2002

Thanks for your time and interest!

All inquiries and discussions are considered confidential.

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