

# ROUND-UP

MARICOPA COUNTY MEDICAL SOCIETY - VOLUME 54, NUMBER 5, MAY 2008

PRESIDENT'S PAGE

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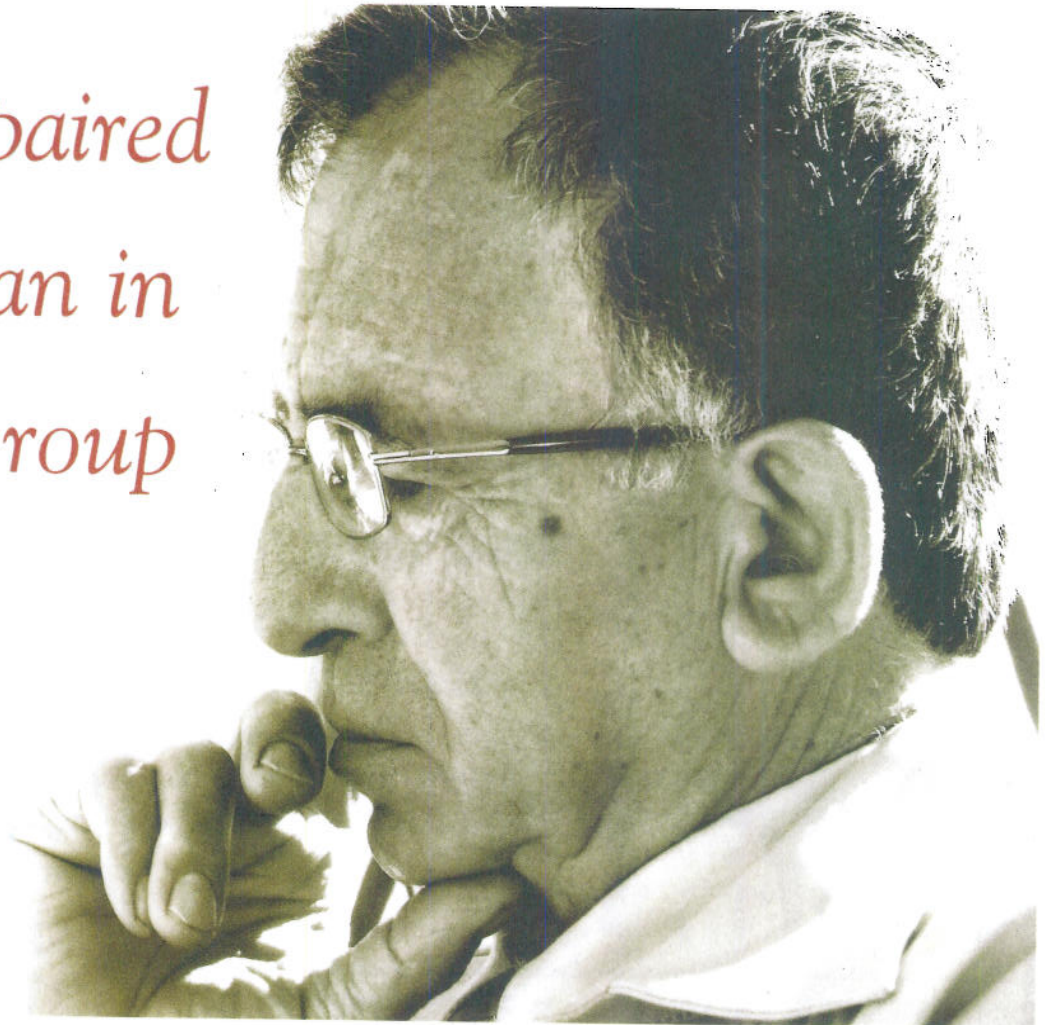
FINANCE - A BROADER PERSPECTIVE:

**FEDERAL RESERVE IN THE SPOTLIGHT  
AS KEEPER OF THE ECONOMY**

# *The Impaired Physician in Your Group*

by

*Calvin L. Raup*



**Y**ou don't want to read this do you? But you can't help yourself. There is no impaired physician in your group—is there? How would you know? What would you do?

The Arizona Medical Board (AMB) is monitoring approximately 100 chemically dependent or substance abusing physicians at any given point in time. That does not sound like a lot, given the fact that there are 12,000 physicians practicing in Arizona at this time. But take into account that monitoring is not permanent. Standard Monitored Aftercare Program (MAP) stipulations call for two or five years of monitoring. That means that for every physician coming off a MAP stipulation, there is a replacement waiting in the wings.

The significance of the number 100 is that less than 1% of practicing MDs are known to AMB to be impaired by drugs or alcohol. That means a lot of doctors are practicing impaired and are not receiving any help.

So how would you know if you were practicing with an impaired physician? You are more qualified than I to make that determination but it is difficult to face the reality that someone you respect as a

physician may need help. And it is difficult to invade another professional's personal life. The tendency is to do nothing. Maybe it will get better. But what if it doesn't?

It is important to recognize that part of the disease of addiction is dishonesty and denial. You are not likely to get a straight answer from an impaired colleague. Nor is he or she likely to acknowledge a problem until faced with insurmountable evidence that change simply must occur. An impaired colleague needs your help to make changes that may save a career—or a life. The next problem for your colleague may be what happens after he or she acknowledges the need for help.

There is an unfortunate stigma attached to the diagnosis of Chemically Dependent or Substance Abuser. For that reason, groups often force out members undergoing chemical dependency monitoring by AMB. In fact, a physician under a MAP stipulation is far safer to his or her patients and partners than the peer that may be in trouble with alcohol or drugs.

MAP is a professionally designed, well run program that succeeds far more often than it fails. Physicians going into MAP should be aware that returning to the use of drugs or alcohol without being detected is close to impossible. Random urine monitoring occurs, on the average, twice a month. The monitored physician must keep a medication log, obtain all prescriptions from a single PCP, attend 12 Step and relapse prevention groups and even avoid consumption of food containing poppy seeds! And the Board's staff will make random calls to



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physicians whose number did not come up on a given day.

So what if you do have an impaired physician in your group? If that physician is in MAP, he or she does not increase the risk to your group's patients or to the group itself. Professional liability carriers will tell you that their experience reflects improved loss experience after a physician has entered and successfully completed an aftercare program. MAP participants have been through inpatient treatment and are receiving outpatient support for the stressors that led them to lean on drugs or alcohol. How about the rest of your group? And are you aware that federal law may impact on your decision about retaining an impaired physician in your group?

The Americans With Disabilities Act (ADA) protects any American with a recognized disability. Chemical dependency falls within the statutory definition of "disability"—so long as the individual is in recovery. By definition, a physician in MAP or a MAP "graduate" that remains in recovery is entitled to the protections of the ADA. Employers and hospital medical staffs are prohibited from discriminating on the basis of the disabling condition. They are required by the ADA to make "reasonable accommodations in the workplace."

If the impaired physician is not undergoing inpatient treatment or

monitoring you have a duty to report him or her to AMB. That fact is often leverage enough to convince the physician to self report but that self report does not relieve you of your duty to report. In many cases, a confidential track is available and no one needs to know that he or she has received treatment and is being monitored. AMB policy concerning the confidential track is fluid and decisions concerning confidentiality often are based on the existence of statutory violations, felony charges and potential patient harm.

MICA provides its insured physician members \$25,000 in legal expense reimbursement coverage if the impaired physician needs to deal with the AMB regulatory process. MICA supplies a claim form and refers the physician to a third party administrator. MICA is not

involved in handling the claim. It merely provides reimbursement coverage.

Reimbursement insurance, unlike professional liability insurance, does not include the duty to defend. For that reason, the MICA insured physician retains his or her own counsel. There is a deductible and co-pay. Thereafter, the third party administrator reimburses the physician for legal expense up to the policy limit of \$25,000.

The Arizona Medical Board and MICA have an enlightened approach to chemical dependency but this enlightenment is not always shared by the colleagues of an affected physician. If this brief article enlightens even one Arizona physician about how to deal with impairment it will, indeed, have been a success. ■

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**From: MICA Board of Trustees**  
**Re: 2008**

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