



SUBSTANCE ABUSE

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COMMON ISSUES INVOLVING RESIDENTS SUSPECTED OF SUBSTANCE ABUSE

The recovery rate for physicians who enter treatment and then are monitored for 5 years is 90%. Therefore, intervention is worthwhile, even if a resident is in denial about having a substance problem.

Example of language a program director might use when confronting a resident:

"I am concerned about your health and safety, as well as that of your patients. I am removing you from patient care immediately and want you to accompany me to the Employee Health Service for an evaluation. I have already spoken to the people there and Dr. _____ will see you as soon as we arrive."

Consider walking the resident over to employee health or emergency medicine to obtain a blood alcohol level or to test for other substances.

Legal concerns of program director:

Some program directors express concern that if they insist on an evaluation, a trainee might sue. A good-faith referral for evaluation based on commonsense concern is not likely to constitute grounds for litigation. However, check with your own in-house counsel, then:

- Start from a clinical perspective and state the concern regarding the resident's safety and/or that of the patients under his/her care; then cover the legal bases as necessary with appropriate documentation
- Avoid diagnosis; describe the behavior. Commonly, program directors and faculty run a risk by excusing or explaining everything based on a diagnosis (i.e. personality disorder or ADD), without confronting and/or attempting to define the problematic/unsafe behavior.