The Chemically Impaired Medical Professional: What Now?

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Objectives

- Understanding of Chemical Dependency
- Recognize Signs and Symptoms
- Systems to Lessen the Incidence of Substance Abuse
Understanding Chemical Dependency

Genetically predisposed:
- Lack adequate production of dopamine and serotonin

Environmental:
- Availability
- Accessibility

Psychological:
- Fill emotional voids...sadness, loneliness, depression
Chemical Dependency

- Primary Disease: Specific symptoms
- Progressive Disease: Untreated/worsens
- Chronic/Relapsing Disease: Cannot be cured
- Can be Fatal…
Incidence

- Estimated at 10-15%
  - Limited data, rarely reported for fear of disciplinary action.
  - Health care professionals at particular risk
    - Drugs are the tools to treat and help their patients
    - They prescribe, administer, dispense drugs daily
    - Exposure/accessibility to mood-altering meds
    - Pharmacological knowledge of drugs
    - Fosters false sense of control...self treat/medicate
Common Signs and Symptoms

Psychosocial:
- Fearful, anxious, panic attacks
- Feelings of impending doom
- Paranoid ideation
- Shameful, guilty, lonely or sad
- Defensive (e.g. denial, rationalization)
Common Signs and Symptoms

- Physical:
  - Runny nose, watery eyes
  - Dilated or constricted pupils
  - Sleeping on the job
  - Bloodshot or glassy eyes
  - Unsteady, stiff, or listing gait
  - Tremors, restlessness
Common Signs and Symptoms

- Behavioral:
  - Impaired cognition
  - Increasing forgetfulness
  - Isolation or withdrawal
  - Mood swings (e.g. erratic outbursts, emotionally labile)
  - Frequent complaints of vague illness or injury
Common Signs and Symptoms

Job Performance:
- Requests job in less supervised settings
- Seems like a workaholic (e.g. frequently works overtime, arrives early stays late)
- Volunteers to count narcotics
- Evidence of tampering with vials or capsules
- Makes frequent medication errors
- Overmedicates compared to other staff
Common Signs and Symptoms

- Job Performance (continued)
  - Frequent medication loss, spills or wasting
  - Patients complain of ineffective pain relief
  - Frequent tardiness
  - Frequent unexplained disappearances from the unit
  - Disorganized illogical charting
Common Signs and Symptoms

- Job Performance (continued)
  - Elaborate, implausible excuses for behavior
  - Casually asks physicians for prescriptions
  - Not adhering to safety policies
  - Decreased job performance

Substance Among Nurses-Defining the Issue
AORN Journal 2005
Why don’t we identify the Chemically Impaired Health Care Professional?

- Uncertain or disbelief about S/Sx
- “Things will get Better”…hopefully
- Possibility of legal sanctions
- Involvement with chemically dependent colleague involves its own risks
- Don’t want to be a “whistleblower”
- “Powers to be” don’t listen/act
EAP
Enablers

- Do the work for the IHP
- Making arrangements to suit the IHP
- Covering for the IHP
- Overlooking absenteeism/tardiness
- Ignoring evidence
What is the cost to a private practice?
What is the cost to an institution?
Why does this seem to be “swept under the rug”?
Do we “random” drug test?
  • All?
  • Those that are suspected?
AT-WILL EMPLOYMENT

ZERO TOLERANCE
INTERVENTION

- Purpose is to demonstrate to the health care professional that they need treatment

- Must be carefully planned by experienced individual; records/documentation available

- Attended by family, colleagues, recovering MD
INTERVENTION

- Immediate blood/urine toxicology screens
- Have treatment facility arranged
- **Do not** leave individual *alone* after intervention
TREATMENT

- Treating professionals must act as advocates
- Diagnostic evaluation
- Detoxification
- Education; psychotherapy
- Self-help groups (AA or NA)
- Monitored abstinence
- Recidivism rate as high as 90% in many studies
References

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