

State Physician Health Programs Require National Standards and External Oversight

J Wesley Boyd*

Department of Psychiatry, Cambridge Health Alliance, MA, USA

Keywords: Physician health programs; Standards

Overall their lifetimes, 10-12% of physicians will develop a substance use disorder [1]. This rate is comparable to that of the general public. Physicians who are suspected of having substance use disorders or other mental health issues are often referred to their state physician health program (PHP) for evaluation. These referrals might come from chief medical officers, boards of medicine, or colleagues in a group practice. PHPs meet with, assess, and monitor physicians who have been referred to them for substance use or other mental and behavioral health problems. Once referred, physicians often have little choice but to comply with any and all recommendations by the PHP in order to continue practicing medicine, because they have often been told by the referral source that failure to comply with any and all recommendations of the PHP will result in termination of their ability to practice medicine. In most states, for example, boards of medicine rely completely on the PHPs for guidance about how to deal with impaired physicians. So even though PHPs don't directly have the ability to prevent physicians from practicing medicine, since PHPs can't themselves revoke medical licenses or hospital privileges, their determinations of physician compliance with their recommendations often result in exactly those actions. PHPs are therefore extremely powerful.

Despite their enormous power, PHPs are largely unknown to most physicians and for the most part not scrutinized in any manner, whatsoever. The reason for the lack of scrutiny is that many PHPs arose out of physicians deciding to reach out to colleagues in a grassroots movement of "doctors helping doctors" which was entirely altruistic. They were thus given a free pass at scrutiny given their truly benevolent origins. Although they arose from these humble origins, many PHPs are now corporate entities, often more concerned with their own status and stature than the individual well-being of the physicians who come through their doors. (One director of a state PHP told me as much when she stated that although some of the PHP associate directors in her state placed the well-being of their physician clients first, she unhesitatingly placed the well-being of the PHP first, including how it appeared before the state board of medicine, PHP benefactors, and the state medical society).

Several states are seeking to change matters. After receiving complaints from physicians in their state about the North Carolina PHP (NCPHP), in 2013 the NC Auditor's Office undertook an audit of the NCPHP which found that the NCPHP lacked objective, impartial due process procedures for physicians who dispute its evaluations and directives [2]. The report also found potential conflicts of interest between the NCPHP and the various centers it referred its clients to for costly evaluations and treatment. This was found to be the case, because - as is the case nationally- evaluation/treatment centers and PHPs are often financially dependent on one another: Centers depend on referrals from PHPs for their viability and, reciprocally, PHP regional and national meetings are often heavily sponsored by these centers

In Michigan, health care professionals have brought a class action suit against the Michigan PHP, alleging a coercive, punitive process within the PHP [3]. The complaint states that the Michigan PHP "has

turned into a highly punitive and involuntary program where health professionals are forced into extensive and unnecessary substance abuse/dependence treatment under the threat of the arbitrary application of pre-hearing deprivations" which includes suspension by the Michigan licensing board.

A grassroots movement against the largely unchecked and potentially coercive power of PHPs seems to be evolving, with recent articles in the Daily Beast [4] and Medscape [5] decrying abuses by PHPs, as well as several articles in academic journals [6,7].

External oversight for all PHPs would ensure that PHP procedures are adequate to ensure fairness. Most healthcare entities - hospitals, medical school, residency programs, and so on-- are subject to periodic audits and external review. PHPs should be no different. National standards for fairness and avenues of appeal ought to be established. External audits by entities outside the PHPs ought to occur on a regular basis to ensure compliance. Given that once a physician is referred to a PHP that physician's career and livelihood is on the line - not to mention all of his or her patients who stand to lose their physician - nothing less is acceptable.

In conclusion, although doctors who are unsafe to practice medicine ought to be prevented from doing so, every doctor who enters any kind of treatment or monitoring program should be treated respectfully and fairly, monitored appropriately, and have legitimate avenues of appealing decisions about his or her care.

References

1. Flaherty JA, Richman JA (1993) Substance use and addiction among medical students, residents, and physicians. *Psychiatr Clin North Am* 16: 189-197.
2. Wood BA (2014) State of North Carolina, Performance Audit North. Carolina Physicians Health Program.
3. U.S. District Court Eastern District of Michigan, Case No: 2:15-cv-10337-AJT-RSW (2015). Carole Lucas, R.N., Tara Vialpandno, R.N., Scott Sanders, R.N., Kelly Schultz, P.A., and all other similarly situated health professionals v. Michigan Department of Licensing and Regulatory Affairs, Carole Engel, J.D. Former Director of Michigan Bureau of Health Professions, Ulliance, Inc. (State Contractor), Carolyn Batchelor (HPRP Contract Administrator), Stephen Batchelor (HPRP Contract Administrator), and Nikki Jones, LMSW. Filed January 30, 2015.

*Corresponding author: Jon Wesley Boyd, Asst. Clinical Professor, Department of Psychiatry, Cambridge health Alliance/Harvard Medical School, Somerville, MA 02143, USA, Tel: 617-575-5223; Fax: 617-591-6015; E-mail: jwboyd@challiance.org

Received October 28, 2015; Accepted December 30, 2015; Published December 30, 2015

Citation: Boyd JW (2016) State Physician Health Programs Require National Standards and External Oversight. *J Psychiatry* 19: 346 doi:10.4172/2378-5756.1000346

Copyright: © 2016 Boyd JW. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited

4. Glaser G (2015) American Doctors are Killing Themselves and No One is Talking About it. *The Daily Beast*.
5. Anderson P (2015) Physician Health Programs: More Harm Than Good? *Medscape*.
6. Boyd JW, Knight JR (2012) Ethical and Managerial Issues in State Physician Health Programs. *J Addict Med* 6: 243-246.
7. Boyd JW (2015) Deciding Whether to Refer a Colleague to a Physician Health Program. *AMA Journal of Ethics* 17: 888-893.