ÄRZTEKAMMER
HAMBURG
Körperschaft des öffentlichen Rechts

INFORMATION

for

members of the Medical Association of Hamburg
who are struggling with substance abuse

Dear chamber member,
Dear colleague,

physicians are affected just as often by addictive diseases as the total population, if not more often. As untreated clinical pictures, the addictive diseases collide with the high expectations that are connected to the medical profession such as the interest to protect patients. The problem´s dimension is seldom revealed until an error in treatment of a patient occurs, especially because part of the addictive disease is a faulty self-image. Normally several years have elapsed before adequate therapy and diagnostics become effective. The addicted person and his immediate family as well as the professional environment often find themselves in an unholy alliance, which further enables the addiction.
It is the aim of the Medical Association to tackle the problem of the addictive diseases in an offensive way instead of ignoring it. The Medical Association looks after its ordinal tasks and the fiduciary duty for its members. Thereto we depend on the willingness of the patient, ideally beginning when an addicted chamber member itself contacts the Medical Association to use the support of the Intervention Program, which is specially developed for this purpose.

The path from the willingness to change to the abstinence from addictive drugs is exhausting and usually needs a clinical inpatient (initial) therapy to show drastic results. The practice depends ultimately on each individual case and has to be discussed in detail. The regeneration and conservation of the doctor´s health and the protection of the patient's interests are essential. The Behörde für Soziales, Familie, Gesundheit und Verbraucherschutz (ministry for social matters, family, health and consumer protection) (BSG) supports the program. Furthermore other states have already followed the example of Hamburg in the implementation of the Intervention Program (Brandenburg, Saarland, Thüringen) and, on the national level, created notes for the development und realization of Intervention Programs by the LÄK.

All in all we take positive stock according to the motto “assistance instead of penalty”, that initially accompanied the Intervention Program of the Medical Association of Hamburg for more than 15 years. This encourages me explicitly, to invite you whether you are personally affected by an addictive disease or seeking advice on this subject to trust your Medical Association to find a way together with you, how to avoid the otherwise negative development of a disease.

Please do not hesitate to contact me anytime if you should have any questions. I hope, that the enclosed information is of use to you to answer questions to the Intervention Program itself as well as to the problem of addictive diseases of physicians.

Sincerely

Dr. med. Klaus Beelmann

Notes on the general practice to support addicted physicians through the Intervention Program of the Medical Association of Hamburg

In most cases the Medical Association will directly talk to the chamber member, who is suspected to have an addictive disease, reported from different sources (e.g. colleagues, patients, pharmacies).

The physician is directly confronted with the fact, if the suspicion is serious enough and if it is very probable, that the physician suffers from an addictive disease. If the physician agrees with the evaluation, it is possible to talk about the different necessary rehabilitation measures needed. Otherwise, which is much more common, we hand out informative literature and schedule another appointment within the next days. Past experiences show that in nearly every case the existence of an addictive disease was admitted in this way.

If is not so easy to verify the suspicion of an existing addictive disease, the Medical Association tries to prompt the member to see a specialist for further examination. When the physician does not consent, the Medical Association notes that the existing documents have to be forwarded to the competent supervising authority. This will also be mentioned, if the physician does not take part in the agreed plans for the protection of his medical activity without drugs. In individual cases care and supervision duty must be weighed against each other critically. Reporting the addicted chamber member to the authority is mandatory, even when the chamber member is cooperative. According to the agreement with the supervising authority the realization of the Intervention Program is approved and judicial steps regarding the revoking of the license to practice are not initiated in case of positive improvement. The measure ensures the Intervention Program judicially and creates a stable base for an attempt of the co-operative reintegration of addicted doctors into the daily medical routine. The measure does not lead to a primary disadvantage for the doctor who trustfully contacts the ÄK.

If the existence of an addictive disease is certain, a stationary therapy with decontamination and withdrawal will usually follow. Here the ÄK often co-operates with the Oberbergkliniken, a group of three professional medical centres for the treatment of addictive diseases, which mainly accept doctors and other members of (academic) curative occupations. After the termination of the therapy a curriculum is carried out, which is based on a yearlong support. i.e. a brief appraisal based on anamnestic, clinical and lab-chemical data is provided in the clinic monthly. If a relapse occurs within the period, the time line of the curriculum is adapted accordingly and the need of another stationary therapy will be evaluated.

Part of the Intervention Program is psychotherapeutic treatment through a licensed physician possibly once weekly and - mostly in the case of an existing addiction to alcohol - the regular participation in a self-help group.

In each case the Medical Association receives the short medical report from the clinic. Condition for this is that the treating doctors are absolved from the patient-

doctor confidentiality towards one or several persons in the Medical Association to obtain an objective appraisal of the state of health also for the Medical Association. It is also aimed to absolve the therapists from the doctor-patient confidentiality for defined "emergencies".

The Medical Association tries to arrange an alternative regular control in case a clinic offers no curricular post care.

Moreover the addicted doctor's have to appear in person once a month in the Medical Association to keep the appointment with the one who is responsible for the Intervention Program.

Distinctive features lead within the arranged boundaries to the exchange of the Medical Association with the therapists to be able to draw adequate conclusions. The action of the Medical Association is agreed upon in the management.

In addition the Medical Association arranges irregular controls on substance abuse for own exam purposes, which are carried out, e.g. in day hospitals, addiction-therapeutic facilities by hospitals or suitable doctor's practices. Besides, it is often necessary to guarantee the identity of the test within the scope of the drug screenings also and it could be necessary in the individual case to agree on visual control.

It belongs to the fiduciary duty that the Medical Association helps the addicted members to master the financial difficulties beginning already before, in general mostly at the latest with the therapy. A part of it are the mediations with health insurance companies and the approach to the Versorgungswerk, the retirement agency for doctors.

The Intervention Program is planned for the duration of one year and is agreed upon in form of a "volunteer's agreement" in writing between the physician and the Medical Association. The agreement is based on the above-mentioned corresponding item of the agenda: Curricular examinations, psychotherapy, self-help group, unannounced lab controls and regular conversations in the Medical Association.

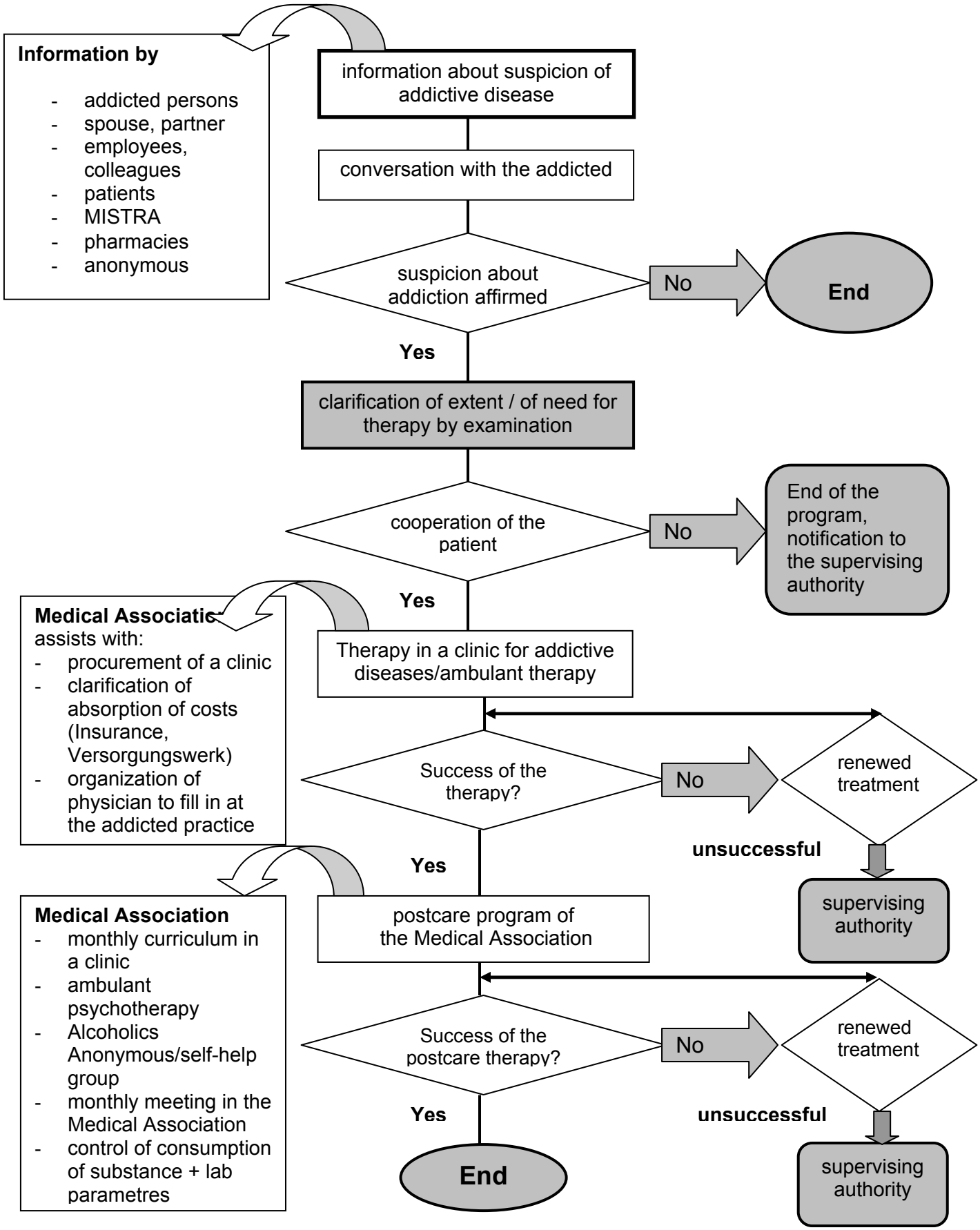
Hamburg, 10/05/2006

Intervention Program

Overview

Chronological ~ week 1-4	**Prevention program** Conversation Examination by expert
2 months	**Therapy**
12 months	**Follow up program** Curriculum Psychotherapy Self-help-group Medical Association Laboratory tests
∑ 15 months	

INTERVENTION PROGRAM for physicians with addictive diseases of the Medical Association of Hamburg



Affix

Press comments

Intervention Program for addictive diseases of the Medical Association of Hamburg

Written by Dr. Klaus Beelmann

One does not like to talk about addictive diseases generally and in particular of physicians. The Intervention Program of the Medical Association breaks this taboo and accompanies physicians with addictions in therapy, organization of the doctor's office and postcare.

Addictions to alcohol are still underestimated in our society as a whole. The regular consumption of alcohol can already be a sign of a possible addictive disease. Taking the average consumption of alcohol in Germany of the population between 15 and 70 years as a basis, calculated by the actually consumed, i.e. bought quantity of alcohol, results in an estimated per-capita consumption of 41g of pure alcohol daily. Already this median value exceeds the harmful limit of 30g of pure alcohol for men and 20g for women, as it was determined by the British Medical Association.

The percentage of the apparent addicted to alcohol in the general population ranges - depending on the source - between 3 to 5%, i.e. 2.5 to 5 million people. Moreover the same number of alcohol-threatened are added. A clear dimension for the spreading of the addiction to alcohol is the comparison with the diabetes mellitus, which occurs in about 4% of the whole population.

It is calculated that about 1,7 million people of the total population - without cases of alcohol abuse which at least already resulted in physical and/or psychological damages according to ICD-10 criteria – are anticipated to suffer from an apparent addiction. According to the number of the active doctors in Germany (330,000) this stands for 7,000 addicted physicians. Assuming on average the same consumer behavior as in the total population, this number is converted into 255 for Hamburg. The number of the deaths, which amounts in Germany all together to approx. 50,000 people, is frightening. It is assumed that in Hamburg at least about 7 doctors die annually of the addiction to alcohol. But there are clues, that the percentage is possibly even higher for doctors with addictive diseases in general.

Let us now have a look at the special conditions that could be the cause of physicians' addictive diseases and to the specific problems existing before intervention.

1. Among the causes are

- unfavorable work conditions
    - great demands in hierarchical structures
    - irregular and too long working hours
    - extensive continued medical education with the finally almost habitually growing impression to not to be able to cope with anything

- unfavorable working contents
    - high amount of emotional stress with too frequent contacts with patient's fates
    - pharmacological practice as a catalyst for addicted behavior

The usage and availability of drugs act in synergy with the professional everyday life and the doctor's supposedly precise knowledge about the risks often lead to a faulty estimation in the "self-experiment" or "-use ",

2. Among the problems prior to the treatment are

- the idealized self-image of the doctor. Basically the doctor has to be an invulnerable helper who himself does not become sick. Hence the doctor also never loses his self-control, and he excludes all possibilities of doubt in every situation about the fact that his consumption of addictive substances is not longer manageable for him. In addition the effect of the substance increases the inability to think critically. The high doctor's ideal thus narcissistically insulting contrasts the real medical personality, which remains exhaustable. The so far unselfish helper requires help for himself.

- the fear of the consequences of the addictive disease's disclosure. This fear has two components:

    - the immediately felt distress to lose the professional existence (by revoking of the license or rest arrangement by the authority, by denial of the licensing (Association of CHI Physicians), recourse receivables);
    - the shame and fear of stigmatizing in the personal and professional surroundings.

- another disadvantageous effect for the affected person is added: the repression of the problem by his surroundings. Not only with the legal established addictive drugs, which are tolerated up to a certain threshold value, but also with drugs and opiate abuses we often find an extensive and misunderstood colleagueship of medical and also paramedical employees. This is often accompanied by a like-minded private-familial tolerance. To ignore the addicted colleague's weakness and growing illness leads to co-dependency and for the addicted to a chronic disease.

- The Intervention Program, which was developed in the Medical Association of Hamburg over several years, is mostly initiated in such a situation.

In the following information for the process of the “Intervention Program of the Medical Association of Hamburg for addictive diseases of physicians” (see part 1 of the Information)

First of all the Medical Association is informed about the suspicion of an existing addictive disease. Different sources are considered. An increased number of addicted persons themselves contact the Medical Association lately in addition to patients and the immediate family who play a decisive role. They request to be accepted into the program. This may be related to the increasing name recognition which was reached by events, leaflets and announcements in the "Hamburger Ärzteblatt". Often colleagues ask for information at first, partly with reference to addicted persons in their professional surroundings. About MISTRA – notice about criminal cases – the Medical Association receives confidential information of the court, provided that the credibility and occupational aptitude of the addicted person is in doubt, e.g. driving while intoxicated.

The conversation with the affected doctor takes place immediately after the information of the Medical Association, possibly also on the ground - e.g., in the doctor’s practice. Usually the physician is in a desolate, often also in an intoxicated state. Often the employees of the Medical Association experience protective behavior and denial reactions. In spite of the initial aggression we mostly succeed in clarifying the purposes and contents of the program, such as help and necessary support. As part of this there ought to be room for cooperation and maneuver, which is used constructively for a decontamination and rehabilitation. If there is no compliance in cases of clear addictive diseases, the physician is informed, that the existing documents have to be forwarded to the competent supervising authority within the next day. In spite of the partly emotional and aggressive atmosphere it is nearly always possible to reach a cooperation of the addicted person at the beginning of such an intervention.

In cases of doubt concerning the existence of an addictive disease an examination is carried out by a doctor experienced in rehab medicine, if necessary with a recommendation for a therapy.

In the case of an obligation for stationary treatment a decontamination and withdrawal in a clinic for addictive diseases follows. This will take about 6 to 8 weeks in regular. Often appearing problems in the clinic are the acceptance of the patient's role for the addicted physician, the capacity to understand the disease with a sufficient emotional acceptance and the relapse management. The Medical Association helps with the choice of an adequate institution, finding someone to fill in at the affected physician’s practice and also with the clarification of the absorption of costs to make the therapy in the clinic possible.

The post care program of the Medical Association begins after the discharge on the basis of a "volunteer's agreement" reached with the addicted person. This usually contains five points and applies at first for the duration of one year:

1. Realization of a monthly examination including the psychopathological results and objective lab parameters,

2. Weekly sessions of psychotherapy about which the Medical Association is only informed in case of missing appointment,

3. Regular visit of self-help groups for Alcoholics Anonymous,

4. Monthly interview in the Medical Association to discuss of the situation and the results,

5. Irregularly initiated abstinence controls by the Medical Association (blood test, urine test, field sobriety test).

The Medical Association of Hamburg is committed to the fact, that a participation in a structured treatment is classified as a success. It is important to introduce the addicted person generally to a therapeutic chance and at the same time to protect his patients in the phase of the acute disease against possible negative consequences of treatment.

Source: Hamburger Ärzteblatt, 6-7/2003