# Physicians Health and Well Being Committee—An Update

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In June 2008, the Diversion Program of the Medical Board of California was allowed to sunset by the California Legislature. This left hospital medical staffs and others with the responsibility for physician health and patient safety without the central resource on which they had relied for the past 28 years. The MBC, as it is currently constituted, is not inclined to support a replacement program of any sort. What remains is for the Well Being Committee of each individual hospital or group to deal with this issue in its own way. Some private groups have offered alternative assistance in this area, but they fail to come close to the monitoring, evaluation and aftercare the Diversion Program had offered. With no Diversion Program available for physicians with mental health and substance abuse issues, the MBC has enforcement as its only remaining option. This fails to create an environment conducive to early identification of problems in physicians prior to their manifesting behavior leading to either adverse patient outcomes or acts that lead directly to enforcement action.

Fortunately, a workgroup of stakeholders organized by the California Medical Association anticipated the need for a replacement program for physician's health and began working together on a solution once the Diversion Program closed. This Workgroup on Physician Health Programs is composed of representatives from the CMA, California Psychiatric Association, California Society of Addiction Medicine, the Permanente Medical Group, and the CSA (I am the CSA representative) as well as other interested parties. The group has tremendous support from the CMA and its staff, and has retained legal counsel.

Originally, a legislative approach was taken whereby legislation supporting the replacement program was developed with the idea that a non-profit entity would also be created to provide structure for the new program. The legislation drafted by the work group, AB 214 (Fuentes), was passed by the legislature last summer, only to be vetoed by the governor last fall! New revised legislation, AB 526 (Fuentes), is currently being finalized and work continues on forming the non-profit entity to provide the structure.

The Workgroup is committed to seeing this process through to the creation of a new program regardless of how that is achieved. The dedication of this group and the leadership it has provided has been inspiring, and I am optimistic that a Physician Health Program ultimately will emerge and be even better than the

original Diversion Program. The only remaining question at this point is how long this process will take and how it will interface, if at all, with the MBC given the current political climate.

Several byproducts have emerged from the Workgroup Committee including the identification of other resources to assist those dealing with physicians with well being problems and guidelines on how to make informed choices among possible providers of professional assistance. These guidelines are available at:**http://www.cmanet.org/bookstore/product.cfm?catid=11&productid=85**.

I also want to update CSA members on the fallout from the editorial that addressed allowing substance-abusing personnel to return to work in the operating room.[1] The authors state, "We believe that a default *one strike, you're out* policy should replace the current default position of assuming a return to the workplace." This editorial and the accompanying article[2] need to be read by all who have any interface with the well being process involving a colleague in our specialty.

The implications of the "one strike policy" for colleagues in our specialty who develop an addiction to any drugs in the workplace remain to be seen. In the past, full and appropriate evaluations of such physicians in experienced residential treatment centers familiar with this type of physician would take place, and based on this, an individual recommendation for return to work (if and when and under what conditions) would be developed.

At least one center, well known for treatment of physicians with addictive disease, is apparently following the philosophy of the authors of the editorial. Several letters of counterpoint to this editorial appear in the June 2009 issue of *Anesthesiology*, one written by myself.[3] I recommend reviewing this literature and researching any treatment center for their treatment philosophy before becoming involved with sending a colleague there for evaluation and possible treatment. I welcome any feedback on this article or suggestions for work by the Physicians Health and Well Being Committee.

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1 Berge, Keith H, Seppala, Marvin D, Lanier, William L. The Anesthesiology Community's Approach to Opioid- and Anesthetic-abusing Personnel: Time to Change Course. *Anesthesiology* 109(5):762-764, November 2008.

2 Bryson, Ethan O, Silverstein, Jeffrey H. Addiction and Substance Abuse in Anesthesiology. *Anesthesiology* 109(5):905-917, November 2008.

3 Specht T. One Strike, You're Out: One Size Fits None. *Anesthesiology* 110(6);1425-1426, June 2009.