



THE DRUG-ADDICTED DOCTOR – WHO DARES TO CARE?



The first known in-depth study of a group of substance-abusing South African doctors suggests a profession that would rather turn a blind eye to this deeply discomfiting phenomenon than offer practical solace.

In-depth interviews of 15 GPs and three specialists reveal most to have silently battled their addiction for 6 or more years before seeking out or being offered collegial help.

The research, unprecedented in South Africa, was done by Dr Elca Erlank of the Stabilis Treatment Centre in Pretoria and supervised by Professor Marieta du Preez, Head of the Department of Social Work at the University of Pretoria. Using the Impaired Doctors database of the Medical and Dental Professionals Board (MDPB), the physicians were enrolled from rehabilitation centres around the country.

It confirms a British study which concludes that colleagues 'may be suspicious but don't want to delve too deeply because if they know too much they will have to take action, so the problem may go on for a very long time. It has to be absolutely catastrophic and threatening patient harm for someone to interfere'.

The local study profiles a substance-abusing South African doctor as someone aged between 40 and 70 years, highly stressed in their job, a self-

prescriber and someone who was in a leadership position and an outstanding achiever at school. While 45% of them had a parent who abused substances, most came from a family environment described as 'unsatisfactory for the development of a positive self-image and self-confidence'. Family life growing up had also been unsatisfactory when it came to meaningful communication and free, constructive expression of emotions.

The researchers said the respondents' high achievements and their subsequent status as medical students may have been a way to accommodate negative self-esteem. By the time they sought help for their substance abuse they were all experiencing serious physical, psychological and social problems.

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Seven of the study participants (35%) developed a substance dependency problem during their training years, more than double the international tendency among medical students (16%), a finding the two social work researchers describe as 'alarming'. Most of the study group developed a drug habit in their 30s.

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A full 75% of the respondents had been 'clean' for less than 24 months and were still practising. All had type A personality traits, which predisposed them to experiencing stress more intensely.

Research in Scotland confirms that twice as many doctors are treated for affective disorders and substance dependency compared with a social control group, while other researchers made an even more striking observation; that 'chemical dependency appears to be the single most frequent disabling illness for the medical profession and poses a major problem for the profession and society'.

Both the qualitative and quantitative local research shows that colleagues of the affected doctors simply did not want to get involved. This 'conspiracy of silence' was reinforced by a pervasive set of collegial attitudes towards the afflicted physician. Reactions ranged from 'doctors are capable enough to handle their own problems', 'the doctor is the helper not the help seeker', empathy with the demands of the profession, fear and uncertainty of the seriousness of the problem and of just how to react.

In the absence of any other local research on the subject, the investigators quote British colleagues who assert that health care professionals firmly believe they can control their drug use. 'Their education instils in them the expectation that they provide care to others, that they be physically, mentally and emotionally strong under conditions of severe stress, and they understand the physiological consequences of drug and alcohol abuse.'

The local study concludes that what is urgently needed are more efficient ways of identifying the substance-dependent student or doctor and more efficient education and information about reporting the substance-dependent doctor in the medical environment. General practitioners needed a formal support system with counselling facilities for prevention and treatment while a programme addressing 'specific aspects of managing a private practice and the risks involved' was strongly advised.



Some of the interviews with the drug-dependent doctors clearly illustrate how easy it was for them to succumb. One military doctor described how his sense of duty kept him working for three straight days after 'the GPs I work with just didn't arrive'.

'I remembered reading somewhere that if you're very tired you could inject just a little bit of pethidine. So I did it, worked for another day and then slept.' It became a pattern that whenever he was tired or depressed he began using pethidine and then later, morphine as well.

'When I wiped my eyes again, I had a problem. I was buying in bulk from SA Druggists. You know what con artists we can become. I would pull on my military uniform and say, "it's top secret and I can't tell you why we need it," or something like that. I was also dispensing to others.'

When he began travelling a lot, he opened drug accounts in Pietersburg, Pretoria, Johannesburg, Durban and Cape Town. The lack of computer co-ordination and monitoring by chemists enabled him to continue undetected.

Another member of the study group, an anaesthetist, said he was ill prepared for handling the stress of difficult patients. 'I was doing incredibly difficult cases on my own at night without supervision. The biggest thing was bad sleep... irregular hours in the most terrible conditions. There's not a decent outcall room in any hospital in the country, not even private hospitals.'

Another said he endured 10 years of colleagues 'suspecting, knowing or seeing' his addiction.

'They never acted, discussed or even mentioned it – I think it was a question of their loyalty to the profession,' he said.

He believed that behind the ignorance and 'a determination not to know' was the fear that if they did get involved, they would possibly have to lay a complaint and testify in a professional conduct hearing. Nobody wanted to be

the 'whistle blower' and his colleagues were either too busy, too proud or had 'no idea of how to approach or handle the matter'.

However, once his drug problem was out in the open, 'everyone helped me... the guys who worked with me, my seniors and the MDPB.

More than 88% of the study respondents cited fear of being reported to the MDPB and the subsequent 'loss of respect' by their colleagues as a major reason for drawing a curtain over their own behaviour.

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Many expert observers believe that since the MDPB health committee was absorbed into the Health Professions Council earlier this year, it has lost significant expertise and institutional memory in dealing with impaired health care workers. An administrative secretary now takes the calls of anxious self-reporting doctors instead of a seasoned social worker.

Approached by the SAMJ, Dan Wolf, a psychologist at the First Step Recovery Centre in Sandton, said he had counselled several medical professionals with 'hard core' pethidine addictions.

The widespread abuse of pethidine has so alarmed the MDPB that it has recommended to the Medicines Control Council that its registration be amended so that it cannot be sold in pharmacies and only be made available in hospitals for gynaecologists to use on patients. A full 25% of all impairments reported last year were due to pethidine abuse.

Wolf questioned the consensual wisdom that doctors in particular were meant to know better. 'What about priests or even an accountant? Surely there are better ways for an accountant to spend, say R30 000, than on cocaine?'

Wolf believed the big issue for doctors was the potential of being struck off the roll and the high level of judgement made of someone who abused the very medication they were entrusted with prescribing. Their jobs were stressful, they had no phobia of needles and their sensitivity to medication was whittled away over the years.

'It's also important to realise that a doctor is not immune to personal problems – and the next thing they know is that they have a range of opiates at their fingertips,' he added. All this added up to making them a vulnerable group whose members needed to 'indulge in some forward thinking' about what to do if they found themselves in an unhealthy relationship with medication.

He warned that doctors' employees and their children were also vulnerable. 'I saw this one kid whose psychiatrist father was prescribing for him to keep the shame under wraps,' he said.

Wolf said there was a joke in Narcotics Anonymous that if they ever found the pill that would cure the addiction, most addicts would overdose on it.

He lauded the study finding that far too little time was devoted to addiction and substance abuse in medical school. The study recommends a formal preventive medical student programme addressing the self-prescribing and self-dispensing of drugs. There is currently no legislation in South Africa covering self-treatment, self-prescription and self-dispensing of medicines.

The study said selection criteria at medical schools should not only focus on academic factors but on the presence of emotional problems during school careers, depression and stress management skills.

The MDPB statistics on impaired doctors lend weight to the study's findings, with substance dependency accounting for 76.6% of reported cases in 1999, 63.7% of cases in 2000, 52.7% in 2001, and 38% of cases in 2003.

Chris Bateman

