

# The Impaired Radiologist

Claire E. Bender, MD, MPH<sup>a</sup>, Marta E. Heilbrun, MD, MS<sup>b</sup>, Hang B. Truong, MA<sup>c</sup>,  
Edward I. Bluth, MD<sup>d</sup>

## Abstract

Radiologists are faced with ever-increasing challenges in the needs of the practice, in both private and academic settings. Targeted information about protecting and maintaining the physical, mental, and emotional health of the radiologist is highly limited. Impairment is a functional classification that implies that the individual affected by a disease is unable to perform specific activities. Radiologists can suffer from the same illnesses as any human being, which include substance abuse and addiction, as well as chronic infectious diseases such as human immunodeficiency virus, hepatitis B and C, and tuberculosis. This article is intended to educate radiologists and leaders about various forms of physician impairment. It provides discussion of the challenges related to such impairment and provides tools and resources to address the impaired radiologist.

**Key Words:** Radiologist, impaired, substance abuse, chronic infection

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## INTRODUCTION

Radiologists today are faced with ever-increasing challenges in the needs of the practice, whether in the private or academic setting. Faced with the “do more with less” work environment, changing and uncertain reimbursement models, the economy, and personal life events, radiologists are confronted with increasing stressors. To enable radiologists to provide the highest-quality and safest care for patients, a corresponding ethos of support for a healthy workforce is required.

In a recent project by The Rand Corporation, which was sponsored by the AMA, factors influencing physician professional satisfaction were reported [1]. The project articulated the current challenges of providing high-quality patient care; the electronic health record environment; physician autonomy and work control; practice leadership; collegiality, fairness, and respect; work quantity and pace; work content and the health care team; payment, income, and practice finances; regulatory and professional liability concerns; and the continuous changes of health reform. These potential stressors, the longer work hours, and the added administrative burden can create a toxic, disruptive environment at work.

MacDonald [2], in his study of physicians and physician leaders, demonstrated that the consequences for such disruptive behavior can be serious for the patient, physician, and practice. In addition, the health care culture and its communication practices may be negatively affected. Rawson et al [3], although noting an overlap among disruptive behavior, substance abuse, mental health, and the impaired physician, focused on the impact of these factors on patient care/safety, cost, and medical education in an academic medical center. They found that the combined annual costs for disruptive physician behaviors (resulting from staff turnover, medication errors, and procedural errors) exceeded \$1,000,000.

Targeted information about protecting and maintaining the physical, mental, and emotional health of radiologists is highly limited. This article is intended to educate practicing radiologists and practice leaders about the myriad forms of physician impairment. It provides discussion of the challenges related to such impairment and provides tools and resources to address the impaired radiologist.

## THE IMPAIRED RADIOLOGIST

The definition of impairment is a functional classification that implies that the individual affected by a disease is unable to perform specific activities. The distinction between impairment and illness is important to make. Illness is the presence of disease in an individual; diagnosis of an illness does not necessarily mean impairment. Physicians are trained to identify and treat illnesses early. But when they themselves are

<sup>a</sup>Radiology Department, Mayo Clinic, Rochester, Minnesota.

<sup>b</sup>Department of Radiology, University of Utah School of Medicine, Salt Lake City, Utah.

<sup>c</sup>ACR, Reston, Virginia.

<sup>d</sup>Ochsner Clinic Foundation, New Orleans, Louisiana.

Corresponding author and reprints: Claire E. Bender, MD, MPH, Professor Radiology, Mayo Clinic, 200 First Street SW, Rochester, MN 55905; e-mail: [cbender@mayo.edu](mailto:cbender@mayo.edu).

affected and become ill, they may deny their illness or fear disciplinary action and associated stigma; as a result, they may not seek appropriate help. Thus, when physicians are affected by illness and remain untreated, overt impairment may manifest itself in the workplace [4]. Radiologists can suffer from the same illnesses as any human being, which include substance abuse and addiction, as well as chronic infectious diseases, such as human immunodeficiency virus (HIV), hepatitis B and C, and tuberculosis (TB).

The meaning of the dictum *primum non nocere* or “first, do no harm” is helpful to revisit frequently as it highlights a critical responsibility that physicians have to their patients [5]. The diagnostic radiologist may be somewhat shielded from direct communication and contact with patients, but the interventional radiologist performs direct patient care that includes use of sharp instruments and creates the potential for contacting and spreading blood-borne pathogens. In addition, access to opiates and sedatives is routine. However, with the ever-increasing reliance on medical imaging in patient care, efficiency and accuracy on the part of the radiologist are critical components in the patient care process [6].

Over the years, physician codes of conduct have been written to detail their ethical duty to provide the safest care to patients. The AMA has been a leader in educating physicians in regard to impairment and transmission of infectious diseases. In 1973, the AMA began its initiative to help physicians and protect the public with publication of *The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence* [7].

Specifically, 3 sections in the AMA Code of Ethics [8] deal with these concerns:

1. Section 8.15: Substance Abuse (issued in 1986). “It is unethical for a physician to practice medicine while under the influence of a controlled substance, alcohol, or other chemical agents which impair the ability to practice medicine.”
2. Section 9.13: Physician and Infectious Disease (issued in 1989; updated in 1996 and 1999). “A physician who knows that he or she has an infectious disease...should not engage in any activity that creates a significant risk of transmission of that disease to the patient.”
3. Section 9.131: HIV infected Patients and Physicians (issued in 1992; updated in 1996 and 1998). “...A physician who knows that he or she is seropositive should not engage in any activity that creates a significant risk of transmission of the disease to others. A physician who has HIV disease or who is seropositive should consult colleagues as to which activities the physician can pursue without creating a risk to patients.”

The legal implications for an impaired physician are obvious. In addition, the legal ramifications are serious to

both the colleague(s) and medical institutions/organizations that have knowledge of the impairment.

Smith and Berlin [9] have provided 3 risk-management pointers, which may help decrease the legal ramifications and continue to provide good, safe patient care:

1. An infected or substance abuse—impaired radiologist who is aware of his or her condition must take all reasonable steps to minimize any potential for patient injury and should not engage in any activity that creates significant risk of injury or transmission of disease to a patient;
2. A radiology group or hospital that has knowledge of or suspects a radiologist’s impairment from substance abuse or infection with a potentially transmissible disease should take steps to ensure that no patient injury will result from that impairment and to eliminate the risk of transmission of infection to patients;
3. In clinical settings where a radiologist with a known substance-abuse impairment or potentially transmissible disease is involved in radiologic procedures that may result in disease transmission or other patient injury, consideration should be given to including information about impairment or infection as part of the informed consent process.

The ACR Code of Ethics, contained in Article XIII of the bylaws [10], indirectly addresses this issue, stating the following:

Members should at all times be aware of their limitations and be willing to seek consultations in clinical situations where appropriate. These limitations should be appropriately disclosed to patients and referring physicians.

The medical profession should safeguard the public and itself against physicians deficient in moral character or professional competence by reporting, to the appropriate body, without hesitation, perceived illegal or unethical conduct of members of the medical profession. Members should uphold all laws, uphold the dignity and honor of the medical profession and accept its self-imposed discipline and deal honestly and fairly with patients and colleagues.

## Substance Abuse

The impaired radiologist is defined as a physician with the inability or impending inability to practice medicine according to accepted standards as a result of substance use, abuse, or dependency [11]. An estimated 10%-15% of all health care professionals will misuse alcohol or drugs at some time during their career [12]. Physicians in different specialties tend to abuse different classes of drugs. Literature reports have described lower rates of substance use and abuse in pathology,

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