In July, the Physicians Health Program began a series of articles, highlighting issues addressed by the program. Roland W. Gray, M.D., Medical Director of the program continues the series this month exploring alcohol and drug dependency treatment, advocacy and support issues.

**Physician, DON’T Treat Thyself!**

Physicians treating alcohol and drug dependent individuals, whether physicians or not, have long known that specialized treatment and long term monitoring are critical to good outcomes. Dr. Gray stresses that assessment and treatment must be objective as well as specialized to be effective, eliminating assessment and treatment by close professional friends as an option. Treatment by close professional friends not only doesn’t work, it often delays professional treatment until a career becomes unsalvageable.

“Motivating and working through resistance to treatment is often the first hurdle we face in helping physicians,” says Dr. Gray, adding that, “loss of control and authority is very difficult for us in general and even more difficult for a physician who copes through alcohol and drug dependency.”

“The good news is that physicians who work through our alcohol and drug dependency program have a better than 90% long term recovery rate,” says Dr. Gray. He cites completion of alcohol and drug inpatient treatment, five year after-care contracts and weekly support groups as the three pillars of recovery for physicians. Each of these three components helps physicians heal in different ways, and none are expendable. According to Dr. Gray, the Physicians Health Program currently has recovery support groups in eight cities in Tennessee, meeting at least weekly. “Just about every physician in the state can reach one of our groups fairly easily,” he adds.
Changing to a More Humane System

Dr. Gray believes that changing the environment in which physicians learn, train and practice would make a big difference in the scope of the problem. “Tennessee medical schools could be more proactive and offer a structured curriculum regarding drug and alcohol dependency,” he states. “The time has come to make the experience of medical school, subsequent training and fellowship a more humane experience,” he continued.

Recently, a March 2002 article in the Annals of Internal Medicine, Vol. 136, pgs. 358-367, examined burnout in internal medicine residency programs. Nearly 75% of the residents studied reported personal distress and career dissatisfaction. “We really have to do better than this right from the beginning with our medical students,” says Dr. Gray. Tennessee medical schools and training programs can call on the Physician’s Health Program for help in educating medical students and physicians on appropriate coping strategies for their training. “Prevention is less expensive and less damaging to our lives than intervention,” Dr. Gray finishes.

Physicians can easily access the TMF Physicians Health Program by calling (615) 467-6411 or writing the TMF, 216 Centerview Drive, Suite 304, Nashville, TN, 37027. All communications to the program are strictly confidential.

To make a tax deductible contribution to the Physicians Health Program, contact TMF Administrator Michael Todd at (615) 467-6411 or write to the Tennessee Medical Foundation, 216 Centerview Drive, Suite 304, Brentwood, TN 37027.