Doctors with drug and alcohol abuse disorders, as well as physical illness and mental or emotional problems, have always been a part of the physician population, just as with the general population. Fortunately, programs to assist doctors with their impairment are growing in scope and number, not just in the United States but also around the world.

As early as 1958, the Federation of State Medical Boards identified drug addiction and alcoholism as disciplinary problems and called for developing a model rehabilitation program that could be adopted by individual state boards. In 1974, the American Medical Association’s Council on Mental Health issued a policy paper on the “Sick Physician” and the AMA developed legislation that offered a therapeutic alternative to discipline.

In 1978, the Tennessee Medical Foundation developed the Physicians Health Program, one of the first state programs of its kind. Twenty-nine years later, I’m proud to say it remains a model program for similar organizations across this country and in other nations. The PHP addresses not just alcohol and drug disorders but also over-prescribing, psychosexual disorders, major depression, bipolar disorders and other mental or emotional problems; a new assistance program is also available for the families of the doctors we work with. One of our unique features is the ability to work with physicians on a confidential track if we feel they can be rehabilitated and safely returned to their practices. Of those doctors with alcohol and drug abuse disorders, we are able to get all but about two percent of the physicians into persistent recovery so they are able to return to the practice of medicine.

Today, every state has some type of physician assistance program, although they range in procedure and the scope of problems they address; many of them focus solely on alcohol and drug addiction, while others have adopted the PHP approach.

These efforts are beginning to spread around the world. In Australia, the state of Victoria has that country’s first physician’s health program, modeled in large part after Tennessee’s program; New South Wales is also close to developing a program. Last year, I spoke at the Australian Medical Association’s annual meeting and saw much interest in this issue.
In 2005, I also traveled to England, discovering that England, Scotland, Ireland and Wales are all interested in developing programs to assist impaired physicians. Canada has two such programs, in British Columbia and Ottawa. My hope is that this interest will continue to birth programs that will offer confidential, effective help to doctors trapped in the cycle of addiction or other physical, emotional or mental troubles.

If you or a colleague can use the assistance of the PHP, please contact our office at the information below. Our program is conducted in complete confidence and has over a 90 percent success rate in restoring physicians to their duties as healthcare professionals.

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.