



# Why Physicians Misprescribe

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According to Gil Kerlikowske, our National Drug Czar, prescription drug abuse has become the number one drug problem in the United States. Currently in fifteen states where the information is available you are more likely to die from an overdose of prescription drugs than you are from being killed in an automobile accident. Most of these overdoses are from opiates and sedatives/hypnotics. Although Tennessee is not alone in dealing with this problem, there is a significant problem of drug diversion in the state of Tennessee. In Tennessee physicians currently write more prescriptions for hydrocodone than any other drug. Because of the significance of the problem, Tennessee's Board of Medical Examiners now requires every physician to have one hour of continuing medical education (two hours starting in July) designed specifically to address proper prescribing practices.

There are a number of theories as to why physicians misprescribe. One theory regards the patient types. There are some areas of the state, particularly some of our rural areas where prescription drug abuse and prescription drug diversion is principally significant. If physicians are willing to easily prescribe for these patients, it doesn't take long until they have a practice full of drug seeking patients.

Another theory relates to a lack of current pharmacologic knowledge. This is the physician who does not keep up with current trends in medicine. He or she is not aware of the addictive potential of many of these drugs nor are they aware of the problem of prescription drug diversion.

There may be problems within the practice system which leads to misprescribing. Lastly, there are family of origin issues which cause physicians to overprescribe. It is this last category that I will talk about in this article.

The American Medical Association divides the overprescriber into four large categories. First, is the "Dated" physician. Again this is the physician who doesn't keep up with their current CME and is unaware of the significance of the problem drug dependence and diversion in the state of Tennessee.

There is a "Dishonest" physician. Fortunately this is a small number of physicians, however, they do contribute significantly to the problem of drug diversion in the state of Tennessee. These individuals are willing to write prescriptions for cash. The dishonest physician is best handled through the criminal justice system.

Then there is the "Disabled" physician who diverts drugs for his/her own use. These physicians are brought into our program and given the opportunity to recover from their dependence. Statistically there are only 3% of the physicians in this category who are unable to return to the practice of medicine.

Lastly, there is the "Duped" physician. This is the physician that most frequently comes to the Tennessee Medical Foundation's Physicians Health Program for assistance regarding their misprescribing.

The best way to describe the "Duped" physician is that he or she is one of the nicest physicians you will ever meet. They always assume the best about their patients and are very gullible. They are trusting and honest to a fault. It is not unusual for them to leave script pads lying around. Probably the best

way of describing these physicians is that they are codependent and are just unable to say "no" to these patients. Interestingly, over 80% of the "Duped" physicians who have come to the Physicians Health Program for assistance are adult children of alcoholics. Those who grow up within an alcoholic household tend to assume several roles.

First is the "Lost Child", this is the child who fades into the background. There is the "Scapegoat" who acts out for attention. The most common adult children of alcoholic (ACOA) role of a "Duped" overprescriber is that of a "Hero" child.

It is the role of the family "Hero" as a child to constantly seek approval and affirmation. These individuals are super responsible and over conscientious. In spite of their achievements, they always feel inadequate. These individuals are very adverse to any kind of conflict. It is not difficult to see how the family "Hero" adult child is easy prey for the drug seeking patient. Because of their psychological make-up they want all of their patients to be happy with them and to leave happy. Obviously, the easiest way to accomplish this with the drug diverting patient is to give them whatever they want.

When the physician "Hero" child begins accommodating the drug seeking patient it does not take long before he or she has a practice absolutely full of these patients. The drug seeking patient will go to great lengths and travel long distances to find physicians who are an easy touch for whatever drug they are seeking.

In working with these physicians, the most effective treatment is therapy for their adult children of alcoholics' issues and find