

The “Eat Your Young” Mentality is Alive and Well in Medicine: Part 2



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“Eat your young” in this article series refers to the fact that we as physicians tend to punish, rather than support, our peers who develop behavioral health disorders.

Alcohol use disorder, opioid use disorder, or any other addiction by definition is a chronic illness that responds to chronic disease management. The symptoms and DSM-5 criteria of addiction include antisocial behaviors. One cannot separate addiction from antisocial behavior; it is like trying to separate itching from urticaria.

Every physician who has opioid use disorder has obtained opioid medications using aberrant and usually illegal means. Every physician with alcohol use disorder has driven while impaired. The drugs – whether alcohol, oxycodone, or marijuana – hijack the brain and change morals, ethics, and inhibitions that normally govern such behavior. Addiction is not a moral issue; it is a deadly disease. Even with their years of education and knowledge, physicians are not immune to this or any other illness. As my TMF predecessor Dr. Roland Gray often said, “No one graduates from residency unscathed.” Meaning, the very training we get is traumatic enough to be a predictor and a seed for addiction. Mix the trauma with genetics and easy access and the end result is often addiction.

As in the cases mentioned in Part 1, when a physician with addiction gets terminated it drives the next physician underground or worse, to hopelessness, and can even become a factor in a suicide. There is huge stigma among

physicians about getting help for a mental health problem. Even with current mandates from the AMA, FSMB, NAM and FSPHP to make license application, hospital privilege and insurance panel questions more ADA-complaint and less stigmatizing, it is still there, keeping physicians from getting the help they need. This causes addiction to fester and to progress; the illness then causes impairment and patient care greatly suffers.

We need to make it easier for physicians to get help, not harder. Regulatory agencies are the bodies charged with taking action when the medical practice act is violated; punitive actions should remain in their domain. We should be understanding and helpful to our peers who have illness, not judgmental, unfeeling, or malicious; advocating for them, not terminating them.

TMA President Dr. Ed Capparelli has made physician wellness a top priority for his term. Part of wellness is providing programs to both prevent illness and to help when someone is sick. Physicians are human and illness is a human condition. Behavioral illnesses are illnesses that can and do cause antisocial behavior. We should treat our physician colleagues at least as well as we treat our patients—and that includes with the same empathy. We don’t fire our patients when they have a behavioral illness; why are we doing this to our peers?

President Biden signed into law the Dr. Lorna Breen Health Care Provider Protection Act in early 2022. Dr. Breen died by suicide in April 2020 amid the Covid-19 crush—family and friends say she feared that her career was over because she received inpatient help for depression. The federal government and the House of Medicine recognize how stigma can literally end physician lives and negatively impact quality of care. Suicide is an occupational hazard for physicians—it is the only cause of death higher in the physician population than the general population.

The fact is physicians don’t and won’t get help for a behavioral disorder for fear of losing their jobs and their licenses. This concept is only reinforced every time a physician is terminated for having a behavioral health disorder. Shame on us. It is time that we support our physicians with behavioral health disorders and not fire them. Contact the TMF at e-tmf.org or 615-467-6411 if you need help.

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