Disruptive Behavior, Mental Illness, Aging:
Unique Aspects of These Conditions When We See Them in Physicians

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Yes, physicians get sick too. What's different? -→>>***Denial, Shame, Fear, Secrecy***

This will not be a talk about the diagnosis and treatment of personality disorders, mood disorders or dementia in general.

My experience in this area: over 25 years evaluating health professionals, 69 cases:

- Alcohol/drugs (16)
- Boundary violations (19)
- Competence / mental illness (16)
- Disruptive (18)

What I have learned in a nutshell:

- Everyone is different.
- Don't believe what you hear.
- Gather as much collateral information as possible.
- Get outside expert opinions regarding parts of medical practice you do not know very well.
- Not everyone is fair and honest.
- Most physicians will cooperate with the evaluation and will appreciate what you do.
- Doctors who are in trouble are treatable!

What's the most precious thing to the typical physician? His or her medical license! This is important to families too; they may be in denial as well, or, if they are not in denial, secrecy may be important to them too. This fact is both a challenge and an opportunity. Because the medical license or staff privileges are so important, the doctor is motivated to change.
Biggest challenge is "getting their attention."

Mood Disorder
Sometimes symptoms are seen everyplace but at work.
Doctors are accustomed to putting up a certain professional face and they do it well.
Colleagues and staff see no evil, hear no evil, speak no evil. "Code of silence."

Special challenge in diagnosis and treatment

- Doctor may be self-medicating with samples, or abusing drugs
- Doctors don't go to doctors and don't get diagnostic tests done
- Illness seen as weakness
- Fear of losing prestige or even losing job – "If they think I'm ill, I won't get any more referrals."

Disruptive Behavior
Doctor either denies that the behavior occurred or says that what he or she did was justified "because no one else seems to care about quality care."
Doctor blames others.

Challenge in diagnosis: hard to get accurate information about what's really happening. "Sometimes paranoid people really have enemies who are trying to hurt them"

Aging
Many doctors try to work forever. Much of what they do is repetitive and routine and can be done even when significant cognitive deficits are present. Doctor may be overconfident. Patients don't know.

Challenges in diagnosis: Doctor may refuse testing. Subtle but significant deficits may be hard to pick up. On the other hand it's possible to overdiagnose cognitive impairment. "On testing his IQ was 110. Clearly it was formerly much higher; he's a doctor. There must have been decline." How smart does one need to be to be effective as a doctor?
Physical Skills v Mental Skills. Smart surgeon will give up the OR voluntarily. What if he or she doesn't?

Evaluation Process
Importance of honesty and fairness.

1. Referral comes from medical staff, practice group, or attorney
2. Gather collateral material – this is essential
3. Meet with physician for 2 – 3 hours and then plan evaluation. Explain to the physician that this is not treatment. Explain what level of confidentiality can be expected.
4. Psychological testing or neuropsychological testing may be helpful.
5. Medical evaluation – may be critical!
6. Drug testing
7. Gather information from family or others
8. Meet again with physician – amount of time depends on situation.

Kinds of Conclusions
Treatment Recommendations:
Evaluator should NOT take on treatment – explanation regarding why not.
Does the physician have the right to get the written report?
What can be treated? What cannot?

Mood disorders: yes if the doctor agrees to be treated
Disruptive behavior: yes if you can get the doctor's attention
Cognitive Impairment: if mild, doctor may be able to practice in a limited way

Ongoing Monitoring and Re-Evaluation:
Doctors are usually very treatable!
"Nothing is forever"