Doctor "Doesn't-Look-So-Good"

Dr. David Matthews is a 39 years old pediatrician. Recently, a nurse mentions to a member of the Physician Well-being Committee that "Dr. M doesn't look good." And the member recalls that Dr. M's partner just retired and that, several months ago, Dr. M had told him, "I'm really stressed out."

QUESTION

- **Is this an appropriate PWBC concern?**

PWBC members decide to gather more information to help them decide whether to get involved. Speaking with ICN charge nurse, they learn: "Dr. M has received many complaints. She had to notify the Department Chief about his communication." Asking a colleague in his department, they learn: " He has been missing teaching rounds."

Two members of the PWBC ask to meet with Dr M about the concerns they've been hearing. He tells them he is really stressed out by the pressures of this practice. He can't sleep at night. He admits to drinking at night to just relax. He wonders if a life in medicine is worth it if he has to work this hard?

The PWBC asks if Dr. M would undergo an evaluation for his mood and irritability.

Dr. M is initially reluctant to undergo evaluation but understands there have been pending complaints. He agrees.

QUESTION

- **What type of evaluation should be requested?**
- **What information would you send in advance to the evaluator?**

The Committee reviews the evaluation report which includes Dr. M's score on the Beck Depression Inventory and the evaluator's note that the results of the single question screening* indicates harmful drinking.

The Committee meets again with Dr. M to share the report with him. He agrees with both the findings in the report but maintains that work is the best medicine and that he will handle this situation himself without outside help. He thanks the Committee members for their concern but refuses committee's recommendation that he seek individual therapy / counseling.

The Committee keeps records.

QUESTION

- **What records are kept?**

Three weeks later, the same nurse approaches the same member of PWBC saying that Dr. M was not reachable by phone when his patient developed [something that represents significant risk of patient harm]. The nurse also said that the pediatrician who has been taking calls on weekends for Dr. M has complained that he fears the care is suffering because he is not able to communicate very effectively with Dr. M about the patients. Many times, Dr. M doesn't return his calls.

Committee seeks info from the pediatrician who covers for M and from Dr. M's office staff. Committee members hear more of the same concerns and additional instances of similar behavior and situations.

QUESTION

- **Does seeking corroborating information constitute a "formal investigation"?**

Committee asks Dr. M to meet with them again, and he agrees. His appearance is very slightly disheveled; he is a little distracted.

Committee members tell Dr. M that it recommends that his on call person take over cases, he take about a week away from the practice, and he enter therapy or counseling. They focus on the risk to his health and reputation, and they offer their assistance in helping him get back to good health and less stress. He says he'll think about it.

After he leaves the meeting, the Committee members review the experience and all the information they have and they decide on a next step. They agree (formal action of the committee) that Dr. M should be asked to enter into an agreement with the committee and to follow the recommendation for treatment. They set up another meeting with him the following week, when they will have an agreement drafted and a list of recommended therapists available.

One week later, three members of the committee meet with him and tell him of the committee's decision. They make the formal recommendation to him, giving the reasons why the committee determined it is the necessary approach. They explain the seriousness of the risk to his personal and professional health, the risk to patient

safety as they see it, and they explain that the committee has determined that the situation is rectifiable before the risk increases. They say that the Committee agrees that the situation represents enough potential for patient harm that they will make a report to the MEC if they can't bring the situation under control via this agreement. The give him a copy of the agreement, a list of three treatment/counseling resources, and the release of information form.

QUESTION

- **What elements are put into the agreement?**
  Teaching point: Since harmful alcohol use is involved, it should be addressed in the agreement; e.g., abstinence for x weeks/months, with random testing.

- **What provisions are included in the authorization for release of information?**

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*A validated single question screening for problem drinking:
When was the last time you had more than five drinks in one day?

- Never
- In the past three months
- Over three months ago

Positive screen for alcohol use disorder is answering "in the past three months."
Ebel, MH. *Routine Screening for Depression, Alcohol Problems, and Domestic Violence* Am Fam Physician. 2004 May 15;69(10):2421-2422.

Gbj 6-29-11 Macintosh HD:WORK:CPPPH:regional meetings:Case handout for 7-9-11.doc

CONSIDER VARIOUS ENDINGS:

Scenario #1 – Dr. M agrees but wants changes in the monitoring agreement.

QUESTION

- **Are any elements of the monitoring agreement negotiable?**
  Maybe. The teaching point is that there are times and situations where some flexibility can be a clinically appropriate response.

Scenario #2 – Dr M says he has already begun counseling and will remain with his therapist and will sign the release so that his therapist can send reports to the committee.

QUESTION

- **Is that acceptable?**
  This is a common response: "I have my own therapist."
  Teaching point: the committee should not accept a therapist who is not known to them and who does not meet their criteria. The Committee would have to be satisfied that the therapist is qualified, is impartial, is capable of holding the patient to a specific standard and not being influenced by the patient, and is willing and able to make meaningful reports to the committee.

Scenario #3 – He agrees to seek counseling with a recommended therapist but refuses to sign the release.

QUESTION

- **Is that acceptable?**
  Deal breaker.
  Teaching point: this is the place for rigidity. The appropriate release for disclosure of information to the Committee is required if he is going to continue to be involved with the Committee's.

Scenario #4 – He refuses any involvement with the committee.

QUESTION

- **What gets reported?**
  Teaching point: report to MEC is required. Another place for rigidity.
- **Why is a report to the MEC necessary in this situation?**
- **What is the Committee's relationship to Dr. M after the report to the MEC is made?**
  Teaching point: the Committee can continue to offer its recommendations and support to Dr. M; it may be of appreciable help in his efforts to regain health.