

Medical doctors with addictions fear professional repercussions if they seek treatment

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Fear of dismissal or of losing their authorisation keeps medical doctors trapped in substance use disorders, and instead of seeking help they attempt self-treatment. This is shown by a new study from Aarhus University.

It is just as difficult for an individual medical doctor to ask for help with his or her substance use disorder as it is for their colleagues to help. A new study documents how the legal and social sanctions directed at medical doctors' substance use [disorders](#) (incl. alcohol, legal and illegal drugs) has a counterproductive effect, and actually contributes to keep them trapped in their substance use disorders.

The study is based on interviews with 12 medical doctors who have previously had a substance use disorder. "The doctors tell us that they feared losing their authorisation as a medical doctor or losing their job. The fear of sanctions prevented them from contacting any treatment centres for many years. The majority of medical doctors have instead attempted to treat their substance use disorders, for example, with Disulfiram (also called Antabuse) or other prescriptions, most often with a very short-lived effect or no effect," says sociologist and anthropologist Johanne Korsdal Sørensen of Aarhus University, who is in charge of the study.

The study has just been published in the International journal *Addiction*

Research and Theory, and is one of several studies from Aarhus University focusing on medical doctors' use of [substances](#) and substance use disorders. The study is unique in an international context where qualitative studies of medical doctors' substance use disorders are merely non-existent.

Sedatives before surgery

Johanne Korsdal Sørensen mentions that a heavy workload can push doctors into [substance abuse](#). One surgeon says his hands sometimes shook so much when he had to operate that he felt compelled to take beta-blockers in order to be able to make precise incisions. By taking performance-enhancing medicine, the doctor made sure the patient ended up with the best possible result, and that he himself climbed the career ladder faster. But in the long-term, the consequence was a serious substance use disorder, and he ended up losing his physician certificate and job.

"The study documents how several of the medical doctors—in some cases because of a high degree of work pressure and high expectations—have initiated their substance use as a form of self-treatment," says Johanne Korsdal Sørensen.

Doctors and others working in the healthcare system with access to medicine have a special work-related risk of developing substance use disorders. Nonetheless, substance use disorders by medical doctors is highly stigmatized.

"Doctors who have a substance use disorders need help and attention from others, especially colleagues. Unfortunately, some colleagues have a tendency to cover up for one another rather than get involved in the substance use disorder. Colleagues tend to view substance use disorders as a rather private matter and therefore primarily an area non-intrusional,

despite the potentially serious consequences for both the doctors in question and their patients," says Johanne Korsdal Sørensen.

An ultimatum is needed

She emphasises that the reluctance to address the issue is a form of misguided consideration for a colleague with an abuse problem.

"The medical doctors we interviewed cite only having one way out of the problem—and that is via relatives or colleagues confronting them with an ultimatum to begin professional treatment. The considerate thing to do is to intervene, and preferably as quickly as possible, so that the damage to the addicted person and their relations, both privately and professionally, is minimised as much as possible," says Johanne Korsdal Sørensen.

The researcher hopes that the results can help to break the taboo about medical doctors' substance use disorders.

"There is a need to look at how to open dialogue about the issue so that we can optimise assistance for those doctors who are affected by [substance use disorder](#). Medical [doctors](#) and other health professionals with substance use disorders issues can be treated completely anonymously, just like everyone else, and thereby get a second chance," says Johanne Korsdal Sørensen. All of the interviewed physicians recovered, and the majority of them continued working as physicians at the time of the interview.

Johanne Korsdal Sørensen has previously studied the scale of substance use disorders among [medical doctors](#) in a survey among 4,000 members of the Danish Medical Association. Here, she found that 2.5 per cent of the respondents had a harmful level of alcohol consumption. A total of 19 percent of participants were found to have high-risk alcohol

consumption problems—that is to say, a level of [alcohol consumption](#) that is potentially harmful and can cause alcohol use disorder.

More information: Johanne Korsdal Sørensen, How physicians professional socialisation and social technologies may affect colleagues in substance use disorders, *Addiction Research & Theory* (2018). [DOI: 10.1080/16066359.2018.1457654](#)

Provided by Aarhus University

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