

# ACP issues ethical guidance for responding to physician impairment

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The American College of Physicians (ACP) has released a position paper published in *Annals of Internal Medicine* that examines the professional duties and principles that should guide the response of colleagues and the profession to physician impairment.

"Physician impairment, the inability to carry out patient care responsibilities safely and effectively, is a problem of professional functioning that has implications for both patients and impaired physicians," said ACP President Robert M. McLean, MD, FACP.

"However, it is important to remember that just because a person has an illness or other condition, it does not necessarily mean that he or she is impaired."

Impairment can have many causes, including substance use disorders, a medical or [mental health condition](#), profound fatigue, or a decline in cognitive or [motor skills](#) due to age or disease.

ACP's paper, "Physician Impairment and Rehabilitation: Reintegration Into Medical Practice While Ensuring Patient Safety," has five position statements covering the professional duties of competence and self-regulation, the distinction between functional impairment and potentially impairing illness, [physician](#) health programs (PHPs), and physician wellness and well-being. The paper's appendix includes a rationale for each position and suggestions for implementation.

Physicians share a commitment to care for ill persons, including each

other. When physicians become impaired and are unable to practice competently, they have a duty to seek medical help and assistance in caring for their patients. When they cannot or do not do so, the profession and individual physicians have a responsibility to safeguard the welfare of [patients](#) and assist colleagues in obtaining help by identifying and reporting colleagues who might be impaired. Colleagues should take a stepwise approach, starting with a sensitive but direct discussion with the person if patient harm is unlikely and progressing to a report to licensing boards or clinical supervisors if patient harm is imminent or suspected.

In keeping with the focus on functional impact, ACP recommends that questions about impairment address a physician's current status rather than past history, not distinguish between mental and physical health, and elicit objective information about functional status.

Most states have PHPs, many of which have demonstrated success in assisting impaired physicians and trainees, especially those with [substance use disorders](#). PHPs should be committed to evidence-based [best practices](#) and should meet the goals of physician rehabilitation and reintegration in the context of established standards of ethics and with safeguards for both patient safety and physician rights.

Health care institutions and the profession should support practice environments in which patient safety is prioritized and physician wellness and well-being are addressed. ACP has a [Physician Well-being and Professional Satisfaction initiative](#) designed to foster a culture of wellness, reduce administrative burdens on physicians, improve practice efficiency and enhance individual physician well-being.

In an accompanying [editorial](#), Jeffrey H. Samet, MD, MA, MPH, writes: "These guidelines recognize the enormous investment required to develop well-trained physicians and that the community at large benefits

when, instead of being asked to 'heal thyself' in periods of impairment, this talented resource is supported and treated as needed."

**More information:** Philip J. Candilis et al. Physician Impairment and Rehabilitation: Reintegration Into Medical Practice While Ensuring Patient Safety: A Position Paper From the American College of Physicians, *Annals of Internal Medicine* (2019). [DOI: 10.7326/M18-3605](https://doi.org/10.7326/M18-3605)

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