



# ASAM

American Society of Addiction Medicine

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## **Public Policy Statement on Public Safety and the Healthcare and other Licensed Professional with Addictive Illness**

*(This is the ninth in a set of eleven policy statements of the American Society of Addiction Medicine addressing Healthcare and other licensed Professionals with Addictive Illness)*

### **Background**

The American Society of Addiction Medicine is aware healthcare and other licensed professionals with addictive illness have the potential to adversely impact public safety. Regulatory Agencies (RAs), Professionals Health Programs (PHPs), professional organizations, credentialing agencies, malpractice carriers, the professional community and the general public all have a vested interest in this important issue. Each desires the otherwise competent but ill professional to be rehabilitated, providing the public is protected in the process. Addiction is a primary, multifactorial disease which impacts the entire general population. The disease involves complex genetic, biochemical and psychosocial factors. Healthcare and other licensed professionals are no less susceptible to this disease than persons from other segments of society (see Public Policy Statement #1; “Healthcare and Other Licensed Professionals with Addictive Illness—an Overview”).

The diagnosis of addictive illness should no longer imply incompetence and does not, in and of itself, equate to functional impairment (See Public Policy Statement No. 2; “*Illness versus Impairment...*”). Healthcare and other licensed professionals with addictive illness, particularly doctorate-level professionals such as physicians, can have difficulty transitioning from the provider role to that of patient. They have a propensity to self-diagnose and self-treat; therefore represent a unique population. Fortunately, early diagnosis, treatment and monitoring have proven successful in the vast majority of cases. This success benefits not only the professional with a potentially impairing illness but also professional organizations, regulatory agencies and, most importantly, the public.

Preventive efforts, education, research and evidence-based strategies incorporated into public policies are important and efficacious. The issue of addictive illness and public safety has been recognized and addressed in organized medicine policies, similar professional policies and in many state and federal laws. This is exemplified in the criminal justice systems’ diversion programs, DOT 49 CFR Part 40, the Drug Free Workplace Act of 1980, regulatory agency Medical Practice Acts, the Federation of State Physician Health Program (FSPHP) guidelines,

and other formal documents and policies. Regulatory agency responses to an ill professional are too often automatically punitive; a consequence of the fear, prejudice, stigma of earlier times and is not reflective of current evidence-based knowledge. Adaptations to and incorporation of new research in the field of healthcare and other licensed professionals with addictive illness is too often delayed which can be detrimental and counterproductive for all.

Research-based proven strategies must replace outmoded approaches to the professional with potentially impairing illness such as addiction. Despite technical challenges, legal limitations, methodologies, and privacy considerations, we are witnessing the dawn of a new “ERA” of effective strategies for working with these ill professionals. Addictive illness in healthcare and other licensed professionals is best addressed through interagency cooperation with utilization of Professionals Health Programs (PHPs) and Addiction Treatment Programs (ATPs). The ultimate goal is to ensure that healthcare and other licensed professionals serve the public effectively and safely (See Public Policy Statement #4; *“Coordination Between Treatment Providers, Physician Health Programs and Regulatory Agencies”*). Treatment professionals should coordinate with state PHPs to determine illness severity, recovery needs, remission stability, relapse risk and medical fitness for duty. Professionals Health Programs (PHPs) have clearly demonstrated excellent results thereby assisting Regulatory Agencies in protecting the public. There are over 30 health professional regulatory agencies including Physicians, Nurses, Dentists, Veterinarians, Psychologists, Counselors, Social Workers and others. The Federation of State Physician Health Programs (FSPHP) has developed guidelines to effectively and safely address licensees with potentially impairing illnesses. This PHP model is recommended for all professions.

Research and anecdotal experience - including reports from malpractice carriers and others - indicate the once feared situation of professionals with addictive illness causing harm to the public is actually quite rare. In reality, identification and intervention occur earlier along the continuum of illness before there is actual on-the-job impairment. Post treatment tripartite behavioral, chemical, and worksite monitoring is highly effective in obtaining sustained disease remission. With well coordinated interface between Professional Health Programs, Regulatory Agencies and Addiction Treatment Programs, the public is best protected. PHPs utilizing best practices in evaluation, treatment and monitoring with contingency management have achieved excellent outcomes with minimization of risk to the public. The typical and expected outcome for the professional with a potentially impairing illness is sustained recovery (See Public Policy Statement #4; *“Coordination between Treatment Providers, Physician Health Programs and Regulatory Agencies”*).

Ultimately, healthcare and other licensed professionals with potentially impairing illness must receive state of the art treatment and post-treatment monitoring because hospitals, malpractice carriers, professional organizations, regulatory entities, health insurance companies, friends, families, colleagues, and the public have the highest expectations of professionals in safety sensitive positions.

**The American Society of Addiction Medicine recommends:**

- 1) When considering healthcare and other licensed professionals with addictive illness, the public health, safety and welfare are paramount.

- 2) The public health, safety and welfare are best served when an otherwise competent healthcare or other licensed professional with a potentially impairing illness is identified early, receives appropriate evaluation and/or indicated treatment, is monitored competently through a Professionals Health Program (PHP) and, when ready, returned to the safe, monitored practice of their profession.
- 3) To the further enhancement of public safety, ASAM recommends the continued support of evidence-based research in the education, evaluation, treatment and monitoring of potentially impairing illness, such as addiction, in this unique population.