

## And Then, the Silence Was Fatal!

### Mandatory Reporting for Healthcare Practitioners

*Mick Oreskovich, M.D., Medical Director and Chief Executive Officer, Washington Physicians Health Program*

There are many factors that can impair the judgment of a veterinarian. In our experience at the Washington Physicians Health Program, the most common causes are substance-abuse, depression, and burnout. These causes are further compounded by the fact that rarely does a practitioner know how sick they have become. In addition, isolation, shame, stigmatization, and fear obstruct the ability of the veterinarian to seek help. The primary pathway to obtaining help with our potentially impairing problems occurs through peer monitoring and reporting. Many medical societies, specialty and accrediting organizations, clinics, hospitals, and institutions have reinforced the responsibility of the peer community to be "our brothers' and sisters' keeper."

Unfortunately, recent data demonstrates that the rate of reporting is much lower than it should be. In a study entitled "Physician's Perceptions, Preparedness for Reporting, and Experiences Related to Impaired and Incompetent Colleagues" by DesRoches and colleagues at the Mongan Institute for Health Policy at Massachusetts General Hospital, the actual beliefs, preparedness, and experiences of peer reporting were measured.<sup>1</sup> The findings were quite provocative. Of the 1891 physicians who responded to the national survey, 64% agreed with a professional obligation and commitment to report other physicians who were significantly impaired or otherwise unable to practice safely. 17% had direct personal knowledge of a physician colleague who was incompetent to practice medicine in their hospital, group, or practice. Of those with this direct knowledge, 67% did report the colleague to the relevant authority.

The most common reason for not taking an action was a belief that ***someone else was taking care of the problem***, that ***nothing would happen as a result of reporting*** the colleague, or that ***there could be potential retribution***.

Fortunately, for those of us who practice in the state of Washington, existing statutes solve some or all of the problems described in the above publication. Since 2007, all 73 professions licensed by the Washington State Department of Health must report anyone else licensed by the Department of Health if there is a concern that the practitioner may not be able to practice with reasonable skill and safety. This reporting requirement is contained in the language of WAC 246.16.200 which states: "All license holders under the jurisdiction of a disciplining authority listed in RCW 18.130.040 must report to the appropriate disciplining authority any conviction, determination, or finding that another license holder has committed an act which constitutes unprofessional conduct and to report information to the disciplining authority, ***or an impaired practitioner program*** (WPHP), which indicates that the other license holder may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition." "When there is no patient harm, reports of inability to practice with reasonable skill and safety due to a mental or physical condition may be submitted

to one of the approved ***impaired practitioner or voluntary substance abuse programs*** or to the department. Reports of unprofessional conduct are submitted to the department. Under WAC 246-919-710, the requirement for a report to the commission under RCW 18.71.0193 may be satisfied by submitting the report to the ***impaired physician program (WPHP)*** approved by the commission under this chapter.” Furthermore, “License holders voluntarily participating in the approved programs without being referred by the disciplining authority shall not be subject to disciplinary action under RCW 18.130.160 for their substance abuse, and shall not have their participation made known to the disciplining authority, if they meet the requirements of this section and the program in which they are participating (RCW 18.130.175).”

Under the provisions of this mandatory reporting law, WPHP is able to provide a confidential conduit for healthcare practitioners so that they can get the help they need for their mental or physical condition. WPHP provides these services as a therapeutic alternative to discipline. A practitioner who either refers themselves or is referred by a colleague to WPHP will not have their identity made known to the corresponding disciplinary authority as long as they are compliant with the recommendations of WPHP and do not constitute a clear and present danger to the public. WPHP provides advocacy and endorsement for clients following completion of treatment. WPHP clients are monitored in three ways: chemically, behaviorally, and at the worksite. This trimodal monitoring provides protection for both the practitioner and the practitioner’s patients.

The absolute necessity to embrace mandatory reporting as a way of being our brothers’ and sisters’ keeper is sparked by several provocative articles regarding the high incidence of burnout, substance abuse, and depression among veterinarians. Most recently, Bartram and Baldwin reviewed 32 articles that have been published with findings relevant to mental health in veterinarians<sup>2</sup>. Veterinarians have mortality rates from suicide which are approximately four times that of the general population and twice that of other health-care professions. They postulate that the stigma of mental illness, professional and social isolation, and alcohol and drug abuse are likely contributory factors.

In our experience with approximately 900 healthcare practitioners that we have monitored following the diagnosis and treatment of potentially impairing conditions, we have found several factors that appear to be contributory to the difficulty veterinarians have in seeking help:

- A lack of a peer professional support system
- Professional and social isolation
- Significant stigma associated with being mentally ill
- Inadequate safeguards for drug diversion
- Inability to recognize severity of illness
- Perfectionism and self-doubt
- Being unable to give ourselves permission to be sick

What we have found is that veterinarians, who have recovered from physical and mental conditions that affected their ability to practice and are subsequently being monitored by WPHP, are better doctors, better parents, better partners, and better friends. Veterinarians in recovery

are humbled by the severity of their illness and are extremely grateful for having become the person they were always meant to be.

The Washington Physicians Health Program conducts a client satisfaction survey every 18 months. One of the most revealing observations from that survey is that 94% of our clients who had never reported someone before are now committed to doing so given the next opportunity. The truth is that they have come to realize that such a report might actually save someone's life.

## References

1. DesRoches CM, Rao SR, Fromson JA et al. Physicians' perceptions, preparedness for reporting, and experiences related to impaired and incompetent colleagues. *JAMA*. 2010;304:187-193.
2. Bartram DJ, Baldwin DS. Veterinary surgeons and suicide: a structured review of possible influences on increased risk. *Veterinary Record*. 2010;166:388-397.

For further details regarding the mandatory reporting requirements visit [www.wphp.org](http://www.wphp.org).

## Disclaimer

Information in this article is not legal or medical advice, does not establish any standards of care, and does not modify the terms or conditions of any contracts issued by WPHP. The information is obtained from sources generally considered to be reliable, but WPHP makes no warranties that the information contained herein is in every respect accurate, timely, or complete. WPHP is not responsible for any errors or omissions or for the results obtained from the use of the information in this article. Users of this information are encouraged to confirm the information contained herein with other sources. The information in this article does not constitute a legal opinion, nor is it a substitute for legal advice. Legal inquiries about topics covered in this article should be directed to your attorney.