

Medical Society Continues to Address Physician Drug Dependence Issues

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Drug dependence, a disease that afflicts all members of society, does not spare physicians. The Physician Health Committee of the Medical Society of the District of Columbia (PHC) plays an important role in assisting physicians who suffer from this illness. The PHC's role in intervention, monitoring, and advocacy, is vital both for public welfare and physician health. Education of the general public and medical community is an integral component of the PHC's activities.

Members of the PHC are available for "outreach" programs aimed at individual practitioners, hospitals, medical staffs, credentialing committees, medical negligence carriers, and the general public. We hope that all affected (and potentially affected) groups will take advantage of this important mission. In discussing drug dependence, we stress several significant facts.

Drug dependence in health care professionals is not new! More than a century ago, for example, Professor William Osler chronicled, in his *Inner History of the Johns Hopkins Hospital*, his observations of and concerns for his friend, Professor William Stewart Halstead; this excellent description of an opiate-addicted physician, recorded in a small locked black book that was not even opened until 1969, is classic, yet rarely taught to students of medicine:¹

The proneness to seclusion, the slight peculiarities amounting to eccentricities at times (which to his old friends in New York seemed more strange than to us) were the only outward traces of the daily battle through which this brave fellow lived for years. When we recommended him as full surgeon to the hospital in 1890, I believed, and Welch did too, that he was no longer addicted to morphia. He had worked so well and so energetically that it did not seem possible that he could take the drug and done so much.

About six months after the full position had been given, I saw him in severe chills, and this was the first information I had that he was still taking morphia. Subsequently, I had many talks about it and gained his full confidence. He had never been able to reduce the amount to less than three grains daily; on this, he could do his work comfortably and maintain his excellent physical vigor (for he was a very muscular fellow). I do not think anyone suspected him, not even Welch.

Drug dependence is a *disease* and not a *moral failing*. As with other diseases, it has specific diagnostic criteria: Although science has not elucidated the mechanism(s) of every disease, the molecular biology of drug dependence is beginning to be understood.²

¹ C. DOUGLAS TALBOTT, KARL V. GALLEGOS, DANIEL H. ANGRES, *Impairment and Recovery in Physicians and Other Health Professionals*, in PRINCIPLES OF ADDICTION MEDICINE 1263, 1264 (Allan W. Graham and Terry K. Schultz, Editors, Second Edition, American Society of Addiction Medicine, Chevy Chase, MD, 1998).

² See, e.g., Edythe D. London, *et al.*, *Morphine-Induced Metabolic Changes in Human Brain. Studies With Positron Emission Tomography and [Fluorine 18]-Fluorodeoxy-glucose*, 47 Arch. Gen. Psychiat. 73 (1990); Nora D. Volkow, *et al.*, *Long-term Frontal Brain Metabolic Changes in Cocaine Abusers*, 11 Synapse 184 (1992); Nora D. Volkow, *et al.*, *Brain Glucose Metabolism in Chronic Marijuana Users at Baseline and During Marijuana Intoxication*, 67 Psychiat. Research and Neuroimaging 29 (1996).