Professional Impairment: See Something, Say Something

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Substance use disorder is one of the biggest public health concerns in the United States. It is marked by the recurrent use of alcohol and/or other drugs causing clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.[1] The condition is so prevalent that nearly every U.S. health care provider routinely sees patients who are either at risk themselves or experiencing negative effects of substance use by a friend, family member, or coworker.[2]

Dentists are as likely to develop substance use disorders as the general population. Some aspects of dental practice—access to controlled substances and nitrous oxide, a Drug Enforcement Agency (DEA) license, isolation, and freedom from scrutiny that comes with solo practice—increase the risk of drug misuse. An estimated 10–15% of all dentists will have a drug and/or alcohol problem sometime in their lives.[3] All dentists should be aware of the potential for addiction among their colleagues and their own ethical responsibility, as well as the role of peer support programs.

In fall 2017, Dr. Jones (not his real name) telephoned Dentists Concerned for Dentists (DCD), the Massachusetts Dental Society (MDS) confidential peer assistance program, for advice:

> "My partner and I always thought X drank too much at office Christmas parties. Her drinking increased after she became the primary caregiver for her husband, who has a degenerative disease. She has been increasingly distracted at work, and a few times dropped instruments while treating patients. When I asked her about it, she said she took too much antidepressant medication. Last year, we saw in the local newspaper that she was arrested for drunk driving. She always disappears at lunchtime. The staff and a couple of patients have expressed concern. I care about her and want to help her, and I am worried about my practice. What should I do?"

The right thing to do in such situations is not a matter of law but a matter of ethics. An important step in any ethical decision-making process is to consult available guidelines. Massachusetts dentists, unlike their physician counterparts, are not mandated to report an impaired colleague. Society affords the dental profession certain privileges that are not available to members of the public-at-large. In return, the profession makes a commitment to society that its members will adhere to high ethical standards of conduct. These standards are embodied in the American Dental Association (ADA) *Principles of Ethics and Code of Professional Conduct* (ADA Code).[4]

The ADA Code holds both Dr. Jones and his colleague responsible for patient safety: She was ethically obligated to limit her activities that might endanger patients or other staff members. He had an ethical obligation to urge her to seek treatment and an ethical responsibility to report evidence of her impairment to DCD, the MDS peer assistance program.

The impaired provider's reluctance to come forward is understandable considering the stigma that surrounds addiction. Without an assurance of confidentiality, and feeling ashamed and afraid, she was willing to go to great lengths to conceal her problem. Dr. Jones acted ethically and responsibly on behalf of his patients by confronting his colleague about her problem and later contacting the Dental Society's peer assistance program for help. However, he recognized the problem several months before calling; certainly, there were enough red flags in this case to warrant taking action sooner, so why the delay?

Just as stigma made it difficult for X to seek help, it created an ethical dilemma for Dr. Jones. His heart was in the right place. He empathized with the plight of his colleague and didn't want to add to her distress. At the same time, he knew she wasn't well. Was it just stress, or was her use of medication and/or alcohol making things worse? He had not witnessed any substance use and she had not admitted to drinking or taking drugs during work hours. Should he have risked damaging her reputation and their relationship unnecessarily—or worse, the possibility of retaliation—by telling someone?

At times, Dr. Jones considered dismissing X from the practice. Sweeping her out the door might have solved his problem, but there was nothing to keep her from working in another practice. Patients in the community would still be at risk. As time passed, the situation worsened, and team morale suffered. Employees resented having to cover for an impaired coworker, as well as the special treatment she was receiving. They wanted what was best for the practice and saw Dr. Jones's reluctance to intervene as a lack of leadership.

A delay in responding increases risk to everyone involved, including the afflicted person. Early intervention may prevent an illness from progressing to the point of causing impairment, which is defined as the inability to practice with reasonable skill and safety.[5] Likewise, a dentist with an active addiction is likely to exhibit some degree of impairment, whereas that same dentist with addiction in remission may practice with complete competence.

Ironically, by enabling this impaired colleague to continue practicing in the short term, Dr. Jones might have jeopardized her future and eliminated her chances of getting confidential help. If a patient were to have filed a complaint with the Massachusetts Board of Registration in Dentistry—the state agency responsible for the licensure and discipline of dentists, dental hygienists, and dental assistants in the Commonwealth—then her name and subsequent board actions might have been published on the board's website. That is why confidentiality is an essential feature of peer assistance programs. Confidentiality provides an incentive to impaired providers and those around them to seek help before public exposure and involvement of the licensing board.

CONFIDENTIAL PEER ASSISTANCE PROGRAMS

Nearly every state Dental Society has a confidential peer assistance program, like DCD, for impaired dentists. They vary in structure from state to state, but most are staffed by dentists who understand the stresses of practicing dentistry and the nature of substance use disorders. They operate on the belief that, in most cases, professional impairment comes as the result of a treatable illness. As Patthoff and Ozar state, "Properly addressing the health needs of an addicted patient requires the skills of a specialist, skills that neither ethicists nor most dentists possess."[6] That is certainly true when the patient happens to be a colleague.

Calls to DCD usually come from a concerned friend, team member, family member, or self-referral. All inquiries are handled compassionately and confidentially. Depending on the severity of the situation and the impaired provider's level of acceptance, DCD might facilitate an intervention, recommend participation in a drug monitoring program or peer support group, or refer the case to a highly skilled addiction specialist.

Fortunately, no patients were harmed in this case and no complaints were filed against either Dr. Jones's or X's licenses. After visiting the office to interview both parties and assess the situation, DCD recommended to Dr. Jones that he require his colleague be professionally assessed for a possible substance use disorder as a condition of continued employment. She agreed and subsequently entered an alcohol rehabilitation program.

Even a single impaired provider is cause for concern. The potential consequences of practicing dentistry while impaired are far-reaching. In addition to self-harm, there may be harm to the patients, the

practice, the community, and the profession. Sometimes the closer you are to a person, the more difficult it is to recognize the signs of alcohol and other substance use. Anyone can contact DCD confidentially. Information on peer support, guidelines for making a referral, and additional resources are available at dcdma.org. JMDS

AUTHOR'S NOTE

Dentists Concerned for Dentists (DCD) is a 501(c)(3) non-profit corporation operating independently of the Board of Registration in Dentistry.

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