



Federation of State Physician Health Programs, Inc.

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Public Policy Statement : Physician Illness vs. Impairment

The Federation of State Physician Health Programs (FSPHP) is the membership organization for the state physician health programs (PHPs) and has a dual mission. We are dedicated to the outreach, treatment and rehabilitation of physicians who are ill; consistent with the needs of public safety. The PHPs refer physicians who may be ill to highly skilled specialists for evaluation/treatment and then provide monitoring once clinical stability or remission of their disorder is attained.

The AMA has defined physician “Impairment” as “the inability to practice medicine with reasonable skill and safety due to 1) mental illness 2) physical illnesses, including but not limited to deterioration through the aging process, or loss of motor skill, or 3) excessive use or abuse of drugs, including alcohol.”

This language has been adopted by most regulatory agencies and is a part of most state Medical Practice Acts. Unfortunately, some regulatory agencies equate “illness” (i.e. addiction or depression) as synonymous with “impairment”. Physician illness and impairment exist on a continuum with illness typically predating impairment, often by many years. This is a critically important distinction. Illness is the existence of a disease. Impairment is a functional classification and implies the inability of the person affected by disease to perform specific activities.

Most physicians who become ill are able to function effectively even during the earlier stages of their illness due to their training and dedication. For most, this is the time of referral to a state PHP. Even if illness progresses to cause impairment, treatment usually results in remission and restoration of function. PHPs are then in a position to monitor clinical stability and continuing progress in recovery.

In some jurisdictions the regulatory process addresses all *ill* physicians as if they were *impaired*. When the regulatory process reflexively disciplines a physician who is ill but is not impaired such doctors may, by regulatory decree or its sequelae, find they are no longer able to provide adequate services to their patients.

Medical professionals recognize it is always preferable to identify and treat illness early. There are many potential obstacles to an ill physician seeking care including: denial, aversion to the patient role, practice coverage, stigma, and fear of disciplinary action. Fear of disciplinary action and stigma are powerful disincentives to doctors referring their physician colleagues or themselves. When early referrals are not made, doctors afflicted by illness often remain without treatment until overt impairment is manifest in the workplace.

FSPHP guidelines require long-term monitoring of physicians after successful completion of treatment and reporting to the appropriate regulatory agency any instance of a physician who is not able to cooperate with indicated treatment and monitoring or who becomes impaired.

The interest and safety of the public are best served when the regulatory agency and the PHP develop a confidential process allowing for early intervention, evaluation, treatment and monitoring of ill physicians. The model of a PHP working in close cooperation with its state regulatory agency can succeed in treating ill physicians with potentially impairing conditions. This model allows for accountability and quality case management, resulting in long term clinical outcomes vastly superior to usual treatment without monitoring or a legal / disciplinary approach. When this occurs, the public is better protected and a highly trained physician continues to be available to the benefit of the patients they serve.

*Approved:
FSPHP Board of Directors
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