# WPHP Report: Setting the Record Straight, Part 1

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Since 1986 the Washington Physicians Health Program (WPHP) has served as the legally qualified professional support program in Washington for licensed physicians and physician assistants. We are a small, independent, physician-led, non-profit organization that is contracted with the Department of Health to provide assessment, treatment referral, post-treatment monitoring and advocacy for professionals with health conditions that may impair their ability to safely practice. This is largely possible through laws in Washington that allow WPHP to work with professionals confidentially and without notification or involvement of the disciplinary authority. We endeavor to assist our colleagues, who are often suffering silently, obtain help before a career or life altering event occurs. The decision to refer oneself or a colleague to WPHP can be an internal struggle, fraught with tension and uncertainty. However, we believe that making a good-faith referral to WPHP is a courageous act of compassion for a colleague whose life and career may be at risk.

The work we do at WPHP is both rewarding and challenging. We are granted the privilege of confidentially assisting our brothers and sisters in medicine with the understanding that we will always act in a manner that places public safety first. Protecting this privilege means that the help a physician needs may not always be the help they want. Physicians are generally uninformed regarding national guidelines for the evaluation, treatment and post-treatment monitoring of safety-sensitive health professionals [1-6] or the evidence that supports these recommendations [7-17]. Physicians are rarely (if ever) trained to take care of other physicians and are often unaware of the unique needs of this special population.

Despite a lack of objectivity and absence of expertise in physician health, doctors and other health professionals are often possessed of a misplaced confidence in their ability to assess their own health status and care needs. This is especially troubling when it comes to substance use or mental health concerns, areas in which most physicians are similarly underprepared to assist their patients, much less themselves. Unrealistic expectations of physician perfection, reinforced by the profession and society, greatly intensify the shame, stigma, and fear that can further cloud thinking and judgement. Avoidance, minimizing, rationalization and denial are some of the common defenses mobilized by physicians under such circumstances, deployed with a sophistication that is directly proportional to their highly developed intellects.

It is therefore not surprising when physicians underestimate or downplay the severity of their health problems and initially resist well-intentioned recommendations that can facilitate healing while keeping the public safe. Earning a skeptical physician's trust, helping them let go of animosity and counter-productive ideas, guiding their adherence to appropriate treatment, creating structured accountability and advocating for their return to practice is often a high-stakes, complex, and emotionally exhausting affair. It is, however, the price of admission to the miraculous transformations we have the privilege to witness along the way. While physicians may be harder to engage in treatment than most, once engaged, they flourish. Through the process we develop enduring relationships with our participants and their families, many of whom stay connected to us and each other years after discharge through our graduate support program and annual reunions. The gratitude our participants express toward us as they overcome their difficulties and begin experiencing lives they and their loved ones never thought possible is one of the most fulfilling rewards of our mission.

In 2018, less than half (44%) of professionals referred to WPHP were recommended to enter into monitoring agreements. In most cases, help and support were offered and concerns of impairment were put to rest. 80% of WPHP program completers describe their experience as "extremely useful" or "life-saving" and 90% are working in their profession at discharge. Only 5% of WPHP participants are known to their disciplinary authority, with about half having been referred to WPHP by the disciplinary authority when an investigation revealed a concern for impairment. This means that WPHP referrals to the disciplinary authority are rare, occurring in only about 2.5% of cases.

While these are impressive outcomes by any measure, there remains a small minority of physicians who are not willing or able to effectively engage with their state physician health program (PHP). Such cases are often complicated and heart-breaking, resulting in a cascade of distressing personal and professional consequences that can irrevocably impact the physician, colleagues, patients and families. Under these circumstances, it is not surprising that a few will become disgruntled, intent on unfairly disparaging PHPs and the PHP model. Their public protestations and allegations are shielded

from scrutiny by strict confidentiality protections that preclude PHPs from responding with facts that might prove illuminating. These one-sided stories can generate sympathetic support from well-intentioned, but often misguided, champions of perceived injustice who draw upon these anecdotes as evidence that PHPs mistreat physicians and that the PHP model is broken. This phenomenon is not new or unexpected given the nature of our work and, because most know otherwise, it has not appreciably tarnished WPHP's reputation or weakened our stakeholders' support.

However, we are now living in a time where the politics of divisiveness and derision seem to have replaced rational deliberation. Baseless opinions are validated and amplified by sensationalistic journalism and social media wherein the truth is unnecessary or irrelevant. Opposing views are categorically dismissed as signs of ignorance, stupidity or even evil. Sadly, we are all susceptible to this false and counterproductive thinking, even those of us trained to use science as the basis of reasoned inquiry. These days, physicians struggling with potentially impairing health conditions may be discouraged from seeking care due to increasing exposure to wider varieties of polarized and unverified opinions masquerading as facts. Getting help is more confusing than ever.

We should not dismiss the concerns of PHP naysayers, for much can be learned from paying attention to our critics, including patience and tolerance. However, I would call upon my medical colleagues with a plea to be ever vigilant in discerning valid and credible sources from those that are not - to use science over supposition. This is how we light the path for those who still suffer while staying attuned to opportunities for our continued betterment.

A core component of WPHP's mission is to provide education and outreach to the medical community we serve. We have an obligation to disseminate accurate information about our mission, outcomes, and the stories of those we have helped. Physicians and concerned others who may need assistance but are paralyzed by disparate portrayals of PHPs deserve a clear view of who we are, what we do and how we do it. In Part II of "Setting the Record Straight" (Update! Winter 2019), I will dive more deeply into the nuances of our program and provide answers to common questions about our policies and practices. If you have questions or concerns you would like to see addressed in future editions of this column, please feel free to submit them through our website contact form.

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