

Protecting the Public

By Tish Vincent

The story, set in the 1970s, goes like this: A number of physicians on staff at a well-respected hospital became aware that one of the busiest, best general surgeons was coming in to perform emergency surgeries intoxicated. There was a pattern. The surgeries were not on the regular schedule, they were after regular work hours, and were, as the name implies, emergencies. However, the physician was intoxicated and unfit to perform surgery.

Imagine the dismay a professional must feel at approaching a colleague and saying, “I don’t think you’re fit to practice. You need to get some help.” This is what the group of physicians felt decades ago as they readied to confront their colleague and protect the person needing emergency surgery that night.

Preparations had to be made. They had to find a place to admit the surgeon for treatment. Centers were identified. Calls were placed. A bed was waiting. Another surgeon in the group prepared to perform the emergency surgery. Five of the surgeon’s colleagues met him in the scrub room. They could smell the alcohol on him when they entered the room and told him, “You are drunk and we can’t let you go in there and perform surgery! It’s not going to happen!” At first, he was angry—how dare they judge him? Then, he was tearful. As he climbed into the car with two colleagues who would drive him to treatment, he admitted to being a little relieved. Somewhere in his mind, he knew he was in trouble. He knew he was endangering his patients and himself.

Trust

Physicians and lawyers take the lives of others into their hands. We endure decades

of education and training to build expertise and often do so at the expense of our own well being. Yet the public has a right to trust us to be fit to practice. When we are not, our close friends, colleagues, or family members must approach us and insist we seek help to be worthy of that trust.

People often ask me, “How do you know someone is getting out of control with alcohol or another substance?”

Public health model of addiction

Substance-abuse therapists understand that for an addiction to become established, three factors must be in place:

- A susceptible host—a person with a genetic predisposition to develop an addiction
- A highly addictive agent—a chemical delivered in a pleasant manner that allows the susceptible host to experience a strong positive effect or a diminishing strong negative effect
- A supportive environment—social pressure to use or abuse a substance¹

When an individual comes in for an evaluation, we ask many questions about these three factors. The answers paint a picture of a life, one that tells an experienced

substance-abuse therapist much about that person’s possible relationship with addiction.

Identifying colleagues who may be in trouble

Like many community events, social gatherings of attorneys often include drinks. We can look at these as “supportive environments” to people with a genetic predisposition to develop an alcohol addiction. For non-addicts, an open bar is a chance to enjoy a glass of wine or a cocktail. They may have one drink, maybe two at the most. For “susceptible hosts,” an open bar is a major focal point of the gathering. They may keep returning for drinks until their colleagues become disgusted by their behavior. They may make fools of themselves with overly suggestive jokes or worse. If they’re lucky, a friend drives them home. They are less lucky if they drive themselves and get stopped by the police which, though seemingly catastrophic, may open the door to treatment and help them recognize they cannot drink because they carry the gene for addiction.

As attendees arrive at a social event, we can’t recognize or guess who might have a problem with alcohol. People of all shapes, sizes, and ages arrive, greet one another, pick up a drink at the bar, and mingle. By the end of some events, those who have a

Imagine the dismay a professional must feel at approaching a colleague and saying, “I don’t think you’re fit to practice. You need to get some help.”

People place their lives, their troubles, their finances, their divorces, their estates, and their businesses in our hands. We have a duty to be fit to practice.

problem are more visible. They may be too intoxicated to interact socially in an appropriate manner—or at all. Other attendees observe their bizarre behavior with discomfort. What should a person do?

Many people can overdrink from time to time and not become addicted. Others cannot drink any mood-altering substance without becoming intoxicated and doing dangerous things. We can't see the difference from the onset, but we can see the different outcomes. And hopefully we will risk the awkward and disturbing conversation described at the beginning of this article.

The quickest rule of thumb substance-abuse therapists use to identify addiction in individuals is this: they can't stop using despite efforts to stop.

Protecting the lawyer and the public

The example of the intoxicated surgeon was chosen for a reason. We shudder to think of entrusting our lives to a surgeon so intoxicated that he is unfit to perform surgery. Intoxicated and addicted lawyers and judges are equally dangerous. People place their lives, their troubles, their finances, their divorces, their estates, and their businesses in our hands. We have a duty to be fit to practice.

The story illustrates that the individuals who will successfully confront a professional are peers who see the problem and have the courage to protect the members of the public who put their trust in that professional struggling with an addiction or mental illness. If you are worried about

a colleague, friend, family member, or co-worker, don't allow your discomfort with the conversation to prevent you from voicing your concerns.

Lawyers' assistance programs

Every state has an assistance program to help lawyers, judges, and law students. Program staff know the culture of the law is an environment supportive to developing addictions. We don't understand why, but we know it's true. The State Bar of Michigan Lawyers and Judges Assistance Program is available every working day to the state's legal professionals. If you have a question or concern, reach out and let us help you find a solution. Call (800) 996-5522 or visit <http://www.michbar.org/generalinfo/ljap>. ■



Tish Vincent, MSW, JD, LMSW, ACSW, CAADC is a licensed clinical social worker with expertise in the treatment of substance use and mental health disorders. She is also a licensed attorney with experience in health law and alternative dispute resolution. Vincent is the program administrator for the State Bar of Michigan Lawyers and Judges Assistance Program.

ENDNOTE

1. Horvath, Misra, Epner & Cooper, *Public Health Model of Addiction and Recovery Implications* <http://sevencounties.org/poc/view_doc.php?type=doc&id=48354&cn=1408> (accessed July 21, 2014).

The law firm of
WACHLER & ASSOCIATES
PC
Serving healthcare providers for over 25 years



We provide services in all areas of healthcare law:

- ▶ Healthcare business transactions including contracts, corporate formation, mergers and acquisitions
- ▶ Stark and fraud and abuse analysis
- ▶ RAC, Medicare and other third party payer audits
- ▶ Regulatory compliance
- ▶ Billing and reimbursement issues
- ▶ Provider participation and deselection matters
- ▶ Licensure and staff privilege matters
- ▶ Defense of civil and criminal healthcare fraud issues
- ▶ Certificates of Need

WACHLER & ASSOCIATES, PC

210 E. Third St., Suite 204
Royal Oak, MI 48067
P: 248-544-0888
F: 248-544-3111

www.wachler.com