

First, Do No Harm

By Tish Vincent

The art gallery opening was held on a crisp autumn day in East Lansing. The Eli and Edythe Broad Art Museum struck a stunning contrast to the red brick buildings that surround it.

My husband and I were visiting with a couple we know—both physicians, one a retired professor of medicine and a world-class medical researcher with a remarkable scientific mind. Since retiring, she has earned a divinity degree, and was eager to talk about an experience during her ministry training. She shared that her mentor had required her to work the 12 steps of Alcoholics Anonymous as part of her training. I will never forget her delighted expression when she told me, “The 12 steps are good stuff! I had no idea how amazing they are!” I responded, “Yes, they have transformed many people’s lives and saved some of those people’s lives.”

Controversy

An article in the April issue of *The Atlantic* challenged the efficacy of Alcoholics Anonymous. “The Irrationality of Alcoholics Anonymous”¹ was written by journalist Gabrielle Glaser, who draws on her gifts for grasping and telling a historical narrative. Thoroughly researched, the article condemns the way the healthcare and criminal justice systems have incorporated mandatory attendance at 12-step groups for treatment and avoiding jail time for substance-related crimes.

Glaser’s article focuses on one aspect of a controversy between those who value 12-step groups and those who don’t and feel pressed to discount them. I first encountered this rift back in 1993; it’s a heated debate, and people on both sides are passionate about their positions.

Members of the pro-12-step camp are aware of what the program is and what it isn’t. They frequently know people who have successfully completed a program or may have personally been through it. They are usually close to people troubled with substance-use disorders and may be trying to help them for personal or professional reasons. They are not deterred by a lack of empirical proof, but have been around long enough to believe something can be profoundly helpful and possibly transformative

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without direct evidence. I would characterize these individuals as “live and let live.” If the 12 steps are not for you, fine; keep moving and find what works for you.

The skeptics usually know people who have had a bad experience with 12-step programs or have had a negative experience themselves. They may be aggravated that these programs exist and bothered by professionals who encourage or require attendance. They often ask for practical proof of the success of 12-step programs and may refute research findings, find fault with the design of the studies, or raise suspicions of the research methods. They are strongly biased against these programs, and no argument will persuade them otherwise.

The brain’s relationship with alcohol or other addictive substances

For 22 years, I’ve worked with people suffering because of their relationship with a psychoactive substance. I have worked inpatient and outpatient, and presently administer a lawyers’ assistance program. When individuals come to me for help, I have a duty to “first, do no harm.”² I feel pressure to share all I know and support them in finding the solution that will work for them. Sometimes they find it. Sometimes they don’t.

Over the years, I have observed the following differences in the brains of people who do or do not drink alcohol (I use alcohol in this analysis, but the reader can substitute any addictive chemical):

- (1) The brain of someone who is or has been addicted to alcohol.
- (2) The brain of someone who has never been and never will be addicted to alcohol.
- (3) The brain of someone whose loved one is seriously addicted to alcohol.
- (4) The brain of someone who has never experienced addiction to alcohol or loved anyone with an addiction to alcohol.

Individuals with brains types 1 and 3 have a very different awareness of the havoc caused when addiction runs rampant. They are aware of the challenging and tenacious force that exists in the relationship between the brain and alcohol. Those with brain types 2 and 4 are blissfully unaware of the force of this relationship. Individuals with these four types of brains live in two absolutely incompatible and irreconcilable worlds.

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An individual with brain type 1 struggles with the most personal trouble. Those with brain types 2, 3, and 4 often come forward to advise the type 1 individual; however, because they have a different brain type and do not face the same issues, the advice they offer may be dangerous to someone with brain type 1.

There is no empirical proof for my schema. It's based on my years of clinical experience. Whenever someone becomes involved in the previously mentioned controversy, I wonder about his or her brain's relationship with alcohol.

The healthcare provider's professional duty

Healthcare providers are serious about their duties to help others heal. Of course, their levels of commitment, skill, education, training, and clinical art vary, but their efforts are genuine. In each provider's mind is the phrase, "First, do no harm." Don't make the problem worse.

As I read and reread the article in *The Atlantic*, I wondered what Glaser would say to an addict sitting in her office. If she were charged with the duty of "first, do no harm," would she advise someone with brain type 1 to rely on a medication to cure his or her addiction? If she were an attorney representing a person with brain type 1 facing a second drunk-driving charge, would she advise the individual to rely on a medication to qualify for probation instead of incarceration?

It seems easy to have an opinion about issues like these if one is not in a profession involving a duty to advise others. I worry that some readers may interpret Glaser's article as a reason to continue to use an addictive substance.

I continue to encourage those who seek my help to attend 12-step meetings. I ask them to at least try the program and share with me how they feel about it. In my 22 years, I have seen that active involvement in a 12-step program with a sponsor, therapist, or psychiatrist and a plan for healthy living have saved many lives.

If after a trial period they are adamant that a 12-step program is not for them, we will seek other solutions. But like my friend in the first paragraph, they may discover that "the 12 steps are good stuff!" ■



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ENDNOTES

1. Glaser, *The Irrationality of Alcoholics Anonymous*, *The Atlantic* (April 2015) <<http://www.theatlantic.com/features/archive/2015/03/the-irrationality-of-alcoholics-anonymous/386255/>> (accessed May 21, 2015).
2. The Free Dictionary, *Primum Non Nocere* <<http://medical-dictionary.thefreedictionary.com/First,+do+no+harm>> (accessed May 21, 2015).

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