15.2.12

EXTERNAL DOCTORS' HEALTH PROGRAMS

RESPONSE TO MBA QUESTIONNAIRE

Question 1: Need for Doctors' Health services

Doctors (and students) need advice on, and management of, a variety of physical, emotional, or mental health issues.

I firmly believe that external health programs to advise doctors about these health issues, and refer them for management appropriately, are essential. It may also be very appropriate for such programs to organise treatment.

Confidential and independent services MUST be provided. These services must comply with mandatory reporting requirements, and reporting must occur if the conditions for this reporting are met (eg if the condition of any doctor significantly affects his or her performance and thus patient safety). However the work of the services should not be compromised by this legislation: an undertaking by the affected doctor to stop work until the condition is treated effectively will (temporarily or hopefully permanently) avoid the necessity to report (as in the VDHP process).

Such services must be consistently available throughout Australia, to ensure opportunities for fair and equitable support of doctors in difficulties are available in all areas of the country.

External programs must be functionally independent of the Medical Board: there is a major conflict of interest if the regulatory body which imposes conditions on sick doctors is also the vehicle for advice, support, treatment, and decision making on rehabilitation and return to work.

Doctors are often not good at looking after their own health, and may be deterred from seeking treatment for conditions which may affect performance for many reasons, some of which are:

1) Not wishing to disclose health conditions for fear of the "mandatory reporting" requirement

2) Not being comfortable with being a patient

3) Not trusting the opinions of other doctors

4) Denying illness

5) Not wishing to take time off as colleagues may be adversely affected

6) Unsure of where to seek help...

7) "Loss of face", a significant issue in some IMGs and others.

A well-run external service is a big risk management undertaking for those doctors who need help, to foster optimum performance - and thus ensure patient safety.

There is good evidence that healthier doctors have significant benefits for patients.

The service is also a humane undertaking – depressed, distressed and substance-abusing doctors take their own lives at a higher frequency than the general public (between1.5 - 3/4 times more). Such tragedies may not always be avoidable, but there MUST be confidential and supportive help available, and appropriate treatment regimes to which these doctors can be referred.

In particular, appropriate treatment MUST also be available for intravenous substance abusing doctors – there is good evidence that those who use IV drugs may need treatment, rehabilitation, and support for 5 years if they are to be successfully returned to the workforce. Currently this is not the situation in most areas of Australia. National protocols should be developed to manage this high risk group.

Question 2: Preferred Model

Advice on various health issues in many states is provided externally, often on a shoestring budget, and by a few committed individuals (most DHAS services). Management of health issues by the MBA branches in different states and territories varies considerably, and may not be as effective as an "independent" body.

The VDHP, as one of the best models, has been fulfilling all requirements: it is external and independent (although funded by the old MBV) and provides advice, treatment and organises rehabilitation etc. It is preferable that all these functions are provided not by the MBA, but by an external body (see conflict of interest comments above).

Question 3: Funding sources

Funding for such an external body may come from the MBA, but there are other bodies who will benefit from its work, including the doctors themselves, health departments, hospitals, and health care providers in private practice, and the medical defence organisations. The AMA has been very generous in various states in supporting the independent phone counselling services, and perhaps its support could be canvassed.

Perhaps joint funding could be negotiated ?

The MBA should consider being one of the partners, but for external doctors' health organisations to be "independent", without conflict of interest, it should not be the only funding source.

Strategies should be put into place to ensure that the MBA remains very much at arm's length from all the activities of an external body.

Question 4: Services provided

What services should be provided by doctors' health programs – click on as many options as you want. In addition to the ones you have selected, what other services (if any) should be provided by doctors' health programs?

~~Telephone advice during office hours~~
All of the following:

- Telephone advice available 24/7
- Referral to expert practitioners for assessment and management
- Develop and maintain a list of practitioners who are willing to treat colleagues
- Education services for medical practitioners and medical students to raise awareness of health issues for the medical profession and to encourage practitioners and students to have a general practitioner
- Programs to enhance the skills of medical practitioners who assess and manage the health of doctors
- Case management and monitoring (including workplace monitoring) the progress of those who voluntarily enter into Case Management agreements (or similar) with the service
- Follow up of all participants contacting or attending the service
- Assistance in finding support for re-entry to work and rehabilitation
- Research on doctors' health issues
- Publication of resources – maintaining a website, newsletters, journal articles
- Other services (please list)

Question 5: How much would you be prepared to pay annually to fund services ?

$25-40

Question 6: Other comments

The model for the delivery of appropriate doctors' health services certainly needs to be discussed openly within the profession. Thank you for the opportunity to comment on this very important subject.

Thank you also for the detailed information on the existing situation.

We have a national body with much expertise in this field - the Australasian Doctors' Health Network (ADHN)[redacted]

As a retired[redacted] with a long standing interest in doctors' health, and currently occupying a part time job as[redacted] - I see or hear the need for various types of support for doctors nearly every day.

I hear of tragedies such as suicide in my colleagues, usually associated with depression or substance abuse, but occasionally after critical incidents (personal and professional) when support has not been offered or available.

An independent, well-funded body which can provide advice to those doctors - and their colleagues – who are in need, those in distress, and those who just need some advice, is an essential service in ensuring that issues in health care professionals are managed effectively and in a timely manner throughout Australia, for optimal benefit to sick doctors and their patients.

This body can provide management of appropriate conditions, and fulfil a difficult, complicated and sensitive role for the state & territory MBAs, and, in my view, should be able to do it better than it is done now.....

(particularly in the management of intravenous substance-abusing doctors. I have already written to the MBA to discover if there are national guidelines to provide some consistency in the management of this dangerous condition).

I think we need to be very careful to separate out the need for support for Doctors' Health (which is appropriate for the MBA to support) from the issue of raised fees.

It does not need to be complicated by the hot topic of registration fees, which will potentially distract from the real debate.

I am sure the medical community can be encouraged to see these issues as separate, and can recognise the importance of optimizing doctors' health in Australia today.

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