

March 2014 SPA PBLD TABLE #18

An Unresponsive Anesthesia Resident on Call: When the Physician Becomes the Patient

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Goals:

1. Understand the signs of an anesthesia provider who is impaired due to substance abuse
2. Understand the signs and symptoms of the most commonly abused agents
3. Discuss the dilemma of a trainee who requires treatment for substance abuse
4. Understand the legal, licensing, and credentialing ramifications of being an impaired physician
5. Understand the challenges posed by re-entry of an impaired physician into a residency program

Case Description:

"Dr. Smith, we can't reach John the resident," the nurse on the phone says, "and we have an urgent case to start."

Dr. Smith, the on-call attending anesthesiologist, walks to the resident call room and knocks on the door. She enters the room after hearing no response, and sees John lying in bed and unresponsive to her calls from the doorway. Dr. Smith raises her voice and taps John's shoulder, yet he remains still. John awakens finally to a vigorous shake and springs out of bed, bewildered. After a minute of confusion, John reorients and claims that he is ready to start the case.

Questions:

What are the most commonly abused agents that are used by anesthesia providers? What are the common signs and symptoms of an anesthesia provider who is impaired?

Case Description (continued):

Dr. Smith considers John a good resident, and he was not listed as a potential diverter on a recent controlled substances audit. She notices that John has neither an intravenous catheter nor any pill bottles in plain sight, yet John's face is flushed in the cool room, and his speech remains frenetic.

Questions:

What systems are available for monitoring controlled substance usage by anesthesia providers in order to identify potential substance abusers and/or diverters? What are signs and symptoms that an anesthesia provider is impaired due to substances that are non-anesthetic drugs (i.e. "street" drugs that are available in the community)?

Case Description (continued):

Dr. Smith ponders her immediate dilemma—an urgent case and an unreliable resident, and also the ramifications of notifying the program director of the resident’s erratic behavior. What will happen if she reports him, and how will his career be affected?

Questions:

What are the immediate challenges that are presented to an attending physician on call who must deal with a trainee who is exhibiting signs and symptoms of substance abuse? What are the legal, licensing and credentialing ramifications of being an impaired physician in the United States? Once a resident physician has been identified as an impaired physician, what challenges does he or she present during re-entry to a residency program?

Discussion:

Substance abuse by anesthesia providers can result in the significant risk of harm to both patients and the impaired provider. A combination of detection systems and awareness of the signs and symptoms of substance abuse may assist with early identification and timely intervention. Even after intervention, there remain numerous ramifications for impaired physicians and assimilation back into practice is fraught with challenges to be overcome.

References:

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