



ASAM

American Society of Addiction Medicine

Public Policy Statement on Illness versus Impairment in Healthcare and Other Licensed Professionals

(This is the second in a set of eleven policy statements of the American Society of Addiction Medicine addressing Physicians and Other Licensed Health Care Professionals with Addictive Illness)

Background

Well structured Professionals Health Programs (PHPs) have a dual mission. They are committed to the outreach, treatment and rehabilitation of healthcare and other licensed professionals who are ill, while also being dedicated to the enhancement of public safety. The PHPs refer healthcare and other licensed professionals who may be ill to highly skilled specialists for evaluation and/or treatment. The PHPs then provide continuing care monitoring and earned advocacy once clinical stability or remission of their illness is achieved.

Healthcare Professional “impairment” definitions generally align with the AMA definition of physician “impairment” which is “the inability to practice medicine with reasonable skill and safety due to 1) mental illness 2) physical illnesses, including but not limited to deterioration through the aging process, or loss of motor skill, or 3) excessive use or abuse of drugs, including alcohol.”

This language has been adopted by most state regulatory agencies and is a part of many state Medical Practice Acts. Unfortunately, some regulatory agencies equate a state of “illness” (i.e., addiction or depression) as synonymous with a state of “impairment”. Healthcare and other licensed professional illness and impairment exist on a continuum with illness typically predating impairment, often by a period of years. This is a critically important distinction. Illness is the existence of a disease. Impairment is a functional classification and implies the inability of the person affected by disease to perform specific activities.

Most healthcare and other licensed professionals who develop an illness are able to function effectively and safely even during the earlier stages of their illness due to their rigorous training and their professional dedication. In most cases, this is the time for referral to a state PHP. Even if illness progresses to cause impairment, treatment usually results in remission of disease and restoration of functioning. PHPs are then in a position to monitor clinical stability and the person’s continuing progress in recovery.

In some jurisdictions the regulatory process addresses all *ill* healthcare professionals as if they were *impaired*. When the regulatory process automatically disciplines licensed professionals who are ill but are not impaired, such professionals may find they are no longer fully able to engage in professional services. This automatic regulatory decree and sequelae is not usually conducive to the professional's recovery and, indeed, can have unintended consequences not necessarily beneficial to the public.

Clinicians recognize it is always preferable to identify and treat illnesses early in their course, before they have become severe and complex and lead to secondary complications. There are many obstacles to an ill healthcare and other licensed professionals seeking care including: denial, aversion to the patient role, practice coverage issues, stigma, and fear of disciplinary action. Fear of disciplinary action and stigma are powerful disincentives to healthcare and other licensed professionals referring their colleagues or themselves to medically necessary addiction treatment. When early referrals are not made, healthcare and other licensed professionals with illness often remain without treatment until overt impairment manifests in the workplace.

The interest and safety of the public are best served when state regulatory agencies and the PHPs work in concert to develop a confidential process allowing for early intervention, evaluation, treatment and monitoring of the ill healthcare and other licensed professional. The model of a PHP working in close cooperation with its state licensing board/regulatory agency can succeed in treating ill healthcare and other licensed professionals with potentially impairing conditions. This model allows for accountability and quality case management, resulting in long term clinical outcomes vastly superior to usual treatment without monitoring or a legal / disciplinary approach and at the same time enhance public safety (*See Public Policies # 4-Coodination between Treatment Providers, Professionals Health Programs and Regulatory Agencies; Public Policy # 8-Public Action by State Medical Boards and other Regulatory Agencies; and Public Policy #9 Public Safety and the Healthcare and Other Licensed Professional with Addictive Illness*). When this occurs, the public is better protected and a highly trained professional continues to be available to provide services for the benefit of the public they serve.

The American Society of Addiction Medicine recommends:

1. All relevant entities with an interest in Healthcare and Other Licensed Professionals with Addictive Disease should recognize that addiction is a potentially impairing illness, while “impairment” is a functional classification. Professionals who suffer from addiction may or may not evidence “impairment”. An Addicted Professional is thus a person diagnosable with an illness, and that person may be impaired, may be in recovery, or may not be either..
2. Professional Health Programs (PHPs) should be recognized for their expertise in supervising intervention, evaluation, treatment, and monitoring of professionals who are ill, and therefore potentially impaired, consistent with guidelines promulgated by the Federation of State Physician Health Programs.

Adopted by the ASAM Board of Directors 4/12/11.

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