Complex cases shared management from therapeutic and regulatory perspective.

20 years experience of shared responsibility

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The PAIMM: Caring programme

 создан in 1998 by Barcelona Medical Council with Healthcare Administration support

 2001 Galatea Foundation was created

 Aimed at Catalan doctors who suffer from mental disorders and/or addictive behaviours

 Assure adequate treatment so that they can work in the best health conditions

 Assure the general population that our physicians are “fit to practice”
PAIMMs’ conceptual basis

- Responds to deontological rules
- Non persecutory
- Non punitive if not absolutely necessary
- Voluntary access
- Promote rehabilitation of professionals
- Confidential and Anonymous

“Rehabilitation of our professionals”
The PAIMM activity

- 40,408 doctors (134,154 health professionals in Catalonia)
- 36,274 doctors working
- Doctors: >600 active medical records. 160 cases/y
- Other healthcare professionals: 400 a.m.r. / 75-80 cases/y
- 1998-2018: 4,000 HP / 2,500 doctors attended
Access to the programme

Voluntary path:
• Confidential
• Anonymous
• Therapeutic-rehabilitating

Regulatory path:
• Confidential communication / report
• Evaluation
• Therapeutic-rehabilitating

- Professional self regulation
  - Clinical Judgment
- Councils’ self regulation
  - Control measures
  - Disciplinary measures
Main diagnostics

Health problem

Drug abuse: 9.4%
Alcohol: 10.6%
Mental disorder: 80.0%
Refferal to the programme
Diagnostics access to PAIMM Barcelona

![Graph showing diagnostics access over time, with categories for Mental disorder, Drugs, Alcohol, and Dual pathology. The graph displays a trend of increasing access from 1998 to 2018.]
Complex cases always rise dilemmas on how to proceed…

The right balance between populations’ safety and rehabilitation of sick physicians is at stake.
Complex cases comission
Complex cases commission

Goals and functioning:

✓ Annalise and assess complex cases on therapist, entry unit or governing boards’ demand

✓ Cases are dealt on covered names.

✓ Seeking for best course of actions, that includes the need to communicate to the Council for regulatory purpose

Composición:

• Coordinator for the entry unit
• Board member
• President of the Deontological commission
• Legal advisory
• Director of the PAIMM
• Clinical director of the Clinical programme
• Therapist on charge
• Social worker
• Occupational Medicine Consultant
Activity 2010-2019

• 31 sessions (3 sessions/year)
• 74 Physicians
• 150 case discussions
  – 42 cases 2 or more discussions (~57%)
  – 32 cases 1 occasion
• 26 Mental disease (1.73 discussions)
• 48 Addictions (2.18 discussions)

Case analysis

• 55 (36.6%) were working
  – 145 (96%) had problems at work or with relatives
  – 13 (23%) without therapeutic contract
• 13 physicians were required to take sick leaves by the Council (non punitive)
  – Mean duration 3.6 months
  – 6 ended as permanent sick leaves
Therapeutic contract

**Indications:**
- Denial of disease or to follow treatment
- Severity of symptoms
- Frequent relapse
- Risk of malpractice
- Risky environment (especially in Anaesthetists)

It reflects the parties commitment and alerts of the consequences of not following treatment.

BMC can include “special measures”
Therapeutic contract

Who is signing?
- Sick doctor
- Psychiatrist
- Board representative
- Tutor (colleague or relative)

- 6 month period
- Clinical revaluation on renewal
Access to TC

- Volunteer Access: 6; 5%
- Induced Access: 21; 17%
- Confidential Communication: 51; 42%
- Complaint: 44; 36%
Total: 122 cases
- 11 Overlap
- 41 Alcohol
- 39 Drugs
- 31 Mental disorder
Main medical specialty on TC

- General Medicine: 25
- Anesthesia: 17
- GP: 15
- Psychiatry: 10
- Traumatology: 5
- Intensive Care: 3
- Internal Medicine: 6
Therapeutic contract

First Contract: 15th December of 1998

122 Doctors Involved

15 cases during the Residency

32 Women - 90 Men

Mean TC: 3
Diagnostics on TC

**Female under TC**
- Mental Disorder: 11
- Other drugs: 6
- Alcohol: 3
- Dual pathology: 3
- Total: 12

**Male under TC**
- Mental Disorder: 31
- Other drugs: 21
- Alcohol: 3
- Dual pathology: 1
- Total: 33
Outcome of TC

**Drugs Outcomes**
- Rehabilitation: 61%
- Disability: 17%
- Death: 15%
- Sanction: 1%
- Transfere: 2%

N=85

**General Outcomes**
- Rehabilitation: 63%
- Disability: 20%
- Death: 11%
- Volunteer Discharge: 2%
- Return to origin: 1%
- Temporari Limitation: 1%
- Sanction: 2%

N=119
Supervised activity

1998-2018
• 310 TC signed with the BMC and 28 in the rest of Catalunya
• 154 were led to Permanent Sick Leaves
• 1 involuntary admission (ruled by a judge)
• 6 sanctions in 20 years

During 2018
• 37 ongoing TC:
  ✓ 22 physicians with TC during this year
  ✓ 4 physicians signed their first TC
Take home messages:

1. Regulating our profession is much more than punitive measures.
2. Self-regulation begins with self awareness.
3. Programmes promoted by regulating agents can be successful based on clinical decisions.
4. Therapeutic Contract is a tool to enhance engagement instead of punitive measures
5. Accurate balance between confidentiality and good coordination with therapeutic team is crucial to make regulatory goal effective.
6. Regulatory perspective combined with clinical approach are complementary and not a burden