Doctors treating doctors
(Nice work if you can get it …..)

Pilar Lusilla
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Is it nice to work with doctors?

The doctor in the patient’s role

- Doctors find it hard to adopt the patient’s role
- The management of a patient-doctor is difficult because they tend not to adhere to the consistent therapeutic policies as other patients do.
Is it nice to work with doctors?

- Doctors’ attitudes towards impaired doctors
  - Denial and identification with the compromised physician
  - Reluctance to intervene (Propensity to overprotect)
  - Rejection toward disabled physicians
  - Stigmatization of addictive behaviors
Is it nice to work with doctors?

YES !!! Provided you are able to:

- Establish a fruitful collaboration: take care of the essential elements of the therapeutic relationship.
- Take advantage of the patients’ condition: use his expertise in a constructive & collaborative way.
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How to get the best out of your patient: the REAL approach

- Rolling with resistances
- Empathy
- Affirm doctor-patient
- Lead to commitment
Rolling with Resistances

- Don’t be in a hurry. Many hidden problems will show up slowly.
- Avoid Confrontation
- Respect confidentiality as key to enhance the therapeutic alliance.
- Negotiate goals of treatment (if it is possible)
- Always ask for permission before informing others, including close relatives
Empathy

- Openness to collaboration with the doctor-patients’ own expertise
- Show respect towards the patient and acknowledge how difficult his situation is
- Reflect as accurately as possible the dilemma of the doctor-patient.
- Reflect carefully the ambivalence between the patient role and the expert role
Affirm the doctor-patient on his abilities and knowledge, and show him how useful they can be, if properly used, in the rehabilitation process.

- Recognize the effort he has done to ask for help and the difficulty to enter the patient role.
- Take advantage of previous unsuccessful self-treatment experiences.
Lead to commitment

- Elicit and strengthen doctor-patient change talk.
- Provide information about the disease and the therapeutic process
- Summarize the information and elicit the doctor-patient opinion
- Consolidate doctor-patient commitment through negotiation of the treatment plan
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How the PAIMM was born

- The Integral Care Programme for Sick Physicians was jointly created in 1998 by:
  - The Medical Association of Catalonia,
  - The Health Department of the Generalitat (the Autonomous Government of Catalonia)
Two essential aims

- To attend impaired doctors with specialised services under conditions of strict confidentiality.
- To assure citizens, as far as possible, that physicians are capacitated to practise medicine with all the necessary safeguards.
A clear philosophy

- Non persecutory.
- Non punitive (unless unavoidable)
- Promoting voluntary access.
- Preventive.
- Promoting rehabilitation.
Delivery of services

- Separating therapist role from assessments of fitness to work.
- Always with Informed Consent at the beginning.
- And/or Therapeutic Contracts, depending on the risks.
- Sometimes with a private psychiatrist collaboration.
Services provided

- Comprehensive care.
- Highly specialised dual pathology as well as general psychiatric treatments.
- Complementary activities during treatment.
- Examination of financial coverage during treatment.
- Provision of legal support.
- Job-related assistance.
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(1998 - 2008)

- **ADMITANCE UNIT**
  - Evaluation Unit 59 cases

- **OUTPATIENT UNIT**
  - (Since 1998)
  - 1358 1st. consultations

- **INPATIENT UNIT**
  - (Since 1999)
  - 783 total admissions
  - 239 re-admissions

- **DAY HOSPITAL**
  - (Since June 2001)
  - 201 admissions
Mode of access to PAI MM

- Voluntary spontaneous: 21%
- Voluntary induced: 5%
- After confidential communication: 1%
- After official complaint: 73%
Satisfaction with care
(1 strongly unsatisfied-7 strongly satisfied)

65.5%

100% would recommend the PAIMM to a colleague
Outcomes of treatment

- Patients remained in treatment for a mean of 2 years and 9 months.
- 79.5% patients either continued working during treatment or returned to work afterwards.
- 7.6% patients were unable to return to work on the grounds of ill-health,
- 4.4% retired during follow up,
- 5% patients were unemployed
- All patients who signed a therapeutic contract returned to work.
10 years creating infrastructures

- Clinical protocols & therapeutic contracts
- Creation of PAIMES all over Spain
- Spanish network of treatment
- Nurses included in the program
- Fundació Galatea
- Clínica Galatea
- Agreement with University Hospital Vall d’Hebron
CME Academia Courses

Course 11:
Clinical Management of Physicians with Addictive and Mental Disorders, a Motivational (REAL) Approach.

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Thanks for your attention

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