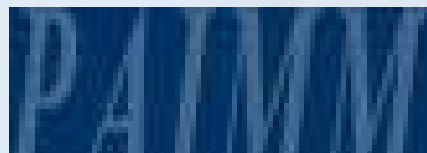




Doctors treating doctors (Nice work if you can get it

Pilar Lusilla





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 - Is it nice to work with doctors?
 - How to get the best out of your patient
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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

- R** ■ Rolling with resistances
- E** ■ Empathy
- A** ■ Affirm doctor-patient
- L** ■ 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

- 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.



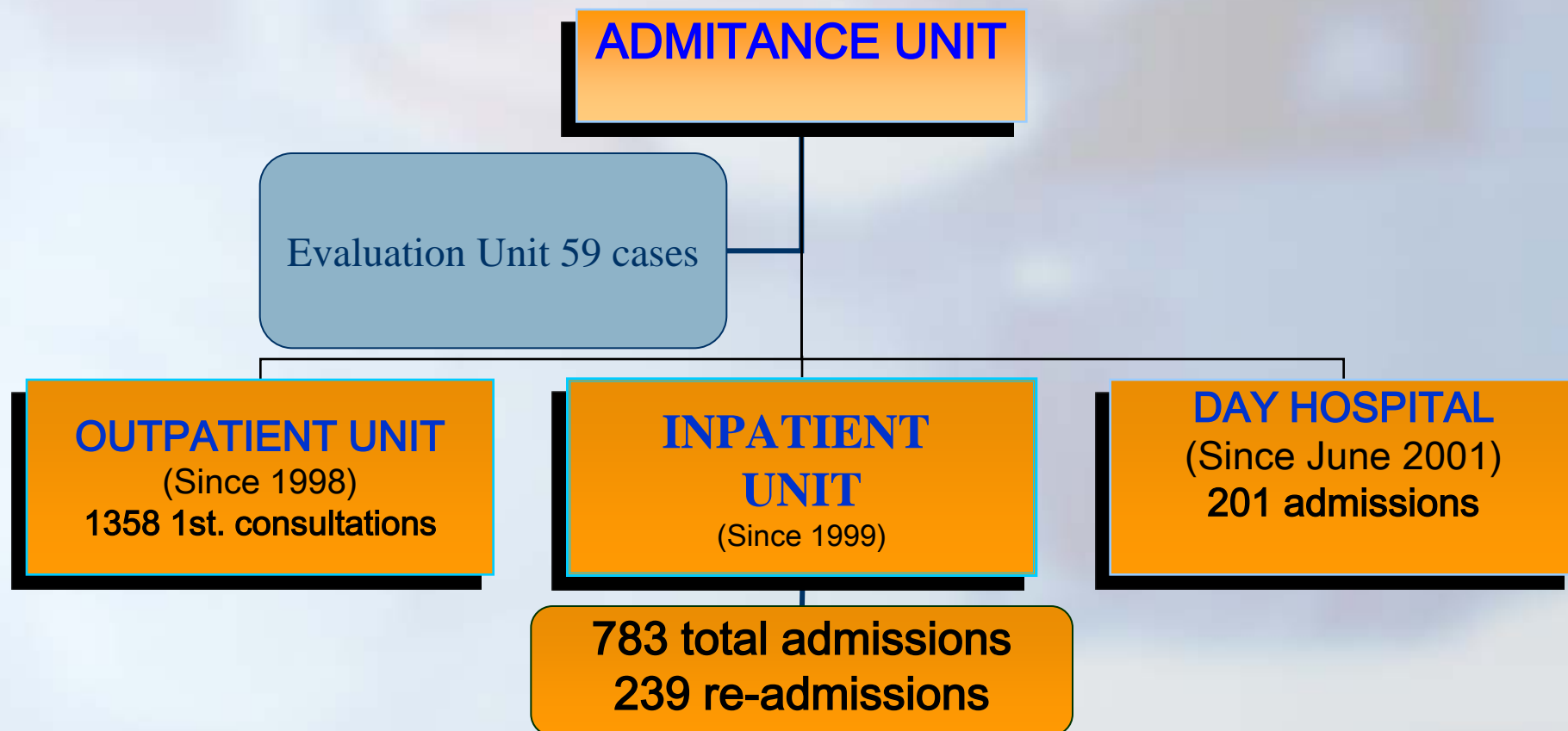
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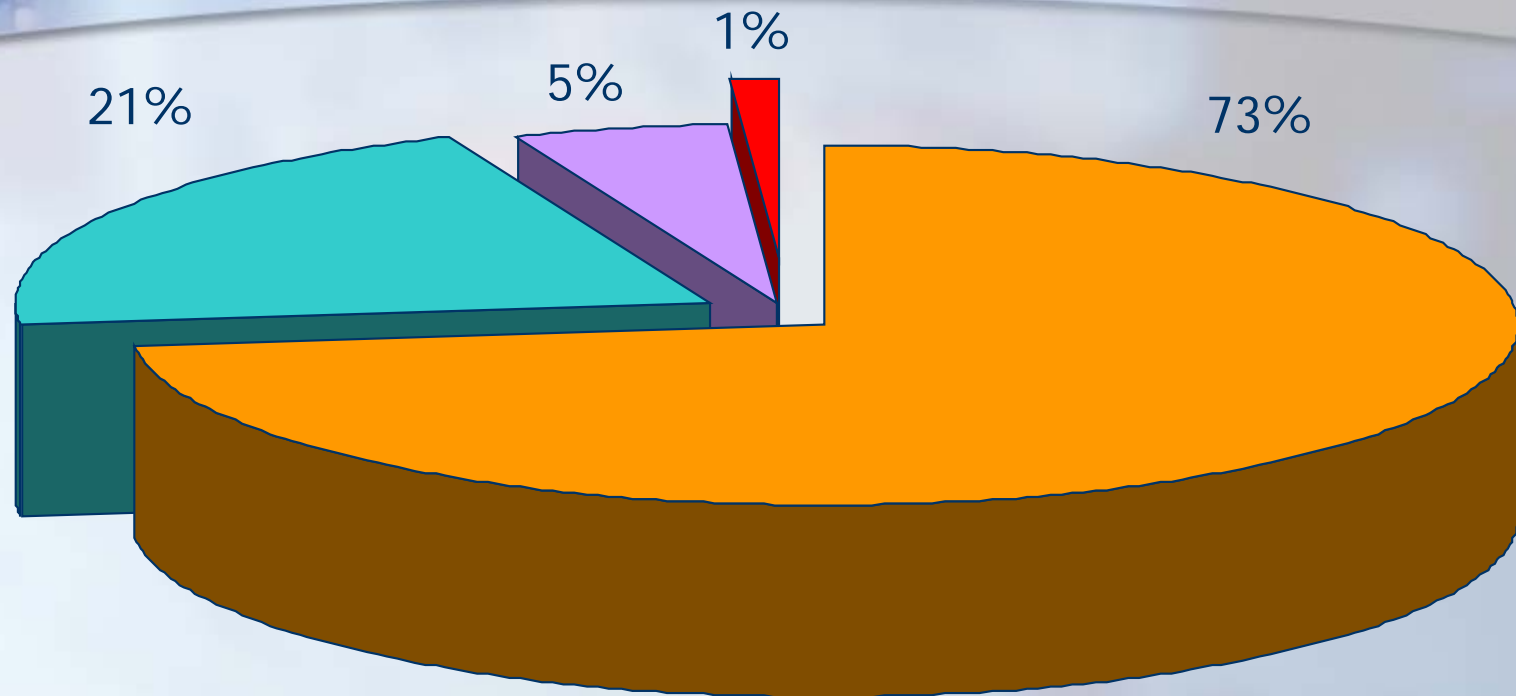
How the PAIMM looks now

(1998 - 2008)





Mode of access to PAIMM

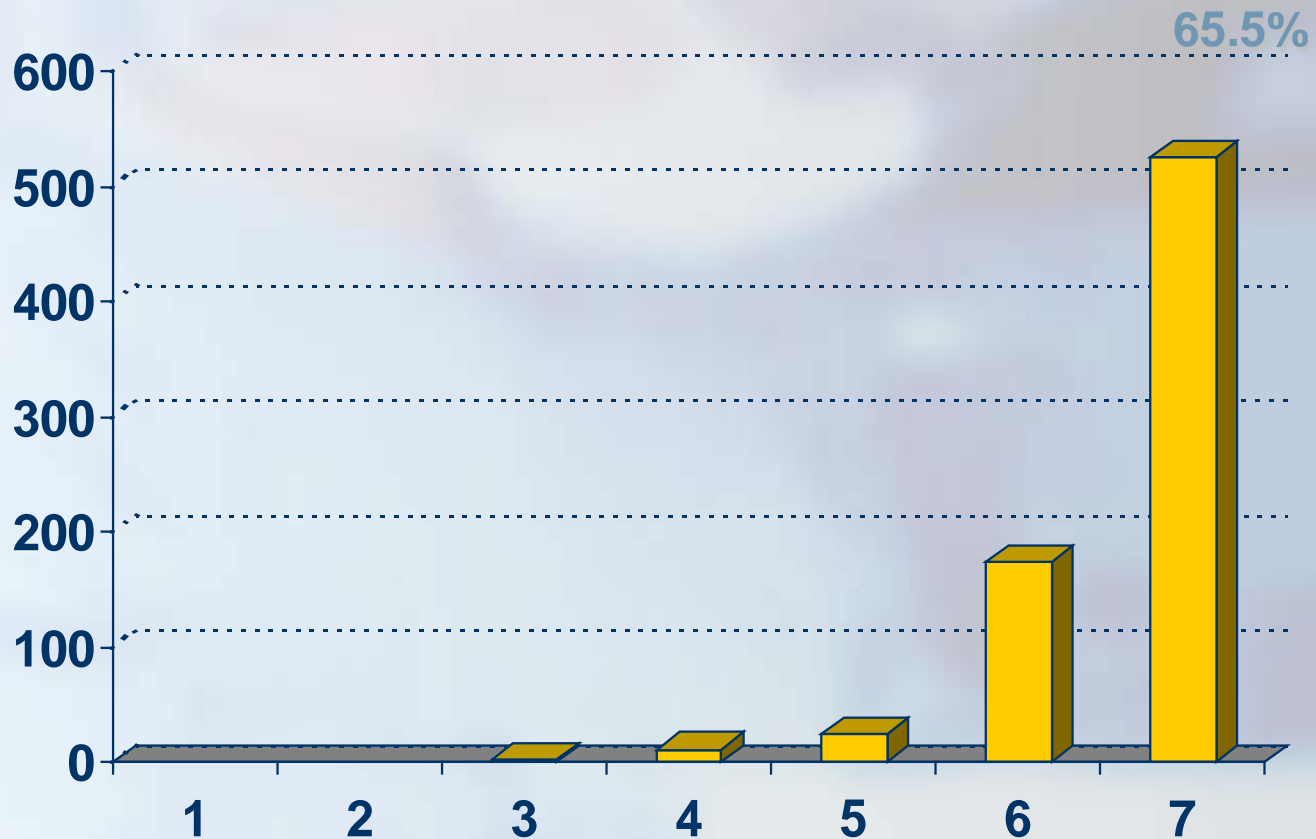


- Voluntary spontaneous
- Voluntary induced
- After confidential communication
- After official complaint



Satisfaction with care

(1 strongly unsatisfied-7 strongly satisfied)



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



Clínica
GALATEA



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Thanks for your attention

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