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The future of VDHP under the new national registration system

Dr Kerry Breen

As most readers will know, VDHP was established jointly by the Medical Practitioners Board of Victoria (MPBV) and AMA Victoria (AMAV) in 2000 in response to the concerns of MPBV that doctors coming to the attention of the MPBV with health or drug and alcohol misuse problems were often referred late in the evolution of those problems and that MPBV had no means of ensuring that these doctors accessed the best available care, rehabilitation, and support to re-enter the workforce. The model chosen for VDHP was partly based on similar organisations long established in most US states and Canadian provinces (see Federation of State Physician Health Programs <http://www.fsphp.org/> and Canadian Physician Health Network http://www.cma.ca/index.cfm/ci_id/25567/la_id/1.htm).

Although the nursing profession in Victoria has established a Nurses Health Program (<http://www.vnhp.org.au/>) modelled on VDHP, the services offered to ill and possibly impaired doctors and medical students in the other Australian states are conducted by Doctors Health Advisory Services, predominantly by dedicated doctors on a voluntary basis.

During its almost nine years of existence, VDHP has helped over 700 doctors and medical students. Through its educational activities, VDHP has contributed to a changing attitude among doctors and medical students in regard to taking greater responsibility for their own health. A significant potential threat to VDHP has now arisen through the decision of the Council of Australian Governments to introduce a national medical registration scheme by 2010. This will require new legislation in every state and territory, based on model legislation passed by the Queensland Parliament. There is thus a real risk that those designing the national registration scheme and those eventually appointed to the proposed Australian Medical Board may decide that registration fees should not be used for this purpose.

VDHP, supported by AMAV and MPBV, has made a detailed submission to the National Registration and Accreditation Implementation Project Team and the relevant Ministers. The submission, entitled "*The future of the Victorian Doctors Health Program. Submission to National Registration and Accreditation Implementation Project Team, February 2009*" is available on the VDHP website at www.vdhp.org.au. In the submission, we are not suggesting that the VDHP service model is the only one suitable for other Australian states and territories, but have argued that the new legislation must permit the proposed Australian Medical Board to allocate funds on an equitable basis to all state and territory programs. VDHP has also argued that this is a relatively inexpensive investment which brings valuable returns by helping to maintain the health, or restore the health, of doctors and thus keep more doctors in the work force.



Dr Kerry Breen
Chairman, VDHP Board of Directors

**VDHP is a free and confidential service for
doctors and medical students in Victoria.**

Need help? Call VDHP!

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Doctors and the “recreation” of substance use

Dr Matthew Frei



When talking about health to medical students I usually hear chuckles of recognition when I talk of alcohol abuse as our nation’s official sacred celebratory rite. This is not surprising. Australians, and not just students, like to use substances for recreation. Half our country’s 30-year-olds have used cannabis. The “party” drugs ecstasy and methamphetamine remain popular despite growing knowledge of short and long term harms (and expensive awareness campaigns). Despite the known health risks associated with consuming more than four drinks in one occasion, drunkenness is still part of growing up Australian.

Alcohol and other drug use appear to be no less prevalent in doctors and medical students than in the general population. This is certainly the clinical experience of the VDHP. The change in role from medical student to doctor brings increased expectations, responsibilities and stress increase along with more access to substances. However, medical professionals are notoriously reluctant to seek help when health problems arise, particularly those related to mental health and well-being. This is exacerbated by doctors’ fear of possible consequences of disclosure and a tendency to self treat.

Doctors and students may present to the VDHP with substance use as the primary issue, as a significant factor contributing to mental health problems, or as an intermittent behaviour suggesting poor ability to cope with stress. Depending on assessment, the VDHP clinician may facilitate involvement of a GP or psychologist or, in some cases, formulate a comprehensive management plan involving specialist addiction treatment services. Most medical students and junior doctors self-present, sometimes following suggestion by a colleague or clinical supervisor. In a few cases VDHP involvement may be a condition of employment or registration. Pleasingly, outcomes in either situation are almost always positive.

Considerations of privacy and an aim to ensure participants are healthy enough and able to continue to work are essential goals of the VDHP. Doctors and medical students may suffer harm from intermittent misuse of alcohol, cannabis or stimulant drugs. However they may think they are immune to harm, believe they have superhuman ability to overcome problems or simply fear disclosure. Doctors, at any level, from undergraduate to those advanced in their careers, should feel comfortable asking for help from the VDHP if and when their substance use becomes a concern.



Dr Matthew Frei
Senior Clinician, VDHP

Support group for doctors with substance use issues

Ms Cheryl Wile

One evening a week in an inner city venue a group of doctors sit down together and talk about recovery from drug problems. They are part of ‘Caduceus’, a VDHP support group for doctors with substance use issues.

Most of the doctors who attend Caduceus say it has been one of the most important aspects of their recovery program. In addition to helping alleviate feelings of isolation and seclusion, this unique group offers a supportive, non-judgemental, understanding environment where experiences can be shared and mutual support offered.

Whilst the recovery time of those who attend may vary from days to years, the common bond shared is a desire to live a life that is full, enriching, rewarding, and not controlled by drugs.

I have been fortunate enough to attend Caduceus on a number of occasions over the years, and I never cease to be touched by the courage, care, and camaraderie of this special group.

“The quality of your recovery is proportional to the quality of your surrender.”
Anonymous

Ms Cheryl Wile (right)
Psychologist and Case Manager, VDHP



The Caduceus



Health and well-being in retirement Dr Kym Jenkins

At VDHP we see doctors of all ages and stages in their careers. Whilst younger doctors present more often and sooner with issues of stress and distress, it's not unusual for those approaching retirement or recently retired to come along with questions like "If not medicine what else?" or "Is this all there is?"

Whilst the financial aspects of retirement planning can be tough enough especially in the current economic climate of shrinking superannuation funds etc: it can be even more confronting to anticipate failing health and emotional or personal challenges. Many issues go unaddressed until they hit crisis point. Doctors worry about the right time to leave work: whether to taper off, wind down or make a clean break: how to handle the grief and loss of giving up and giving away a lifestyle plus the farewells to valued colleagues and long term patients. Some doctors (usually men) have not considered how dynamics of marital relationships might change –for better or worse -after retirement- and wonder why their spouse does not appreciate their increased presence in the household!

Underpinning all of this may be existential issues with the need to still feel useful, validate one's own existence and fears of ultimate aloneness: there's stress at losing one's identity as a doctor. A successful transition to retirement requires adaptation to change and flexibility. As medical students we scored lower on these traits than students in other disciplines, and given the tendency for people to become 'more like themselves' as they age, there's little to suggest that change gets easier as we grow older. Erik Erikson described 'ego-integrity versus despair' as the eighth stage of development. Retirement allows for greater reflection upon one's life; the integrity comes from an ability to look back and feel content in having a fulfilling life, having contributed to life and a deep feeling that life has meaning. For some there is despair -and doctors are not immune to this-looking back only seeing missed opportunities and regrets, wondering "if it was all worth it".

So if retirement looks like being more difficult than it should be and things aren't working out for whatever reason VDHP can help you find the best sources of advice and help.

Meanwhile, a suggestion: As a House Officer in the UK one of my first jobs was with a geriatrician who himself was approaching retirement. I remember him presenting "preparation for retirement" lectures to local community groups - I wonder now if this was helping him more than his audience. However, some of Dr T's words have remained with me over the years: He advocated that everyone should have at least three hobbies or activities and that they should start developing these prior to retirement: there has to be one from each of the following groups:



1) A *physical or sporting activity* to keep fit and maintain physical well being: so get on your bike, on that golf course or tennis court and as you become less "time poor" you could actually walk the dog rather than driving him to the park for a run. Or if it's time to consider flexibility and core strength consider Yoga or Pilates.

2) A *social activity* which is primarily for interaction with other like minded people. This could be charity or voluntary work in a group, playing bridge or sharing a passion like going to the opera. Man is a social animal, needs to maintain connection to others and this activity is to maintain social networks as the work related ones diminish.



3) A hobby that is *personal and individual*, something that can be done by yourself, indoors when its raining, or if you are physically compromised for whatever reason: eg- craftwork, reading, stamp collecting, tracing the family tree, learning Sanskrit, playing the trumpet or finally writing that novel...something to keep you mentally alert and stave off dementia.

Obviously some activities provide benefits in more than one domain, but, for example walking to the stamp collectors' symposium and trying to make one hobby qualify for all three groups is cheating!

The chapter on retirement in George Vaillant's book "Aging Well" published in 2003 addresses similar ideas.

And very importantly -if planning retirement or about to retire and you haven't taken the essential step of having your own General Practitioner this is the time to do it.



Dr Kym Jenkins
Medical Director, VDHP

Ways to know its time to retire!

- **Your children have already retired**
- **Your passion for golf exceeds your passion for medicine**
- **Travel insurance companies start refusing to insure you for that world trip you've always promised yourself for when you retire**
- **Not only are policemen getting younger, but the chief of police looks too young**

New director added to VDHP board



VDHP welcomes the recent appointment to its Board of Mr Richard Stubbs, chartered accountant. Mr Stubbs has been a senior partner and is now a consultant to KPMG and has been involved on the boards of a number of not for profit and charitable foundations in the health and other sectors. As VDHP is an incorporated not for profit company registered with the Australian Securities and Investment Commission (ASIC), we are required to meet the stringent financial and auditing procedures of ASIC. In his short time as a Director, Mr Stubbs has already assisted the VDHP Board and staff enormously by reviewing and updating our financial policies and procedures, assisting in the preparation of the statutory accounts, monitoring budgets and cash flows, and by advising fellow Directors in matters of corporate governance.

Dr Kerry Breen
Chairman, VDHP Board of Directors

Annual VDHP workshop 2009

Aggression and violence in the medical workplace: Safety first

VDHP is offering an interactive workshop which has been designed to educate doctors about addressing aggressive behaviour in the medical practice. The workshop is relevant to all clinicians, especially GPs and specialists in private practice. VDHP is in the process of applying for Cat 1 RACGP QACPD points.

Location: Brennan Hall, Ground Floor, Aikenhead Building, 27 Victoria Parade, Fitzroy VIC

Date: Saturday 17th October from 8:30am-5:00pm

Cost: \$165.00

To register for the workshop or for further information, please contact: Ali Glen, Office Manager, VDHP, Ph 9495 6011 or Email vdhp@vdhp.org.au.

Additional workshops in 2009

When the patient is a doctor: Addressing the challenges in improving care and outcomes

VDHP is offering **two** interactive workshops which have been designed to address issues arising from doctors treating other doctors. The workshops are primarily targeted at GPs, but can also assist specialist medical practitioners - particularly psychiatrists and drug and alcohol physicians. These workshops attract 7 CME points for the RACGP.

Location: AMA Victoria, AMA House, 293 Royal Parade, Parkville VIC

Dates: Monday 15th June 6:00-9.30pm OR Friday 7th August 2:00-5.30pm

Cost: \$99.00

To register for a workshop or for further information, please contact: Judith Merrick, Director Training and Practice Support, AMA Victoria, Ph 9280 8761 or Email judithm@amavic.com.au.

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The VDHP newsletter is produced by the staff of the Victorian Doctors Health Program
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