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STRESS, BURNOUT, DEPRESSION – EMOTIONAL ILL-HEALTH – ‘*Breaking the conspiracy of silence*’

Doctors make lousy patients for a variety of reasons. They tend to rationalise or minimise their symptoms and as a consequence present for care later in the course of a disorder than do other patients. All too often they resort to self treatment – a dangerous course often resulting in disastrous outcomes. This is even more serious when the disorder involves mental and emotional health.

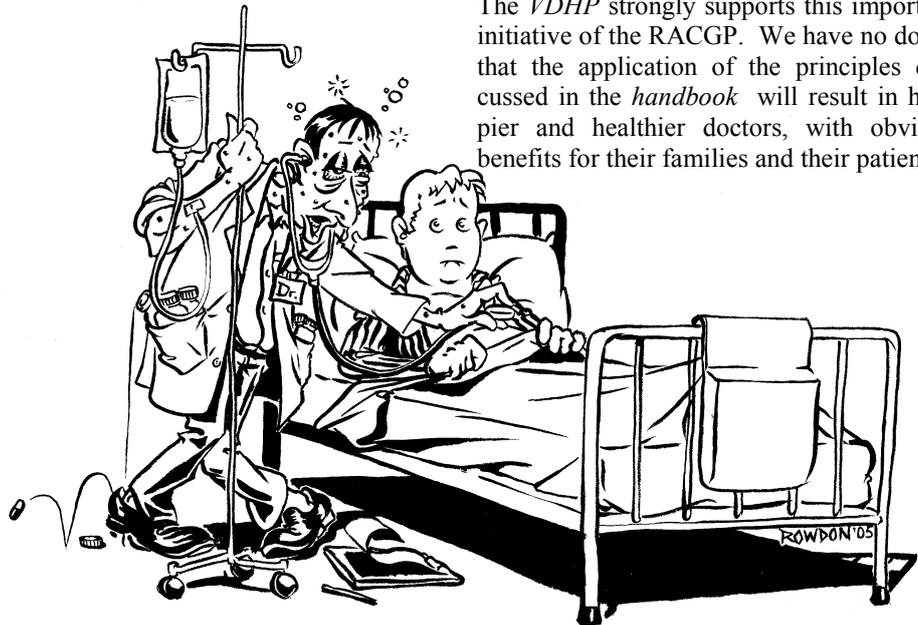
The Royal Australian College of General Practitioners has recently issued a handbook entitled *Breaking the Conspiracy of Silence*. It aims to encourage recognition of the challenges facing medical practitioners, and encourage self-care as an integral and accepted part of medical practice. It offers assistance in the development of useful strategies for self-care, including identifica-

tion of risk factors, prevention strategies and the development of appropriate support networks.

The *VDHP* all too often sees the end result of this conspiracy of silence. Doctors, their workmates and their families will often do anything other than face up to the fact that a serious potential or actual disorder exists, which may require expert intervention and management.

There are two steps to address this situation. The first is to alert people who do care – principally colleagues and families – to the signs of possible distress. The second is to convince them that an appropriate intervention has the capacity to save careers and lives, and that maybe they can help. The challenge is to break through the collective denial.

The *VDHP* strongly supports this important initiative of the RACGP. We have no doubt that the application of the principles discussed in the *handbook* will result in happier and healthier doctors, with obvious benefits for their families and their patients.



WHEN SELF-CARE IS NOT ENOUGH.....

The *VDHP* strongly encourages all doctors and students to have their own general practitioner, and to attend regular consultations – at least yearly. Why then is there a need for a dedicated health service such as the *VDHP*? (a frequently asked question).

- Many doctors do not wish to consult their GP on what they perceive to be highly stigmatised disorders such as drug and alcohol abuse or mental health disorders.
- The *VDHP* specialises in the case management of a range of disorders in doctors that may impact on their ability to practice medicine; this is beyond the usual scope of general practice.

In the face of our persistent exhortations, over 50 per cent of doctors do not have a GP!

It is time to address this deficiency in your personal health care now!

The VDHP is a completely confidential and free service for doctors and medical students in Victoria. It is a legal entity in its own right. It is independent of the Australian Medical Association Victoria and the Medical Practitioners Board of Victoria.

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From the Medical Director—Dr Jack Warhaft WELCOME TO THE VDHP DEPUTY DIRECTORS

The VDHP is very pleased to welcome Dr Nola Schenk and Dr Matthew Frei as its two Deputy Directors. They were appointed in February 2005. Their role is:

- to act as Medical Director in my absence; and
- to share in the after hours on-call.

But most importantly, by bringing their knowledge and experience to the program they have broadened its outlook and capacity to meet the wide range of challenges in the speciality of doctors' health.



Dr Nola Schenk graduated from Monash University in 1984 after previously completing a science degree at the University of Melbourne. She obtained her FANZCA in 1995 and is currently the convener of the Anaesthetic Department Education Program at Epworth Hospital, where she conducts a busy anaesthetic practice. She developed her interest in doctors health as a result of her assistance with the Re-entry Program for Impaired Anaesthetists that was conducted at Box Hill Hospital in the 1990s. Nola's interests outside medicine includes Ballroom dancing at which she is very accomplished.

Dr Matthew Frei is also a University of Melbourne graduate (1986.) Following his internship he entered general practice training, and worked for some years as a GP. He also worked in medical education and medical writing, and the management of blood-borne virus infection. The latter led him to an interest in addiction medicine, and he is now Fellow of the Chapter in the RACP. His interest in doctors health stems from his extensive contacts with doctors recovering from substance use disorders. Matthew also has an interest in rhythm and blues music and plays drums.



I would like to extend my personal best wishes to both Nola and Matthew, and look forward to continuing our work together.

VDHP/ADR ACADEMIC DAY

On Friday 18 March the **VDHP** in association with *Australian Doctors in Recovery* conducted an **Academic Day** on Addiction Medicine. The keynote speaker was Professor George Valliant, Professor of Psychiatry at Massachusetts Medical Centre and the author of the very well know book, *The Natural History of Alcohol*. Other speakers included Drs Dick McKinley (Missouri), Stephen Jurd (Sydney), Alan Gisjbers, Professor Greg Whelan and myself. The audience of over 70 people were from a wide range of disciplines and were rewarded with interesting and informative material about addictive disease. Thanks to Stephen Jurd for his assistance in organising this meeting, as it was most successful and generated interest in conducting future such meetings on a regular basis.

'ADR 10' - AUSTRALIAN DOCTORS IN RECOVERY

Australian Doctors in Recovery held their 10th annual convention in Melbourne on 19-20 March 2005. ADR is not affiliated with VDHP (or anyone else) but has the full support of our program. Many VDHP participants took part in this convention, which is a celebration of recovery from alcoholism and drug addiction. Doctors came from most states, along with three from USA. Congratulations to ADR for ten great years!

VDHP STRATEGIC PLANNING DAY

The VDHP recently ran a Strategic Planning Day in order to plan and prepare for the coming years. A number of key issues were raised and discussed including:

- the Scope of program;
- building Collaborative Partnerships;
- resourcing for the future; and
- best strategy for optimising doctors' and student's health

The VDHP would like to thank Dr Kerry Breen for his valuable leadership on the day and to everyone who came and contributed to the day.



Case Manager's Report

On approaching my third year of working at the VDHP, I have noticed a number of recurrent themes that arise when dealing with doctors and medical students who access the program.

frequently be found in the arenas of family life, relationships, and the person's general outlook on life.

Life can be busy – without a doubt. We all have 24 hours each day and 168 hours each week to eat, sleep, work, relax, study, socialise, exercise, volunteer, and do whatever else it is that we find necessary and meaningful. Whilst the demands of a medical career are certainly high, this needn't be at the expense of having a life that is varied and rich in content.

One particular subject matter that I spend a considerable amount of time discussing with participants is the concept of having 'balance' in life. Many whom I see report having immense difficulty in achieving a sense of 'balance', with numerous reasons being cited for this including long work hours, tiredness, high stress levels, procrastination, and feeling 'stuck'. Furthermore, some also report an inability to find time to do what I regard as simple self-care practices such as ensuring they eat well and take regular exercise.



Needless to say there is a high cost associated with neglecting oneself and one's own needs – whether the needs are physical or otherwise. An array of both mental and physical health issues can and do arise due to self-neglect. In addition to the personal toll that this takes, the 'ripple' effects are also significant, and can

Managing one's time effectively is a key way in which people can ensure that a sense of balance prevails in their life. Time management is simply about planning and prioritizing. The benefits of allocating time either on a daily or weekly basis to pursuits such as hobbies and interests, recreation, and socializing can have immense benefits.



People who become more aware of managing their time and implementing more 'balance' into their life frequently report having a greater sense of control over things and experiencing reduced stress levels. Furthermore, being mindful of maintaining 'balance' and prioritizing accordingly results in happier people and happier medical practitioners.

You are welcome to contact Cheryl with comments and / or suggestions. Cheryl@vdhp.org.au

David's Secret: a case study

Paul and David were partners in a group practice and had worked together for four years. Paul had noticed some subtle changes in David's behaviour over the preceding six months including increased anxiety and a slight deterioration in his personal appearance. Whilst there had been no evidence of impairment, Paul decided to talk to David about his observations. Although David denied the presence of any problem, Paul continued to keep a close watch on the situation. Approximately one month later Paul was approached by practice staff who relayed concerns about David exhibiting uncharacteristic behaviour including forgetfulness and vagueness. As David continued to deny having a problem Paul contacted the VDHP for advice.

Paul was advised to insist that David undergo a preliminary assessment by the VDHP, with failure to do leading to other consequences. David presented at the VDHP the following day where an assessment revealed alcohol dependency, which had been progressing for over ten years. David had been able to conceal his problem from the workplace until recently. He was referred to a residential detoxification program for four weeks and on discharge was intensively monitored by the VDHP. Paul, David and the VDHP worked together to facilitate David's gradual re-entry to work. With on-going monitoring and attendance at both individual and group therapy, David recently celebrated eight months of sobriety.

A wonder drug for doctors? - the use and abuse of alcohol

Alcohol, one of the oldest drugs in the pharmacopeia, has the capacity to enhance the pleasure of life for the vast majority of its users. It assists us to relax, itself an important health consideration for doctors, and it is an effective social lubricant. Its beneficial effect on cardiovascular wellbeing has been well documented. However, for a significant minority, about 10 per cent of the population, it causes varying degrees of damage. The prevalence of alcohol abuse and dependency in doctors in Australia, USA, Canada and the UK is similar to that of the wider community.

When does alcohol use become abuse? The short answer is when alcohol impacts adversely on our social life, family life, physical health or the conduct of our profession. Inappropriate behaviour socially and/or constant arguments in the domestic situation are often early warning signs of an impending catastrophe – the loss of home and family, job, self-respect and even life. Work is usually the last area to suffer and by that time the disease is at an advanced stage.

(As a rough guide, up to 14 standard drinks per week for females or 28 for males probably indicates a relative safe consumption level, however there is considerable individual variation. It is considered, by most addiction specialists, important to have at least two alcohol-free days each week.)

The conspiracy of silence probably reaches its peak in relation to problem drinking. The drinker does everything in his or her power to maintain denial, even in the face of seemingly overwhelming evidence of the problem. This denial is usually echoed by his or her family, at least in the early stages. Workplace colleagues may suspect a problem, but either ‘sweep it under the carpet’ (again, denial), or put it in the ‘too hard basket’ (unless of course it is directly impacting on work). Family members may well be aware of the problem, but have no idea what to do apart from (counterproductive) exhortations to the drinker to reduce or cease drinking.

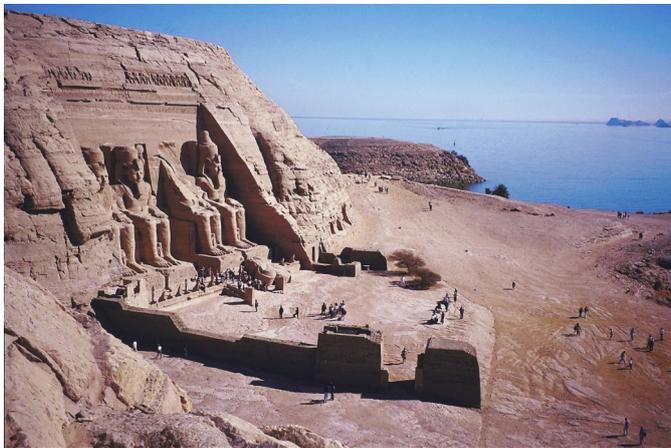
Friends and colleagues may not be aware of the extent of the problem, or may not want to know or admit it. There is a natural desire to protect a colleague until late in the progression of the disease.

Early stage drinking problems frequently respond well to expert assessment and counselling. The use of a drinking diary is encouraged, and the doctor’s progress carefully monitored.

More advanced problems of alcohol dependency may require a range of interventions including hospitalisation and detoxification and participation in a case-management, aftercare and monitoring program.

‘Alcoholism’ - serious alcohol dependency – is a **family disease**. Accordingly, the VDHP encourages partners of participants to engage in family therapy; our program includes family groups.

Alcohol in appropriate doses is, and always has been, a ‘wonder drug’. It is often a hard call to determine whether drinking is problematic. If alcohol is doing you more harm than good (or costing you more than money!) The abuse of alcohol can



make steady and relentless progress, leading to depression, despair, physical ill-health and not infrequently death from one or more of its myriad complications. It is not often that the problem drinker seeks help for her/himself, and far less often for the ‘alcoholic’. Most frequently it is the intervention of someone else that forces the drinker to seek assistance.

People change not because they see the light, but because they feel the heat!

Early detection and treatment of these problems is vitally important. If you think that you may have a problem, the VDHP will be very pleased to provide confidential, prompt and sympathetic advice. Uncover the great alcohol conspiracy, and remember:

Denial is not just a river in Egypt!

VDHP Thanks the Victorian Medical Benevolent Association for their Ongoing Support

The Victorian Doctors Health Program wishes to acknowledge the very important role played by the Victorian Medical Benevolent Association in the support of some of our participants. This has enabled participants to access therapeutic services that would otherwise be unobtainable; these services have the capacity to restore our participants to good health and return them to productive careers as doctors

The VDHP and the Community

The core function of the VDHP is to address the health concerns of doctors and medical students. However it is evident that the flow-on effect of this on the wider community is substantial. Healthy doctors provide an optimal service to their patients, as any diminution in physical, mental or emotional health has the capacity to impact on patient care. A dedicated doctors’ health program such as the VDHP is always mindful of this outcome.

From time to time the VDHP, in consultation with the participant’s treating doctor, may decide that a particular participant might place his or her patients at risk. In those circumstances the concern for the community requires that the doctor cease practice until the disorder is satisfactorily remedied. The VDHP will not permit a potentially hazardous situation to continue, as it is unacceptable to the community and dangerous for the participating doctor.