Alcoholic doctors can recover

Gareth Lloyd

Abstract

A survey of doctors with alcohol and drug dependence who joined a self help group was carried out to find out whether they had recovered and whether their lifestyles and careers had been affected. After the group had been meeting for eight years 100 doctors had attended for over six months, and they were sent a questionnaire. Sustained recovery from dependence was achieved by 76 doctors for an average of nearly five and a half years. Among 15 who had not recovered, seven had died of causes directly related to alcohol misuse. Nearly a fifth of those surveyed had been assessed by the medical committee of the General Medical Council, and nearly half had lost their job but were in satisfactory employment again at the follow up survey. Those who recovered had contributed nearly 500 years of service to health care since contacting the group.

Introduction

There are 10 self help groups in Britain for doctors and dentists who have problems with alcohol and drug misuse. The North West Doctors and Dentists Group was set up in 1980, following the example of a group of doctors in London.[1] The group is independent of any other self help group or therapeutic facility, though its members see it as complementing rather than replacing other types of treatment. Members insist on total abstinence from, rather than controlled use of, alcohol and drugs. The group aims at overcoming the professional pride, fear, and desire for anonymity that often prevent doctors from seeking help. About 25 members at a time meet monthly in a hotel for free discussion and mutual support, led by a chairman who is elected every four months.

Method

By June 1988, eight years after the group started, some 100 doctors had been referred and had kept in touch with the group for at least six months: they were considered as members even if they had not attended regularly during that period. One doctor was primarily dependent on heroin at the time of referral, the rest on alcohol.

As one of the founders of the group,[2] the first contact for 98 of these doctors, and record keeper, I decided to evaluate the outcome for the first 100 doctors by conducting a cross sectional follow up survey. I had kept a confidential record about each member since he or she joined, comprising demographic and occupational details, date of first contact with the group, source of referral, record of attendance at meetings during the first year of membership and at other self help groups during the first six months, and responses to the CAGE questionnaire.[3] These records provided a baseline for the study.

Self administered questionnaires were sent between June and September 1988 to the 100 doctors. Reminders were sent at one month and two months to those who failed to respond. The questionnaire was designed to assess members' use of the group and to document their progress since joining. The questions covered the same data contained in members' records and also asked about duration of abstinence, admission to hospital, dependence on other drugs, loss of driving licence, assessment by the General Medical Council, current employment, and current attendance at similar doctors' and dentists' groups. Duration of abstinence was confirmed by one of three corroborating sources nominated by members: doctors whom they had consulted, spouses, or other sober members of the group.

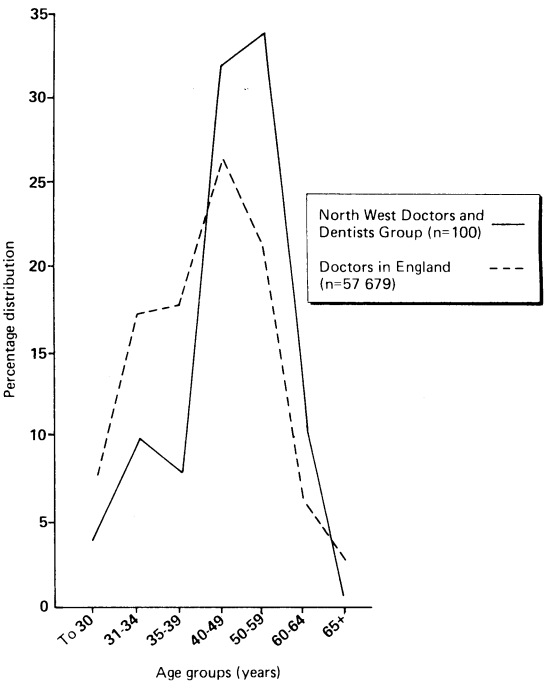
Results

Before the survey I knew that nine of the 100 doctors had died. Three of the remaining 91 who had attended for at least six months had lost contact with the group subsequently, but I traced one through the General Medical Council. I therefore sent questionnaires to 89 doctors.

A total of 77 questionnaires were returned (86·5%), 60 in response to the first request, 13 to the second, and four to the third. Three of the 89 doctors had died recently, but the group had not been informed: relatives completed their questionnaires. Errors of omission on 11 questionnaires were corrected by telephone inquiry.

I compared data from the 100 members' records with Department of Health and Social Security statistics for all doctors in England.[4]

Age—The figure shows that most of the doctors were aged between 40 and 59 when they joined the group and that their age distribution was narrower and older than that of all doctors in England. The difference was significant ($p<0·001$).



Distribution by age of doctors in the North West Doctors and Dentists Group and doctors in England, excluding house officers and senior house officers. Source: personal records and Department of Health and Social Security[4]

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Sex—There were 87 men and 13 women, a ratio of 6·7:1. The ratio for all doctors in England was 3·3:1, and the difference between these ratios, assessed using Yates's χ^2 test, was moderately significant ($0·05>p>0·01$).

Marital state—At the time of first contact with the group eight doctors were single, 67 were married, six were separated, 17 were divorced, and two were widowed. There were no comparable figures for all doctors in England, but the distribution varied little from that for the whole population.[5]

Occupation—The group comprised nearly two and a half times as many general practitioners as hospital doctors (ratio 2·45:1), a significantly different ratio ($p=0·001$) from that for all doctors in England (1:1·2).

Source of referral (table I)—Most doctors were referred by consultant psychiatrists who specialised in alcohol problems and performed assessments for the General Medical Council.

Dependence on alcohol—Comparing responses to the CAGE questionnaire with the Royal College of Psychiatrists' definition[6] showed that 95 doctors were dependent on alcohol at the time of first contact and one was dependent on opiates.

FOLLOW UP (77 DOCTORS)

Length of recovery—Recovery was defined as abstaining from alcohol or drugs, or both, for six months and sustained recovery as abstaining for a longer period. Sustained recovery was claimed by 74 doctors who returned questionnaires and by two who did not: the claims of all 76 were confirmed. Forty five doctors stopped drinking when they joined the group. Those who recovered more slowly took between one week and six and a half years, with a mean of just over five months, to abstain fully. Five of these relapsed briefly on one occasion (mean duration of relapse was 20 days). Fifteen doctors did not recover, and the outcome was uncertain for nine. Questionnaires were returned by 74 of the 76 who had recovered but by only three of the 15 who had not recovered.

Mortality—Twelve doctors died. The cause of death was determined from relatives' accounts and published inquest reports. Seven died without recovering from their dependence: two of liver failure, two from overdoses of alcohol and drugs, one from motor exhaust fumes, and two from inhaling vomit while intoxicated. The remaining five had recovered from their dependence before becoming physically ill: three died of oesophagopharyngeal cancer (alcohol intake is a known risk factor) after abstaining from alcohol for four, six, and nine years; one died of a myocardial infarction after abstaining for three years; and one died of pneumonia after abstaining for four years.

Misuse of other drugs—Twenty two doctors admitted misusing other drugs, most commonly benzodiazepines (table II).

Effect on lifestyle—Among 77 responders (including three who had died recently and whose relatives completed the questionnaire), 68 had seen a psychiatrist, 53 had been admitted to hospital with illnesses related to alcohol, 32 had been to alcohol treatment units, 32 had lost a job, 22 had lost a driving licence because of drinking, and 15 had been assessed by the medical committee of the General Medical Council. Table III gives details of the nature and outcome of these assessments as described by the 15 doctors. All of these have recovered and are in full time employment, some under imposed conditions. Confidentiality prevented the General Medical Council corroborating these details.

Marital state—Among the 76 doctors who recovered, 51 were married and 18 were separated or divorced. Of those who had not recovered, 16 were married and five separated or divorced.

Employment—Altogether, 32 doctors had lost their jobs—for example, through general practice partnership agreements being terminated, failure of hospital contracts to be renewed, or the doctors being suspended and erased from the medical register. Apart from two doctors who retired early at age 58 and 63, all those who recovered were working as doctors, 72 full time and two part time. No one was demoted, and all who were junior hospital doctors when they joined the group had become consultants. Discounting brief relapses, at least 76 doctors had given 488 years of service to health care since contacting the group.

Accepting help—Two criteria were used to determine whether doctors accepted help, given that time was committed to clinical work. Doctors who attended three or more monthly meetings of the group during the first six months or six or more meetings of another self help group during the first six months were classified as accepting help. Of the 76 who recovered, 73 satisfied both criteria compared with only two of those who did not recover. This difference was signficant ($p=0·001$).

TABLE I—*Source of referral to group*

	No of doctors referred (n=100)
Consultant psychiatrist with special interest in alcoholism	58
Another member of group	15
London Doctors and Dentists Group	9
Self referral	5
Other psychiatrists	4
Medical Council on Alcoholism	2
Response to GL's article in *BMJ*[2]	2
General practitioner	2
Wife	1
Consultant physician	1
Other self help group	1

TABLE II—*Other drugs misused*

Type of drug	No of admissions of misuse*
Opiate, pethidine	4
Barbiturate	6
Benzodiazepine	11
Tricyclic antidepressant	3
Co-proxamol	3
Cough medicine	2
Amphetamines	2
Chlormethiazole	2

*Seven doctors misused more than one drug.

TABLE III—*Details of cases of 15 doctors assessed by General Medical Council (from responses to questionnaire)*

Case No	Disciplinary action	Now supervised	Conditions as stated by doctor
1	None	Yes	Attend psychiatrist; regular blood tests for drugs
2	None	No	None
3	None	No	None
4	Suspended 1983-4	No	None
5	Suspended 1985	No	None
6	None	Yes	Attend psychiatrist; avoid alcohol and drugs
7	None	No	None
8	Suspended 1980	No	None
9	None	Yes	Join group practice
10	None	Yes	Abstinence; attend doctors and dentists group
11	Suspended 1985; erased from register 1985-7	Yes	Prescribing restricted; join group practice
12	Suspended 1986-7	Yes	Work supervised, avoid weekend work
13	Erased from register 1978-9	Yes	Attend psychiatrist
14	Suspended 1984	Yes	No home visiting
15	None	Yes	Prescribing restricted

Discussion

The results of this survey should be interpreted with caution: the doctors in the North West Doctors and Dentists Group may have been particularly well motivated, and there was no control group. Eleven members were not followed up: two had lost contact with

TABLE IV—*Results of surveys on dependent doctors. (Figures are numbers (percentages))*

Study	Centre	No of doctors	Length of follow up (months)		Deaths due to alcohol	Recovery	
			Range	Mean		No relapse	Brief relapse
Murray[7]	London	41	6-132	63	5 (12)	5 (12)	15 (42)
Goby *et al*[8]	Illinois	51	3-120	42	4 (8)	19 (37)	32 (63)
Kliner *et al*[9]	Minnesota	85	12	12	5 (6)	51 (60)	62 (73)
Johnson and Connelly[10]	Topeka, Kansas	50	9-54	—	3 (8)	32 (64)	32 (64)
Herrington *et al*[11]	Wisconsin	40	1-24	—	3 (6)	21 (67)	33 (82)
Morse *et al*[12]	Mayo Clinic	73	12-60	42	9 (12)	—	44 (60)
North West Doctors and Dentists Group	Manchester	100	9-102	60	7 (7)	71 (71)	76 (76)

the group by the time of the survey and nine did not respond to the questionnaire. Three others who did not respond had died and the responses of their relatives may have been inaccurate. This group is unlikely to represent all doctors with alcohol problems in the region, although the two psychiatrists who referred most of the members say that most, if not all, of the alcoholic doctors they saw between 1980 and 1988 joined the group.

Nevertheless, these results are much more encouraging than Murray's in London in 1976[7]; and several studies over the past 14 years have shown a steady improvement in recovery rates (table IV).[8-12] Between 1970 and 1983 the standardised mortality ratio for deaths among British doctors due to cirrhosis of the liver fell from 310 to 115.[13] Only two members of this group are known to have contributed to these statistics.

There was a clear relation between willingness to accept help—that is, by attending this and other groups regularly in the first six months of contact—and achieving abstinence for six months. The support of the General Medical Council was also invaluable, particularly after the medical committee was established in 1985. Before that the council could take only disciplinary action; now it can assess, review, and impose conditions on doctors while allowing them to remain in work. Bridging the chasm between professional status and personal degradation is one of the strongest features of the North West Doctors and Dentists Group: for some it is still a bridge too far, but they should be encouraged by the results of this study.

The single most important message is that alcoholic doctors can recover.

For further information about the North West Doctors' and Dentists' Group telephone 061 9984155.

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Letter from . . . Chicago

Revolt of the elderly

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Death, taxes, and tuition fees are the major certainties of American life. Of these death is the least negotiable, despite respirators and intensive care units that promise to confer at least a limited degree of immortality. The colleges, their fees rising exponentially, may soon price themselves off the market, leading to a resurgence in learning and education that may even surpass the renaissance. But taxes remain a thorn in the side, as unpopular here as during the time of King George III, precipitating the periodic dumping of perfectly good tea into Boston Harbour, or of perfectly serviceable politicians out of office. The latest incident in this tradition, a geriatric revolution, occurred as a protest against a selective surtax levied on the elderly to pay for catastrophic health care insurance.

The law, which I described previously (29 October 1988, p 1140) was a compromise from its inception. It had started as a modest gesture by the Reagan administration to woo the elderly and deflect charges of insensitivity to the poor. A Democrat congress eagerly expanded benefits, the Association of Retired Persons lobbied aggressively, and President Reagan could not afford to veto the bill before an election. But he stipulated that the elderly should pay for this programme themselves. This was to be achieved through an incremental surtax of up to $800-1000 a year levied on some 40% of the over 65 year old, 33 million Medicare recipients. Under the law's provisions the government would have paid for most outpatient drugs and almost all hospital costs for 150 days of skilled nursing care and for all doctors' bills, subject to some deductions and ceilings, as well as for mammograms and some other expenses. As such it was a compromise, not merely between political factions but also between the ideal and the affordable. The elderly wanted long term nursing care, which would have cost more than $20 billion a year. As a compromise they got expanded hospital and medical care. At first it seemed a good thing, even though some feared right from the outset that mushrooming costs could eventually break the bank. Also unhappy were those who could afford supplementary "Medigap" insurance policies because in reality they would be paying twice for the same benefits. Nevertheless, at first relatively few senior