



VIEWS AND REVIEWS

ACUTE PERSPECTIVE

David Oliver: Doctors with drink problems deserve help

David Oliver *consultant in geriatrics and acute general medicine*

Berkshire

On Victoria Derbyshire's BBC Radio 5 show in 2011, a report on alcoholism featured a live on-air conversation with an anaesthetic trainee using the pseudonym of Rachel, who had contacted the show.¹ She was in great distress, brought to her knees by alcohol addiction. While awaiting a taxi to residential rehabilitation she opened another can on air, hoping to stave off withdrawal.

Doctors are more susceptible to substance misuse and addiction than the general population,² and in the NHS increasing numbers have been seeking help from specialist services.³ Workload, working conditions, staffing gaps, emotional demands, and perfectionism leave doctors at high risk of mental health problems and burnout. A 2019 *BMJ Open* study of 417 NHS doctors found 44% resorting to binge drinking, 5% meeting the criteria for alcohol dependence, and others using food or recreational drugs as coping strategies for occupational stress.^{4,5} Our medical knowledge of the problems of addiction seems to be no defence.

When "Rachel" appeared on the show again in 2012 she was living sober, seemed much happier, and was planning to return to work.⁶ But in 2014 the show reported that she had relapsed and died from her addiction. A deeply moving phone-in followed in which several middle class, professional women called in, identifying strongly with the story.^{7,8} They described their own fear, shame, and desperation in their supposedly well hidden battles with alcohol. The mismatch between their professional front and their private struggle was stark—as was the difficulty in coming clean to employers or colleagues and the guilt of knowing that it was affecting crucial work. Alcohol and drug addiction spare no group.

Constant fear

Once doctors are struggling, it's double jeopardy. The stressors already inherent in the job are compounded by those of having a secret drinking problem: anxiety about letting patients, colleagues, and yourself down, worries about its effect on your own health or personal relationships, and the fear of it coming to light.

Imagine the burden of turning up to work each day in a patient facing role, having dozens of interactions with so much potential to affect people's lives, having to train and support junior staff, having to project a professional front, and yet feeling as though you have no business being there. Or maybe you're an academic, lecturing big audiences while feeling barely able to hold it together.

The fear of being discovered would be constant. The medical knowledge of how alcohol withdrawal works might, perversely, keep doctors drinking for longer. Then there's the fear of going to your own GP to seek help with detoxification and the concern that it will be on record.

On the other hand, if the problem does come to light—if it's noticeable at work or doctors are arrested for drink driving or another offence and the General Medical Council (GMC) is notified—a whole new cycle of fear will be activated. And, although NHS occupational health services offer confidential help, they also have a duty to the employing organisation around doctors' ability to work safely. Fear of consequences may deter some from seeking advice, and people in active alcoholism are often very fearful.

Of course, there's a public protection issue with drink or drug addicted doctors, and both the GMC and employers have responsibilities, although it's rare for the GMC to strike doctors off for drug or alcohol problems if they've sought help.⁹ The post-Shipman regulations have tightened up vigilance, regulation, and referral for intervention—even for medical undergraduates.¹⁰

But many professionals with alcohol problems do recover, maintain lifelong sobriety, and go on to deliver excellent care for many years. NHS doctors are a scarce resource, trained mainly at public expense. We must surely do all we can to retain and support them.

Growing support

The NHS Practitioner Health Programme¹¹ offers confidential support to doctors with addiction problems and has a formal

understanding with the GMC. It's now been extended to include GPs (but not hospital doctors) outside London. The British Doctors and Dentists Group¹² also offers confidential peer support and groups. And the huge international fellowship of Alcoholics Anonymous¹³ offers meetings and literature. Health practitioners are no strangers to its rooms, but, as the fellowship is based on anonymity, you'd have to go to find out.

It's good to see that England's health secretary, Matt Hancock, has offered immediate mental health and wellbeing support for staff.^{14 15} And the recent NHS People Plan openly acknowledges that NHS staff are leaving or reducing hours because of workplace stress, related mental health problems, and lacking support for wellbeing.^{5 16}

It's also good that we're now seeing more frequent conversations on these issues in the NHS workforce. But my guess is that it's still easier to admit to, say, a physical health problem or even depression and to find sympathy and understanding than it is to admit to being addicted to alcohol or drugs.

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