What If Your Supervising Physician Is Sick?

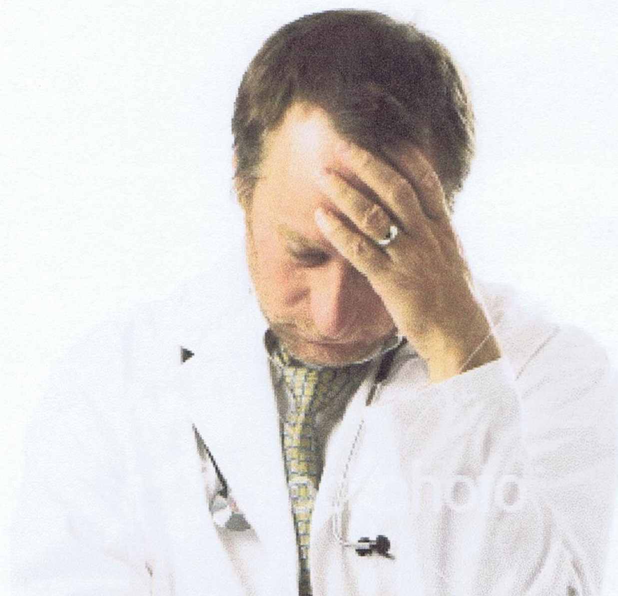
By Pam Moyers Scott, PA-C, MPAS, DFAAPA

Mrs. A is a physician assistant who has been working for her supervising physician, Dr. S, in a solo practice rural health clinic since her graduation from PA school 5 years ago. She holds Dr. S in the highest esteem not only because he is an excellent, dedicated, and compassionate physician with a good "bedside manner" but also because he is a patient and kind mentor to her.

However, within the past couple of months their relationship had changed. Instead of his encouraging and understanding attitude when she consulted him regarding patients, he appeared irritated and annoyed leaving her the impression that she was "bothering" him. Leaving her confused, she confronted Dr. S and inquired if she "had done something wrong?" He immediately reassured her that was not the case, apologized to her, and advised her it was nothing more than his being "a little tired." He even joked that perhaps he needed to see a good physician assistant for a check-up.

But the irritability persisted. In fact, Mrs. A now noticed he treated the staff inappropriately and was even "short-tempered" with his beloved patients. Instead of engaging in staff conversation, antics, and activities as he had previously done when the patient load was light, he preferred to stay isolated in his office alone. His appearance was becoming unkempt compared to his normal professional persona. He no longer attended clinic social events without acknowledging he would be absent. Even more concerned, Mrs. A engaged him in a private conversation that she was concerned that he was becoming depressed. He admitted that his wife and he had been having "a rough time"; however, they were not serious and he was certain they would resolve soon. Mrs. A cautioned him to be sure to "take care of himself" and he promised to do so.

Never-the-less, a couple of weeks later, his symptoms appeared to be worse. He now appeared to be losing weight, had a ruddy complexion, a slight tremor, and wasn't eating lunch claiming he had too much work to get done. Even more out of character, he was arriving late and "calling in sick" which Mrs. A had never known him to do. Again, Mrs. A took Dr. S aside and expressed her concern for him as a colleague and friend. He assured her he was fine except for being "a little tired" and agreed to make an appointment with a colleague for a check-up.



A few days later, Dr. S shows up at the clinic with alcohol on his breath. Mrs. A again confronted her friend, mentor, and boss. He adamantly denied having a problem with alcohol stating he "never drank the stuff." Furthermore, he attributed the odor on his breath as result of the flavoring the coffee shop added to his morning coffee. He agreed to use breath mints before seeing patients. Uncomfortable with this, Mrs. A convinced Dr. S to "take the day off," which he surprised her by quickly agreeing to do.

Being concerned and confused, Mrs. A was uncertain what to do for her mentor and friend. As a physician assistant, she was in a precarious and unique position. Her ability to practice medicine depended on his being her supervising physician. Furthermore, he was not only her "boss" but her employer. She felt like she was between the proverbial rock and a hard place. That evening, she placed a call to a PA friend of hers and they brained-stormed on what she should do.

They identified several options which are listed below. Which of the following options would be most appropriate for Mrs. A?

A. Quit immediately and seek employment elsewhere

B. Report Dr. S to the clinic's CEO

C. Report Dr. S to the medical licensing board

D. Contact Dr. Hall at the West Virginia Medical Professionals Health Program (WVMPHP) for assistance and guidance, expressing her concerns and findings, and request a meeting with Dr. S in hopes of encouraging him to seek help.

Responses:

Option A: Quit immediately and seek employment elsewhere

Even if this was a financially viable option for Mrs. A, it still leaves her with many moral, ethical, and legal dilemmas. It would remove her from the situation; however, it would not protect the patients being treated by Dr. S. And if he truly had an alcohol abuse or dependence problem, it was only a matter of time before a significant event occurred. Additionally, this does not afford her any protection of not reporting a colleague who is suspected of potential impairment and the related consequences.

Option B: Report Dr. S to the clinic's CEO

This is a viable option if Mrs. A is certain that the administrator is going to take action upon the complaint or is aware of the WV Medical Professionals Health Program. Unfortunately, such complaints are sometimes dismissed after an informal untrained

investigation occurs. Additionally, the health care facility needs the physician to provide patient care, is in need of clinic revenue generated by the physician to sustain the practice. Also, needing to avoid the negative publicity and "fall-out" or the CEO's misinterpretation that the PA is fabricating the information to appear important, superior, or even vengeful.

Hence, if the wrong action is taken, Mrs. A is still left with the issues of not being able to get her friend and colleague help, concerns regarding the quality of patient care, the concern of protecting the public, the consequences of failing to report a potentially impaired practitioner, and the deterioration of her relationship with Dr. S.

Option C: Report Dr. S to the medical licensing board

This option would certainly protect her from the non-reporting of a colleague with a potentially impairing condition However, it could result in the loss of or restrictions placed on his medical license, which would then be a matter of public record and associated permanent consequences thereof Additionally, it would still not alleviate her moral and ethical concern for the welfare of the clinic patients while an investigation is being conducted. Furthermore, it would put a huge strain on the unique relationship that exists between Mrs. A and Dr. S and could ultimately result in her loss of employment. Although the fear of the loss of employment would not justify putting patients at risk, it is a real concern especially when there is a better alternative. Lastly, a report to the licensure board would ultimately lead to a referral to the West Virginia Medical Professionals Health Program (Option D).

Option D: Contact Dr. Hall at the West Virginia Medical Professionals Health Program (WVMPHP) for assistance and guidance, expressing her concerns and findings, and request a meeting with Dr. S in hopes of encouraging him to seek help.

This option meets her legal reporting obligation, provides an appropriate evaluation, by a knowledgeable and qualified professional, of Dr. S's alcohol consumption and is the best option for protecting public safety. It also provides an avenue to obtain an evaluation and/or treatment for his medical condition, voluntarily, confidentially and respectfully, without required disclosure to the licensing board as long as he remains compliant with WVMPHP program requirements. Additionally, his records with the WVMPHP are protected by law. If treatment is indicated and Dr. S refuses to be compliant, then the WVMPHP would be responsible for reporting Dr. S to the licensing board and would not be the responsibility of his friend, colleague, protégé, or employee.

Clearly, utilizing the services of the WVMPHP is Mrs. A's best alternative. The WVMPHP is a non-profit organization whose mission is *"To protect healthcare consumers through seeking the early identification and rehabilitation of physicians, surgeons, and other healthcare professionals with potentially impairing health concerns including abuse of mood altering drugs including alcohol, mental illness or physical illness affecting competency so that physicians, surgeons and other healthcare professionals so afflicted may be treated, monitored and returned to the safe practice of their profession to the benefit of the healthcare profession and the patients we serve."*

For more information on the program, please visit our website at www.wvmphp.org.

An Interview with J. James Rohack, MD • President, American Medical Association

By KC Lovin, PA-C

KC Lovin: Do you still support the Physician Assistant as a physician extender in a dependent role within the Physician-Physician Assistant team, understanding as medicine expands, the PA roles expands?

J. James Rohack: Physician assistants are a valuable part of the health care delivery team, and should practice in consultation with a physician so patients get the best quality care.

KCL: One of the current health care models is the "medical home." My understanding is that this model promotes the team approach with a larger number of health care staff (medical assistants, social workers, counselors, psychologists, dietitians, nurses, etc) working with the physicians. How do you see the PA being used in this model of care?

JJR: The AMA supports the patient-centered medical home model as a way to provide care to patients without restricting access to specialty care. Teamwork among physicians, hospitals and other health care providers can help better coordinate care and prevent costly hospital readmissions.

KCL: The current debates in Congress about health care reform address many issues. Do you think that some form of Health Care Reform will make its way into law this year?

JJR: The AMA is committed to health reform this year that covers the uninsured, improves quality and ensures patients get the best value from healthcare spending. We believe there is enough common ground to get health reform passed this year, and the AMA will stay at the table to improve the final bill for patients and physicians.

KCL: In West Virginia, health care accessibility is a major problem. Many people have limited access because they are too poor and yet do not qualify for state/federal assistance, are underinsured, have transportation limitations, or simply have no one in their county that will help care for them. Some patients must travel for 2 hours to get to a specialist (especially OB care). How do we increase physician access to these patients in rural settings?

JJR: We need to increase the physician ranks to make sure patients have access to physicians when they need them most. To attract the best and brightest to careers in medicine and help practicing physicians continue to provide high-quality patient care, Congress should lift the cap on residency positions, create new incentives to get physicians to underserved areas and enact permanent Medicare physician payment reform. We not only need to work to increase the physician workforce, but work

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