Features

Chroniques

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Teaching on addiction issues lacking in medical school, specialists told

Nancy Robb

In brief

DURING THE 1997 ANNUAL SCIENTIFIC MEETING of the Canadian Society of Addiction Medicine, a medical student complained that medical schools do not provide enough education on addiction-related issues. April Boyd said most students want the information because they think they will face these issues when they enter practice.

En bref

AU COURS DE LA RÉUNION SCIENTIFIQUE ANNUELLE DE 1997 de la Société médicale canadienne sur l'addiction, une étudiante en médecine s'est plainte du fait que les facultés de médecine ne donnent pas suffisamment de formation sur les questions qui ont trait aux toxicomanies. April Boyd a déclaré que la plupart des étudiants veulent l'information parce qu'ils pensent devoir faire face à ces questions lorsqu'ils commenceront à pratiquer.

Medical students and residents want more information on addiction so that they will be in a better position to help patients, a speaker told the recent annual scientific meeting of the Canadian Society of Addiction Medicine (CSAM). Meanwhile, concerns about breaches of confidentiality and the potential impact on careers head the list of concerns when students or residents are considering seeking help because of their personal concerns about addiction.

"Most physicians in Canada and the US underdiagnose and inadequately treat patients with alcohol or drug problems," said April Boyd, a physiology lecturer and third-year medical student at the University of Toronto. "By increasing [the amount of] medical education in addiction or impairment issues, students will realize that people in their practices have these conditions. They may become more aware of personal risk factors and, finally, more sensitive to addiction issues in patients."

Last spring, Boyd surveyed her classmates about their own drug- and alcohol-use patterns and their attitudes toward issues surrounding substance use. Of the 40% of students who responded, 35% said they had a family history of substance abuse. "I don't know if most medical students realize that a positive family history is a significant risk factor for developing a substance-use problem later in life," Boyd said.

About 80% of the respondents had used alcohol and 30% had tried cannabis. Fewer than 10% had tried other substances, and none had used barbiturates or anabolic steroids. In the 30 days before the survey, 31% of respondents had drunk more than 4 drinks at any one time but no one had drunk more than 4 drinks on 10 of those 30 days, "which is considered high risk."

Boyd said students also indicated they would use an impairment committee at the University of Toronto but were worried about potential breaches of confidentiality and possible career implications if they sought help.

Dr. Michael Kaufmann: "calls from everybody and anybody"

"For medical education, 68% were interested in impairment issues," Boyd said. "This is really important, because it suggests they want information about how to deal with patients with these problems."

Although 41% of respondents had received previous education in addiction issues, 60% believed the medical school could "better address" impairment issues. "The way it is at U of T now," Boyd said, "we just do not get enough education about impairment and substance-use disorders."

Lesley Wright, a psychiatric resident at Queen's University, echoed that sentiment. His program "basically doesn't have well-developed [training in] addiction psychiatry. Some people argue that addictions are somehow split off from the rest of psychiatry or somehow separate from psychiatry. Addictions are psychiatric disorders. . . . In spite of that, the degree of responsibility people actually feel [for managing] addiction disorders in psychiatry is embarrassing."

Wright said psychiatry doesn't require a "massive paradigm shift" to move forward because the specialty already has the diagnostic criteria, skills, interventions and psychopharmacology "that if harnessed appropriately can be used effectively."

Dr. Raju Hajela: addiction programs needed for MDs

What training lacks, he said, is "the distinction between substance abuse and dependence." He said psychiatrists are "more inclined to diagnose substance abuse, which implies control over behaviour, than substance dependence, which implies an obligation to treat."

The OMA's program

After a long hiatus, the Ontario Medical Association (OMA) once again has a program to help impaired physicians. Modelled on physician-assistance programs in other provinces, the OMA's Physician Health Program has dealt with about 200 cases, 60% of which involved substance abuse, since its launch in 1995.

During the 1997 CSAM meeting, held in Halifax, program director Dr. Michael Kaufmann said Ontario "led the way in the late '70s" with its organized response to physician impairment. By the late 1980s, however, the OMA had fallen behind other provinces. Its original program died and was replaced with another that lasted only a few years.

That left a vacuum that can jeopardize physician treatment and recovery, said Kingston family physician Raju Hajela, chair of the Physician Health Program Advisory Committee and the CSAM president.

Without the program, he said an impaired physician would often be reported first to the college of physicians and surgeons and then whisked into confusing and complicated treatment and after-care programs that often produce grim results. Today, it's a different story. As with other physician-assistance programs, anyone wishing to report an impaired doctor can call Kaufmann at the OMA.

If necessary, he will organize an intervention and refer the doctor for assessment and treatment. He also offers support to the physician's family, ensures that appropriate financial arrangements are made and acts as a liaison with the doctor's workplace.

Once treatment is completed, the physician enters a 5-year monitoring program, which includes monthly interviews and mandatory urine sampling. "I am not a treating physician," Kaufmann stressed. "I am a monitoring physician. If the system is functioning well, we can detect relapse issues very early, address them and keep things on track."

He said the college is notified if a doctor's associates don't want him back or if a physician is working while impaired. "We have ultimate accountability with the college that a doctor will not work while impaired or under adverse circumstances," he said. "That's the bottom line."

He said the program has also been involved in addiction education and prevention and in helping hospitals formulate substance-abuse policies. It has also handled other types of cases, ranging from marital problems to psychiatric disorders. "We get calls from everybody and anybody," Kaufmann said. "We take them all and offer whatever advice we can." ❦