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## SUD Among Physicians: The Journey of Seeking Help and Treatments

### Dr. Greenberg:

Welcome to *Clinician's Roundtable* on ReachMD. I'm your host, Dr. Michael Greenberg, and today I'm speaking with Dr. Chris Bundy, who's the Executive Medical Director of the Washington Physicians Health Program, and also a Clinical Assistant Professor of Psychiatry at the University of Washington School of Medicine. This is part two of our discussion on substance abuse disorder, or SUD for short, among physicians.

Dr. Bundy, thank you for joining us today.

### Dr. Bundy:

Thank you, Michael. It's great to be here.

### Dr. Greenberg:

Now in our previous episode, we left off hearing a little bit about Dr. Bundy's personal experience with SUD and certain challenges and stressors among physicians that can play into SUD. So with that in mind, Dr. Bundy, what treatments and recovery options are available for our colleagues who are seeking help?

### Dr. Bundy:

Well, I would preface what I'm about to say by treatment is better than no treatment. And while I run a Physician Health Program and I can speak to the phenomenal outcomes that we see in PHP-involved professionals, I also know that professionals might have some reluctance about utilizing a Physician Health Program, as I did early on, and I would just encourage people to begin a journey of help-seeking in whatever form that that takes. There are caduceus meetings, which are sort of AA-esque meetings that are specifically for doctors, and sometimes it's way more comfortable for a doctor to access a meeting like that than versus, worrying that they're going to go to a local recovery 12-step meeting and run into their patients or who they might see, and they might be feeling vulnerable. And also, seeing other doctors, other health professionals who are in the recovery process and seeing them at various stages of the recovery process I think can help physicians. And you can go to IDAA.org, International Doctors in Alcoholics Anonymous, to find meetings in your area and even meetings that are held nationally online to access those resources and support as you're beginning to cast about maybe looking for some support.

I think all doctors should have a primary care physician, and being able to talk with your primary care physician about the issues and start to get some ideas about where you might find formal treatment. So knowing what your resources are in terms of formal treatment, seeing a psychiatrist with addiction specialization I think is important.

There's also addiction medicine, so people with family practice and internal medicine backgrounds or other specialties, that can help with it and have that Addiction Medicine Board certification can also be useful resources. And then if it gets to the point where—the situation that I was in—where I've utilized a lot of those resources and it didn't help, I really did need residential treatment. So at that end of the spectrum, there are a number of programs around the country that have specialized expertise in the evaluation and treatment of healthcare professionals and other safety-sensitive workers.

And I can't say enough about the value of those kinds of programs. After 90 days of residential treatment, which I will tell you was incredibly disruptive to my life, to my practice, to my bank account, it was the best thing I never want to repeat again if I can avoid it, but it was actually life-

changing, and I'm grateful to have had the experience. And then, of course, accessing your PHP, even if it's anonymously, and you just call them up, your physician health program in your state—there's 47 of them—you can go to FSPHP.org and learn more about the Federation of State Physician Health Programs, and then each state has a link to their state pages for the Physician Health Program in your part of the world. You can talk to them anonymously and talk to them about what your situation is. And that PHP could also be really helpful to you in sorting that out or to helping you decide when is the point at which you might want to come in and get some help.

**Dr. Greenberg:**

Great. So let's change focus for one second. So if a family member or someone in the medical community has concerns about a physician they know is using drugs and alcohol, what's the best way for them to address it? How can they help?

**Dr. Bundy:**

It's a challenge. These situations make everybody incredibly uncomfortable. I think people by default are naturally somewhat conflict-avoidant. I think by the time it's in the awareness of others—addiction shows up last at work—so the house burned down, your spouse has left you, the kids are estranged, the cat got run over by a car, your finances are in a shambles, and the doctor's coming to work every day looking okay. And well, so usually, family members are concerned first, colleagues are concerned last because they just don't see it the way it's seen in the home or amongst friends. But I think if you're in a position to comfortably and compassionately have a direct conversation with the individual to let them know that you're concerned, I think that's a first step, and then being able to point them in the direction of resources. That is often met with defensiveness and hostility, which is your surefire indicator that there's probably a problem versus the individual that says, "Geez, thank you for letting me know your concern. I've been having some concerns myself."

And then I think it comes down to assessing whether or not you as a peer or colleague have a mandated reporting obligation. Many states have mandated reporting laws where concern of impairment needs to be reported and that you can discharge that reporting obligation by calling the Physician Health Program. Physician Health program can then do outreach, and they can do that as well without revealing where the sources are coming from saying, "We've had reports of concern about your use of substance, and we want to talk with you more about it."

So I think that those are the kinds of things that the medical community can and ought to do as really the PHPs were set up 40 years ago for this very issue and this very problem, so we're well situated to solve that. But even friends and family member or anybody can make a report on a physician.

**Dr. Greenberg:**

All right. Thank you. So before we close, do you have any final thoughts you'd like to leave with our audience today?

**Dr. Bundy:**

I would just go back to reach out, get help. Whatever you think is going to be the bad things that are going to happen if you ask for help is probably not going to be the case. And there's no one right way to recover, but staying in the illness will not solve your problem.

**Dr. Greenberg:**

Those are great insights to think on as we end our discussion today. Again, this has been a very important discussion regarding the well-being of all physicians facing substance abuse disorder and making sure we're providing as many resources as possible. And with that, I'd like to thank my guest, Dr. Chris Bundy, for providing his insights to help others who might be struggling. Chris, it's been wonderful speaking with you.

**Dr. Bundy:**

Thank you for the honor and the privilege, Michael. It's been great to be here.

**Dr. Greenberg:**

I'm Dr. Michael Greenberg. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening.