

## ReMed: Escape from addiction

### When doctors misuse drugs\*

\* In his Mainz study, Prof. Dr. Klaus Lieb found that one surgeon in five takes legal or illegal psychoactive substances and 15% admitted consuming antidepressants. The study is supported by truthful responses obtained in a new survey procedure. [1]

*ReMed, the support network for doctors, is contacted initially as a result of a confidential discussion between medical colleagues. Mirjam Tanner, member of the ReMed Management Committee, presents an anonymous case study of a doctor suffering from addiction [2] as an example of how ReMed can help find a way out of the crisis.*

An experienced hospital surgeon e-mailed the ReMed hotline, asking ReMed to contact her about a problem concerning not herself but a senior consultant colleague. In the follow-up telephone conversation with ReMed she explained: "My colleague has discussed his addiction problems with me. He confided in me that, even though he regularly drank strong alcohol, his liver values were completely normal. Over the past five years he has been taking increasing doses of methylphenidate. In the evenings, he is then no longer able to "wind down" without alcohol and Lexotanil." The surgeon believed that, for her colleague, the stimulants had now changed from a blessing to a curse. This underpinned her impression that his character had changed dramatically. Comments from other colleagues about his growing irritability, impulsiveness and impatience in dealing with patients now made perfect sense. And, she added, "Up to now I believed it was all empty gossip, just like the rumour that my friend's wife wanted a separation or that they had already split up."

### Shame, anxiety, loneliness

The concerned surgeon then wanted to know what ReMed would advise for her colleague, and what action it would take in such a situation. Could her colleague remain anonymous if he himself got directly in touch with ReMed? And, she stressed, "My colleague appears to be in a desperate state, and I am worried that he is facing his difficulties alone." It's true that doctors are often left alone with their personal problems. They are not used to seeking help for themselves. When it comes to addiction, shame is compounded by anxiety and the fear that they may lose their licence to practise medicine if they admit to their habit. As a result, many colleagues would rather deal with difficult crises in their lives on their own, and end up self-administering mind-altering medication or resorting to drugs.

### Respect engenders trust

We consider who would be best to assist the colleague in tackling his addiction. I would want to know whether he has his own GP whom he can trust. Or whether he would be prepared to find one. Naturally he could also get in direct touch with ReMed and in this way also remain anonymous. A member of the ReMed counselling team could then, for example, carefully examine his situation with him and together with him find a suitable way to free him from his dependency. The surgeon colleague finally decided to tell her colleague about our telephone call and gave him the e-mail address and telephone number of a ReMed contact.

The aim of the first telephone conversation with the addicted colleague is primarily to create a framework of trust within which he could discuss his problem openly. Only when he was sure that there was no risk of us reporting him to an authority and that he enjoyed full respect among his peers, did the surgeon in question divulge the extent of his alcohol and drug abuse and his desperation. In answer to the ReMed counsellor, he confirmed: "I would never expect a patient to deal with a crisis of this sort on his own." The individual being counselled agreed to arrange an appointment for a discussion. And was thankful for the opportunity to take care of himself for once and to think about the type of professional support that could release him from his addictions.

### Literature

1 Doping auch am Skalpell – jeder fünfte Chirurg greift zu leistungssteigernden Substanzen. Medscape Deutschland. Dr. Erentraud Hömberg. [www.medscapemedizin.de/artikel/4901231m](http://www.medscapemedizin.de/artikel/4901231m) (3.7.2013).

2 Ott R, Biller-Andorno N. Neuroenhancement in der ärztlichen Praxis. Schweiz. Ärztezeitung. 2013; 94(13/14):504–6.2

*Author: Mirjam Tanner, Specialist in Psychiatry and Psychotherapy, member of the ReMed Management Committee, Dr. med. Mirjam Tanner, [mirjam.tanner@hin.ch](mailto:mirjam.tanner@hin.ch)*