

Physicians Health Program Message

Why Physicians Misprescribe

By Roland W. Gray, MD

According to National Drug Czar Gil Kerlikowske, prescription drug abuse has become the number one drug problem in the United States. Currently in 15 states where the information is available, you are more likely to die of a prescription overdose than in an automobile accident. Most of these overdoses are from opiates and sedatives/hypnotics. Although Tennessee is not alone in dealing with this problem, there is a significant drug diversion problem here. Tennessee physicians currently write more prescriptions for hydrocodone than any other drug. As a result, Tennessee's Board of Medical Examiners now requires every physician to have one hour of continuing medical education specifically addressing proper prescribing practices.

There are a number of theories as to why physicians misprescribe. One theory involves patient types. There are some areas of the state, particularly rural areas, where prescription drug abuse and diversion are principally significant. Physicians willing to easily prescribe for these patients soon find they have a practice full of drug-seekers. Another theory relates to a lack of current pharmacologic knowledge. The physician who does not keep up with current trends in medicine is not aware of the addictive potential of many of these drugs or the drug diversion problem. There may be problems within the practice system that lead to misprescribing. Last, there are family-of-origin issues which cause physicians to overprescribe. This is the category I will talk about in this article.

The American Medical Association divides the overprescriber into four categories. First, is the "Dated" physician. Again, this is the physician who doesn't keep up with current CME and is unaware of the significance of the drug dependence/diversion problem.

There is the "Dishonest" physician. These doctors are willing to write prescriptions for cash. Fortunately, their numbers are small but they do contribute significantly to Tennessee's drug diversion problem. They are best handled through the criminal justice system.

There is the "Disabled" physician who diverts drugs for his or her own use. These physicians are brought into our program and given the opportunity to recover from their dependence. Just three percent of physicians in this category are unable to return to the practice of medicine.

Finally, there is the "Duped" physician; this is the physician we see most frequently in the Tennessee Medical Foundation's Physicians Health Program (PHP). The "Duped" physician is one of the nicest physicians you will ever meet. They always assume the best about their patients and are gullible, trusting and honest to a fault. It is not unusual for them to leave script pads lying around. Bottom line, they are codependent and are unable to say "no" to these patients. Interestingly, over 80 percent of the "Duped" physicians helped by the PHP are adult children of alcoholics (ACOAs).

Those who grow up in an alcoholic household tend to assume specific roles. First is the "Lost Child" – the child who fades into the background. There is the "Scapegoat" who acts out for attention. But the most common ACOA role of a "Duped" overprescriber is that of a "Hero" child. It is the role of the family "Hero" child to constantly seek approval and affirmation. These individuals are super responsible and over conscientious and in spite of their achievements, always feel inadequate. They avoid any kind of conflict. It is not hard to see how the "Hero" adult child who becomes a doctor is easy prey for the drug-seeking patient. Because of their psychological make-up they want all their patients to be happy with them. Obviously the easiest way to accomplish this with the drug-diverting patient is to give them whatever they want. The

drug-seeking patient will go to great lengths and travel long distances to find physicians who are an easy touch for whatever drug they are seeking. In working with these physicians, the most effective treatment is therapy for their ACOA issues and to find out what causes them to seek approval from their patients.

All the overprescribing physicians I have talked to knew on some level there were problems with the way they were practicing medicine. To avoid misprescribing, the best analogy I can make is to take the same care you do when driving on wet slippery roads – slow down, be cautious and take your time. If you or any of your colleagues have a problem with overprescribing, please do not hesitate to contact State Volunteer Mutual Insurance Company (SVMIC) or the TMF for assistance.

Dr. Gray is medical director for the Tennessee Medical Foundation. To make a tax deductible contribution to the Physician's Health Program (PHP), contact TMF at 615-467-6411, or write to the Tennessee Medical Foundation, 216 Centerview Drive, Suite 304, Brentwood, TN 37027. For more information on the TMF or the PHP, log on to www.e-tmf.org.