

Implementation of a reactive system for management of physicians suffering from substance use disorder: organizational and institutional concerns with such a sensible subject

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Background:

Substance use disorders (SUD) might concern as many as 8–15% of physicians. Medical specialties are not equally affected. Our aim was to describe the addiction care delivery preferences among physicians if a dedicated consultation with a specialist in addiction medicine existed in their workplace.

Methods:

The online, anonymous questionnaire was released through the Sphinx software requested by the Ethics committee to protect data confidentiality between April 15th, 2020 and July 15th 2020. The following variables were requested: have you ever consulted a specialized addiction team? Would you recommend such a consultation if it existed? Do you think that you currently need to consult such a specialist? Preferences were explored with questions rated between 1 and 5 from most important to least important including confidentiality; neutral location; wide working hours; making appointments facilitated.

Results

1093 physicians performed the online questionnaire. The main barriers to consult a physician specialized in addiction medicine were denial of troubles (68,8%), fear of stigma (55,2%), self-medication (54,4%), confidentiality concerns (46%), the lack of knowledge about addiction care (28.6%) and the fear of social/familial/professional and economic consequences (15.8%). Focusing on the organization of such a consultation, physicians gave priority to the confidentiality (67.5%), especially by taking place in a neutral location outside the addiction service (27.9%); and the possibility to get an appointment with wide working hours (42.8%).

Discussion:

Caring physicians suffering from SUD requires a multidisciplinary team with experience working with this population. Denial of trouble and concerns about confidentiality encourage them to avoid seeking help whereas prompt recognition of such addictive disease is critical because delay could result in morbidity or mortality not only in the addicted physician but also in his or her patients. The authors describe the main difficulties encountered both institutional on this sensitive subject and organizational to offer a responsive system to the growing demand of health professionals.

Conflit d'intérêt:

Les auteurs certifient que le travail présenté n'a aucun lien avec l'industrie pharmaceutique, du tabac, de l'alcool, de la cigarette électronique et avec les compagnies de jeux.