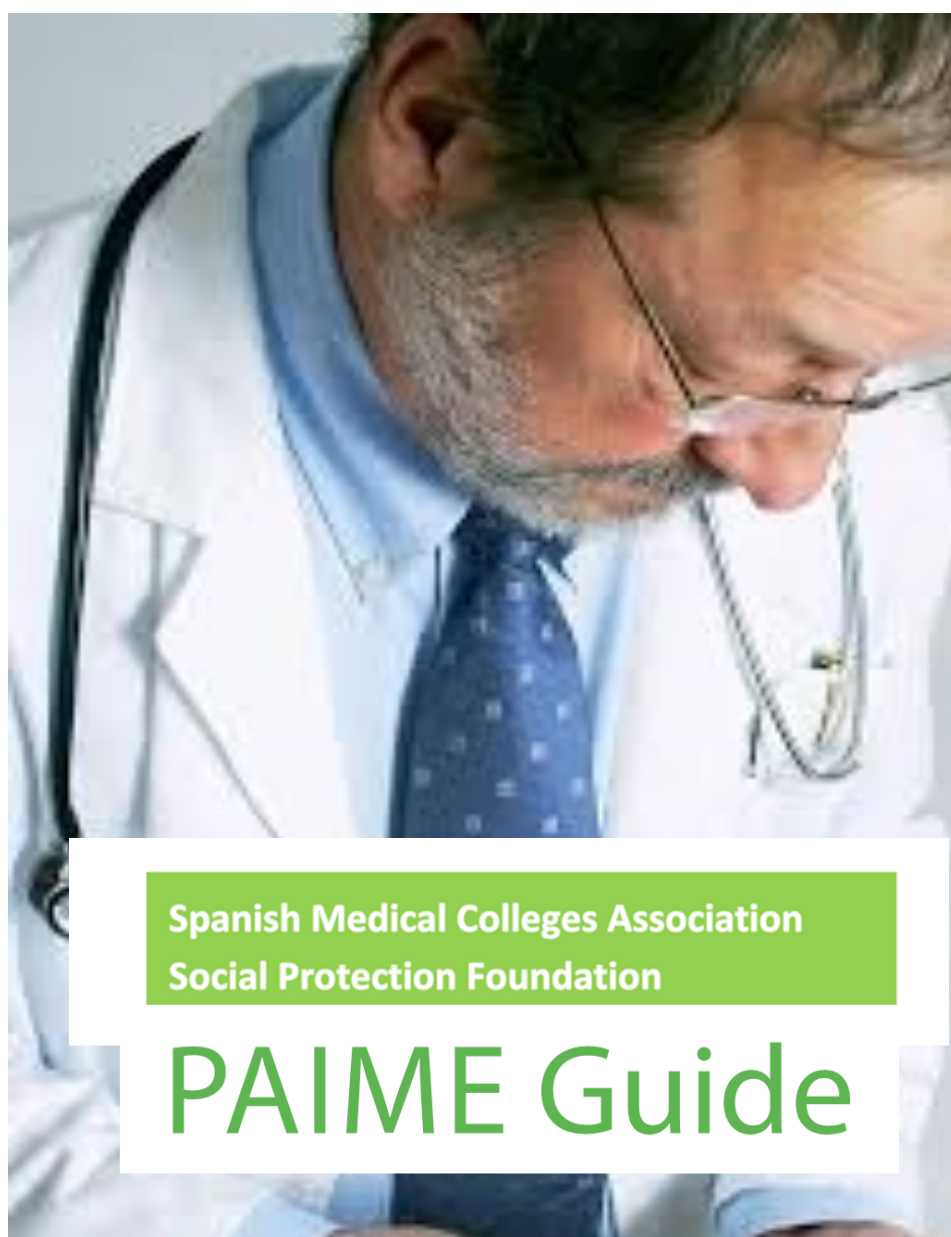


Integral Care Programme for Sick Physicians - Guide

2016

Workbook

FPSOMC



Spanish Medical Colleges Association
Social Protection Foundation

PAIME Guide

OMC 

ORGANIZACIÓN
MÉDICA COLEGIAL
DE ESPAÑA



FUNDACIÓN PARA LA
PROTECCIÓN SOCIAL

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This PAIME Guide is an important tool in strengthening the dissemination and promotion of the Integral Care Programme for Sick Physicians (PAIME) throughout Spain, a challenge assumed by Medical Colleges and also by the National Technical PAIME Committee which has prepared this Guide in conjunction with the Technical Work Group.

Since it was first set up almost fourteen years ago, the main objectives of the **PAIME** continue to be to ensure that sick physicians receive the necessary care, thereby guaranteeing to society that physicians carry out their work in the best possible conditions.

Like the rest of the population, physicians suffer from illnesses that must be diagnosed and treated. However, many physicians are not aware of their problems and are reluctant to seek help or support. Other sick physicians, who are aware of their situation, make great efforts to limit their deficiencies. In both situations, if the physician continues to exercise his professional without the help of a specialist, it is very likely that serious complications will arise over time.

Given that the College Programme was created by physicians for physicians, the **PAIME** is designed to overcome the barriers that prevent physicians from seeing themselves as patients. It is not limited to providing specialised medical assistance but also provides assistance in social and legal problems that could arise. Offering the physician confidentiality in the treatment, trust and support in facing his problems and finding solutions will guarantee that the sick physician becomes aware of his problems, decides to seek help and enters the Programme. This also complies with the Medical Ethical Code of the Spanish Medical Colleges Organisation (July 2011), which in chapter IV, article 22, refers to the obligation to ensure quality in medical care.

However, the **PAIME** has gone even further in providing care for sick physicians; it has also incorporated programmes for developing strategies aimed at promoting health among physicians and preventing situations that could lead to pathologies requiring the specific intervention of this Programme.

Medical colleges, regional Medical College councils, the General Medical Colleges Council, the Galatea Foundation and the Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board strives day by day to unite efforts, optimise resources and generate knowledge that will allow them all to move forward in consolidating an Integral Care Programme for Sick Physicians that offers a customised and permanent response to health needs among physicians in Spain.

Dr Juan José Rodríguez Sendín

Chairman of the Spanish Medical Colleges Organisation Social Protection Foundation Board

Introduction

Participants

This document was prepared by a group of clinical and College experts currently associated with the Integral Care Programme for Sick Physicians (**PAIME**) through its Colleges or Regional Medical College councils, which have taken part in drafting it at the request of the members of the National Technical **PAIME** Committee. This group, created on an ad hoc basis to prepare the Guide, includes the following persons and institutions:

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This Guide is for the use of all physicians who exercise their profession in Spain and who may, at some time in their professional career, require assistance from the ICPSP for themselves or for their colleagues.

Guide structure

The ICPSP Guide is divided up into seven different sections by topics, based on an orderly layout of the information about the ICPSP. It starts with an introduction to the nature of the Programme and then continues with the role of the sick physician (SP), the role played by Medical Colleges, colleagues, relatives and friends and lastly, a brief section about current College **PAIMEs**.

1/ WHAT THE PAIME IS

1.1 / Origin and background information

The problems of addictive conducts in physicians was first detected and reported by the AMA (American Medical Association) in the 1970s. During the following decade, a series of assistance programmes was set up to help these sick physicians in each state of the USA and subsequently, they all formed a federation. Later, this initiative was implemented by Canadians, Australians and New Zealanders.

At the end of the 1990s, knowledge about of this problem and the need to provide help and integral therapy for these professionals led the Spanish Medical Colleges Organisation to create a special programme (**PAIME**), with a view to preventing self-medication and hiding the problem, in addition to eliminating the risk of malpractice and poor quality in medical services. In particular, the Medical College of Barcelona set up the first ICPSP in 1998 and later, this example was followed by other Spanish Medical Colleges.

1.2 / Definition of the problem

It is estimated that one out of every ten physicians may suffer one or more episodes of mental illness and/or addictive conduct during their professional career. These addictive practices have an extremely negative effect on their daily lives, both in their homes and in exercising their professional practice and they may even lead to malpractice as well as errors and negligence.

The lack of initiative and decision, among many other aspects, in seeking help merely puts off facing up to the problem, which worsens the prognosis. When a physician fails to seek an effective solution to his problem, this conduct exceeds his personal life and may become an issue that affects public health, due to the consequences it has on the welfare of his patients.

There is clear evidence that healthcare professionals are the group receiving the worst level of care in the health system, either due to medical self-sufficiency, denial or a minimising of the illness itself and the reluctance of the physicians to admit their condition and, as a result, the fear of losing their professional prestige and perhaps the characteristics of their medical activity, among others. Furthermore, physicians do not usually establish an adequate doctor-patient therapeutic relationship as is usually established in current clinical practice. A good example of this is the custom of spontaneous/non-programmed consultations with colleagues in hospital corridors, clinics or over the phone and speaking in the third person.

1.3 / Justification of the programme

There are many difficulties involving in treating patients who are physicians. The fact that this approach includes the possibility of taking disciplinary action that could lead to temporary or permanent expulsion from the Medical College and the ensuing legal and ethical problems, the effects on their work and the possibility of having to apply for a disablement pension in certain cases all make it necessary to set up coordination mechanisms, procedure strategies and regulate an integral approach by Medical Colleges and employers (health authorities and private establishments).

With a view to preventing self-medication and concealment of the problem, to deal with and treat these patients correctly and at the same time, prevent certain risks of malpractice and poor quality in medical services, the **PAIME** (Integral Care Programme for Sick Physicians) was set up. This programme is aimed at treating and recovering physicians who suffer mental and/or addictive problems relating to the use of alcohol and/or other drugs, including psychoactive drugs that could interfere with their professional practice, thus ensuring their return to practising medicine in the best possible conditions and greater safety for their patients.

The **PAIME** Programme is an instrument for controlling good medical practice and therefore offers guarantees to the population; for above all, treating a sick physician means defending the health of citizens.

We should not lose sight of the fact that the **PAIME** fulfils a double objective; firstly, it allows the sick physician to feel he has support and secondly, it offers greater assurance of protection for patients, and guaranteeing that the physician treating them is in optimum conditions to exercise his profession.

This programme was created by physicians for physicians, in order to overcome barriers that make it impossible for physicians to see themselves as patients. We must break down that barrier that prevents physicians from seeking help when they realise that their capacity for judgement or technical skills are at risk.

1.4 / Characteristics – Explanation of the PAIME

The **PAIME** philosophy is based on the content of the Spanish Medical Colleges Organisation Medical Ethics Code (July 2011). Chapter IV article 22 of this Code, on Quality of Medical Care, states:

- *The physician must refrain from carrying out any actions that exceed his ability. In such cases, he will ask the patient to consult another physician who is competent in the field.*
- *If a physician observes that due to age, illness or other causes, his judgement or technical skills are impaired, he should immediately seek advice from a trustworthy colleague to help him decide whether to suspend or temporarily modify his professional activity.*
- *If the physician is not aware of such problems and they are detected by another colleague, the latter will inform the former and if necessary, inform the Medical College objectively and with all due discretion. This action does not entail not honouring a duty of loyalty, because the welfare of patients must always take preference.*

The philosophy of the **PAIME** is not aimed at persecuting or punishing sick physicians unless this is absolutely necessary (for instance, in cases in which there is a clear risk of malpractice), but to promote the voluntary access and rehabilitation of those sick physicians rather than punishing them.

- The players who must intervene in assisting sick physicians are relatives, colleagues, employers, the Health Authorities and the Medical College.
- The following is required for an **PAIME** to be successfully resolved:
 1. Guarantee the strictest confidentiality.
 2. Make sure that the medical care dispensed in treating the physician is different from general care services and highly specialised.
 3. The Medical College must exercise its responsibility with regard to professional self-regulation and guarantee correct practice and protect the physician receiving the treatment, to allow him to exercise his profession.
 4. The use of the therapeutic contract in differing grades as a reflection of the mutual commitment of the sick physician, the physician dispensing the treatment and on occasions, the Medical College and/or Health Authorities or employer.

The collegiate figure of the **PAIME** Coordinator who would undertake that task of ensuring the integral nature of the assistance, by permanently evaluating all legal, ethical, moral and work-related aspects and support from the responsible Authorities.

The specialisation of the **PAIME** teams providing the assistance is also important, for the purpose of guaranteeing more experience in providing such services. The services are usually free in all Spanish Autonomous Regions for physicians exercising their profession who are College members.

1.5 / Factors making it difficult to tackle and treat the problem

- The conspiracy of silence: the sick physician who hides the problem from his family or colleagues.
- Fear of being singled out because of the type of disease, even among colleagues.
- Fear of losing credibility and reputation (failing to set an example).
- Fear of being recognised or of infringing confidentiality (terror of the waiting room).
- Fear of not being able to exercise their profession again.
- Therapeutic arrogance, the myth of being invulnerable and not wanting to assume the role of patient.

1.6 / Services

The **PAIME** offers Sick Physicians the following care services:

- Outpatient: first and follow-up visits, and depending on territorial availability, individual and group psychotherapy, and urine toxicity controls, neuropsychological studies and psychometric studies.
- Day care hospital, depending on territorial availability.
- Hospitalisation in the **PAIME** Admissions Unit, for more serious cases, either due to addictive conducts or mental disorders.

1.7 / Requirements for accessing the PAIME

The requirements for accessing the Programme are:

- Being in possession of a Bachelor's Degree in Medicine.
- Being registered with the respective Medical College and having settled all membership fees due.
- Exercising the profession. The public funding of the programme is based on protecting the population in general and so physicians not currently exercising their profession are excluded.
- Suffering a psychic and/or addictive disorder.
- Using the Programme access route.

2 / I HAVE A PROBLEM

2.1 / If i am in doubt: self-test to find out whether i am sufering from... (addiction, psychological malaise that de...), talk about it to close friends/family

Denial of subsidiary health problems that can be treated by the **PAIME** may lead to the masking of the symptoms: neglecting my appearance, noticing a physical deterioration, no longer enjoying leisure activities, people insinuating that I must change, negative comments made by patients about my actions, problems with my colleagues and patients, self-medication, problems at work; all these are more than sufficient to suggest that I have a problem.

The best solution is to ask a medical colleague for information, opinions and advice, but there are complementary tests such as AUDIT1 for alcohol, BECK for depression, Hamilton Anxiety Rating Scale, Addiction Several Index (ASI), Goldberg's Depression Test, etc.

2.2 / Acceptance means asking for help and joint commitment

The most important aspect is not to put off the request for help, due to the danger of malpractice, and to trust in your colleagues who treat this type of problem, and know that there are specialised tools for treating physicians with these pathologies.

2.3 / Support: relatives, friends, colleagues

Relatives may be the first setting to detect that something is wrong; when a person refuses to accept the problem, support is the only way to prevent

malpractice as it would be the only way to encourage the physician to enter the programme. Having the support of one's colleagues, family and close friends may help solve the problem.

2.4 / What must i do: seek professional advice, call the medical college, call the icpsp, talk to close friends

In all cases, access the **PAIME**, as it has all the necessary tools to treat these serious illnesses. The **PAIME** guarantees secrecy, anonymity and admission to specialised Units.

However, going to the **PAIME** with a relative, colleague or friend will improve your therapeutic progress.

2.5 / What must i not do : deny it, false self-control, self-medication, self-deceit and deceiving others, abandon my responsibility to others

I must not consult my colleagues in the corridor and treat the problem as something banal, but be my own doctor, self-prescription, wait for time to heal the condition, attribute my problems to external factors (workload, personal or family conflicts), as it could lead to a delay in solving the problem.

Due to a lack of clinical perspective, a physician must never apply medical knowledge to himself, and for that reason self-diagnosis and self-medication should be avoided, as these attitudes lead to a false sensation of self-control.

3 / HOW TO TREAT A PHYSICIAN WHO MAY BE SICK

3.1 / Differential factors in the physician's disease

Obviously, a physician may be sick just like any other person and although his knowledge about disease may give him tools to facilitate a certain degree of prevention, he is subject to a risk that is similar to the rest of the population. In the case of a mental illness, managing preventive measures may pose complications.

Prejudice existing in relation to mental illness or easy access to psychotropic drugs and even the universal sensation of self-knowledge and the physician's possibility to talk to his colleagues may lead to the mental putting the physician that is very difficult to manage when he suffers from such a condition.

On many occasions, the physician refuses to openly accept the symptoms he has and suffers in silence, without being able to or wanting to see them until their intensity leads to the intervention of a family member or a change in his vial or professional expectations.

On other occasions, the physician may self-diagnose his condition, with the inevitable subjectivity that this entails and self-medicate, with the ensuing danger of searching for "therapeutic" solutions in the best case through different activities that will help him recover his mental balance.

The process may take years and the personal deterioration will affect his life, his family and his profession. Of course, there are also physicians who inform a professional about their problem and follow an adequate treatment regime.

3.2 / Role-change: from physician to patient

When a physician falls ill, he must accept the change in his role as a carer and healer and admit he is a patient who needs help. In general, a patient visits his doctor in order to obtain information he does not have. However, when a physician is ill, he often has a theoretical knowledge of his condition and may consider that external aid is not necessary.

The first consideration in the best approach in consulting a doctor in the case of a general illness is the need for the sick physician to change roles. When the physician has a mental illness, these considerations are extremely relevant as, given that awareness of the disease is one of the cornerstones in the correct development of the psychiatric treatment to be dispensed, it is necessary to maintain a balance to prevent the diagnosis from becoming a stigma.

The psychiatrist who attends to a sick physician must help him to accept this new role (from physician to patient, and awareness of his condition) to make it easier for the physician, and for this reason it is useful to talk about the illness and understand it as a personal crisis. This option provides the opportunity to divide the problem into the symptoms and the underlying conflicts.

3.3 / Self-diagnosis and self-medication

A sick physician is seldom objective in judging his conduct, and tends to dismiss the situations and problems that may eventually affect his practice. When the physician himself seeks help, this is generally because his psychopathological situation is such that it conditions many aspects of his life.

He often starts by self-prescription in the presence of psychopathological symptoms they cannot cope with, or on other occasions, he may discuss the problem with a colleague in the corridor or during a break, in an attempt to dismiss the importance of the situation. These phases may be prolonged and become chronic, leading the physician to isolate himself or avoid events in which he must socialise with other professionals. His close circles are often aware of the problem, but it is difficult to deal with.

When the patient visits a doctor, he may have been pressurised by his colleagues, family or by his own conviction that he needs help. The reason why the physician first visits the psychiatrist is one of the factors that will affect the extent to which he cooperates and accepts the assistance he is offered.

3.4 / Psychiatric approach

The psychiatrist must ascertain the conditioning factors that cause the sick physician to visit him and pinpoint the objectives to be achieved through treatment, which are basically care, the reduction or elimination of his suffering and an improvement in the physician's medical practice, in the event it has been affected by the pathology.

It is advisable to ensure there is no personal or professional relationship or bond between the psychiatrist and the sick physician, as this will facilitate the psychiatrist's task and promote role-change in the physician. It is necessary to highlight the benefits of the decision to seek advice, no matter what the reason for doing so.

In some cases, above all in cases related to addiction, it is necessary to enlist the cooperation of relatives and even a colleague, in all cases with the approval of the sick physician. In such cases, care should be taken in contacting a close colleague and limited to a communication certifying the therapeutic process, in all cases guaranteeing the reputation of the professional.

In many cases of general practitioners / specialists and in all cases of psychiatrists suffering a mental illness, their knowledge of psychoactive drugs is considerable and it may occur that the psychiatrist ends up “negotiating” the medication with the sick physician, which may have negative consequences. Although treatment with psychoactive drugs must be agreed and proposed by both of them, management and decisions regarding the treatment guidelines must be left entirely to the psychiatrist, and so it is necessary to establish a relationship of trust that is sufficient for the sick physician to be informed about the real treatment guidelines and to accept them.

The specific case of a sick psychiatrist often facilitates the approach, once he has accepted the assistance, as he is aware of the importance of his involvement in the treatment to obtain the best results.

One aspect that could give an idea of the quality of the assistance is the grade of compliance with the treatment and of achieving the therapeutic objectives.

In the event that, due to diverse circumstances, it is not possible to establish a positive therapeutic relationship, it is important to have the option of referring the case to another professional, an issue that must be discussed openly, explaining the different options available, and being aware of the importance of the possibility of being able to obtain help.

4 / HELP FROM MEDICAL COLLEGES AND THE SPANISH MEDICAL COLLEGES ORGANISATION SOCIAL PROTECTION FOUNDATION. PAIME FINANCE.

4.1 / Work carried out by ICPSPS. Minimum services they provide

Since they were first set up, the **PAIME** has constantly been implemented in Medical Colleges and now the Programme is available in all Spanish Medical Colleges.

Although it is true that their organisational structure and resources depend largely on the idiosyncrasy of the Colleges themselves, we can say that they all have a circuit for responding to calls received by the College (generally to a collegiate person of reference), a psychiatrist, a doctor specialising in addition and a psychologist, all with broad professional experience. In small cities, there are usually one or more professionals in each, to guarantee confidentiality.

Medical Colleges also have physical units (own or rented, depending on the needs of each therapist), to attend to patients when they have no private surgery.

4.2 / Confidential support line. Change of identity

The first contact with the Programme will in most cases be made over the phone. Therefore it is important for the Programme to have its exclusive mobile phone number and an answering machine so that the call can be returned (clear message identifying the Programme and suggesting the caller leave a message). The Programme Medical Coordinator will pick up the phone and respond (he is an essential figure in all Medical Colleges with the **PAIME** programme).

The Coordinator will have the following characteristics and functions:

- Identify possible cases.
- Coordinate the care services.

- Be an important member of the Management Board (preferably the Permanent Committee and if possible the Secretary pursuant to statutory attributions.
- Dedication of the established hours.
- Processing of documents and facilitator of relations with employers and superiors, occupational health offices and Occupational Illness Evaluation teams.

Likewise, another essential figure would be the Outpatient Unit Coordinator, who would have the following characteristics or functions:

- Ample professional experience and proven maturity.
- Be recognised by the scientific community.
- Commitment to dedicate time to the Programme.
- Clinical management and assistance team skills.
- Preparation of integral information systems, based on consensus

The wide diffusion of this telephone number among College members is an important aspect.

We should establish a distinction between at least three different types of calls:

- Information request
 - Treatment requests
 - Notification of confidential information
1. The person responsible for answering the telephone must know how the Programme functions, as that person must give the necessary explanations, depending on the type of call received.
 2. It is also important to transmit the message that the programme is designed to enable sick physicians to return to work in perfect conditions.

3. If the caller asks for a personal interview with the person receiving the call, this must be arranged.
4. It is important to stress that one of the main characteristics of the Programme is confidentiality, and for this reason the names of all colleagues entering the ICPSP will be changed, keeping only the first name followed by the mother's second surname and the father's second surname.

4.3 / Therapeutic contract, mutual commitment / joint responsibility and support from the colleges. Professional practice control along with support from the college. Indicated for protecting and monitoring difficult and/or delicate therapeutic processes in the work setting

The Therapeutic Contract (TC) is not a legal document in itself, but has the same value, given the case. The idea is to assume a common commitment in writing, the rehabilitation of the sick physician (SP) to allow him to return to work in the correct conditions. It is used in difficult cases, in which the SP denies his problem or minimises its importance and if there is clear evidence that he suffers from it and requires controlled treatment. The Therapeutic Contract, in its different grades, is the reflection of the mutual and joint-responsible commitment of the SP, his therapist and in certain cases, the Medical College and/or Authority or employer.

The Medical College will take part in "difficult" cases in which it has intervened from the start and also in cases with a high risk related to the practice of the SP being treated.

It is advisable to include one or more persons who are close to the SP in the contract (College, family, work colleagues,...), so that they can exercise a support and/or act as tutors during the treatment.

These people are important, not only because they support the SP, but also because of the observations they transmit to the therapist and/or the Medical College.

The Therapeutic Contract will include the following:

- Place and date
- Names and positions of the persons intervening and participating in the case, and their signatures.
- The necessary non-disclosure clause which must be signed by all parties.
- The SP's commitment to following the indications of this therapist, the duration and possible changes admitted. The prescriptions will be detailed, including drug and psychoactive drug prescriptions, if the difficult circumstances of the case make this necessary.
- The relevance or non-relevance of performing toxicological urine controls, and their type and frequency.
- The SP's capacity to exercise the medical profession in full or in part.
- The SP's capacity to carry out normal work duties in full or with limitations.
- Possible training programmes he will need for professional knowledge-refreshment purposes.
- Functions of the tutor, if there is one.
- During of the Contract and its potential renewal or termination.
- An explicit clause stating that in the event of reiterated breach of the contract by the SP, the Medical College will take disciplinary action on the College member, for the evident risk of malpractice.

4.4 / Príncipe de Asturias orphans and physicians social protection foundation board. Inclusion of the PAIME in the services catalogue; support and finance

The Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board (FPSOMC) belongs to the Spanish Medical Colleges Organisation and its main mission, since its constitution, is to ensure the exercise of solidarity among all member physicians, and protection and assistance for them and their families in all situations in which this is required.

To carry out its mission it has a Social Protection Programme that includes five main areas of action:

- Social care service.
- Dependency care service.
- Education services service.
- Service for the Conciliation of Personal, Family and Professional Life.
- Health Promotion, Protection and Prevention service for Physicians.

Each of these areas is developed by providing assistance, aid and services that respond to the needs presented by the Foundation's protectors and members.

The Integral Care Programme for Sick Physicians (**PAIME**) is included in area five.

The Foundation allocates a budgetary item every year to paying the costs of College members who need to be admitted to specialised clinics for the treatment of mental illnesses or addiction problems. The Governing Board and secondly the Trustee Board evaluate and grant the petitions processed through the Medical Colleges.

In the event of readmission due to mental illness, the Foundation will deal with all cases, attaching to the readmission form the respective medical report.

In cases of readmission due to addiction, these cases will be analysed on a case-by-case basis and the Foundation will grant the assistance, provided at least one year has passed since the first admission.

Likewise the Foundation has created what is known as the NATIONAL TECHNICAL **PAIME** COMMITTEE formed by members who are experts in this Programme, for the purpose of monitoring the implementation, development and consolidation of the ICPSP throughout all of the Spanish state and establishing minimum consensus on joint action guidelines, information, protocols and data-collection on a global basis.

5 / WHAT COLLEAGUES, FRIENDS SUPERIORS AND INSTITUTIONAL MANAGERS CAN DO TO HELP PHYSICIANS WITH PROBLEMS WHO REQUIRE HELP FROM THE PAIME

5.1 / Cooperating in identifying physicians who may require assistance from the PAIME

If any member of the team identifies a colleague suffering from a mental/addictive problem in a hospital, clinic or medical surgery..., support to that professional colleague must not be based on concealing the problem, as it will likely lead to a situation of risk for the professional and for his patients. So failing to take action is by far the worst approach possible.

If the physician is not aware of those inefficiencies and they are noticed by another colleague, the latter must inform that physician and if necessary, report it to the Medical College, in an objective manner and with all due discretion. Acting in this way does not entail a lack of support for that sick physician, as the welfare of the patients must in all cases come first (article 22.3 of the Medical Ethics Code – July 2011).

The first signs that may lead us to suspect that a colleague is in need of assistance from the **PAIME** include: isolation, irritability, drowsiness, neglect of personal hygiene, complaints by users and frequently leaving the workplace without giving any explanation, delays, frequent absences, among others.

5.2 / Talking and helping. Talking, supporting, helping them admit the problem and taking decisions. The crises may help them face the problem

It is necessary to convince the SP that it is impossible for him to solve these problems on his own. This is the time to talk about the existence of the special, confidential services provided by the **PAIME**, and make him understand its philosophy and characteristics, as this will inspire trust in him when deciding to take the first step.

For this purpose, he may be recommended to obtain information through his Medical College website as well as giving him the appropriate **PAIME** Service number, where he will receive information without asking about his identity.

If the SP still refuses to seek specialised care, and there is thus a risk of malpractice and to his health, and the first negative signs begin to appear in his work setting and family circles, he should be reminded that his colleagues have the ethical duty to report his situation to the Secretariat of the respective Medical College.

If the colleague refuses to admit or minimises the magnitude of the problem (I have it under control, I can stop whenever I want, etc.) then it is necessary to use the opportunity or the situation of crisis to insist that the sick physician seek help immediately, and if necessary, dial the **PAIME** number to arrange an appointment.

5.3 / Support network. Closest family, friends and colleagues. The destructuring process begins at home and ends at work or in the office

If possible, all the closest friends, relatives or colleagues of the sick physician must be contacted. If a colleague is a close friend of the SP, he should be informed about the potential problem and his cooperation should be requested. In addition, if any of the SP's relatives are known (such as his wife, children, etc.), every attempt should be made to discuss the problem with them, in all cases with a view to helping the physician affected and persuading him to receive the help he needs.

Whenever a physician suffers from any such problems, the first people to notice and suffer it are his closest family. If the problem continues and is not eliminated and treated as it should be, the repercussions within the family may

lead to its destruction, and in this case rehabilitation will be much more difficult. What is more, once the treatment has started, the cooperation of these close relatives is essential to ensure a positive recovery.

5.4 / Inducing the request for help. Everyone insists that the affected physician must seek help. The greater the pressure, the better the process can be monitored and the better the results will be

When an SP requests to enter the **PAIME**, the Admissions Unit will try to ascertain the degree to which the request is voluntary and clearly record this when completing the first call form, also making every effort to clarify whether the problem has transcended the work setting.

If during the care process, an ICPSP detects that the SP's grade of voluntariness has changed with respect to the grade assigned at the time of entering the programme, this must be recorded in the clinical history and reported to the Admissions Unit.

Determining as accurately as possible the extent to which the request is voluntary will impose greater caution in monitoring the SP.

One important aspect to ensure the case is treated satisfactorily is to determine whether or not there is a risk involved in medical practice. A situation of risk in the medical practice of an ICPSP patient is established based on the affirmation of the SP when questioned in this respect, on the affirmation of the doctor reporting the case, on written complaints received from the SP's patients which could indicate that such a risk exists, on the reiterated and specific statements made by the SP's colleagues and/or superiors or on the statement of the therapist after examining the patient and depending on the evolution of the case during the therapy.

If the **PAIME** Admissions Unit is informed that an SP does not wish to be treated, the person responsible for the unit must first evaluate the seriousness and importance of the information and whether or not the SP's practice is at risk. The identity of the person providing the information will be kept secret, provided the content is not serious and relevant for the health of the person affected and/or third parties and does not need to be reported immediately to the Secretariat or the respective member of the Medical Colleges Governing Board designated for that purpose.

In the event of receiving confidential information, the person providing that information will be asked to try to convince the SP to ask for help of his own accord. It is usually positive for the SP and person reporting it to make the call together and ask the **PAIME** for information and/or assistance, as this establishes a consented communication triangle and confidentiality is guaranteed.

5.5 / When to notify the medical college of a potential icpsp case. Risks for professional practice

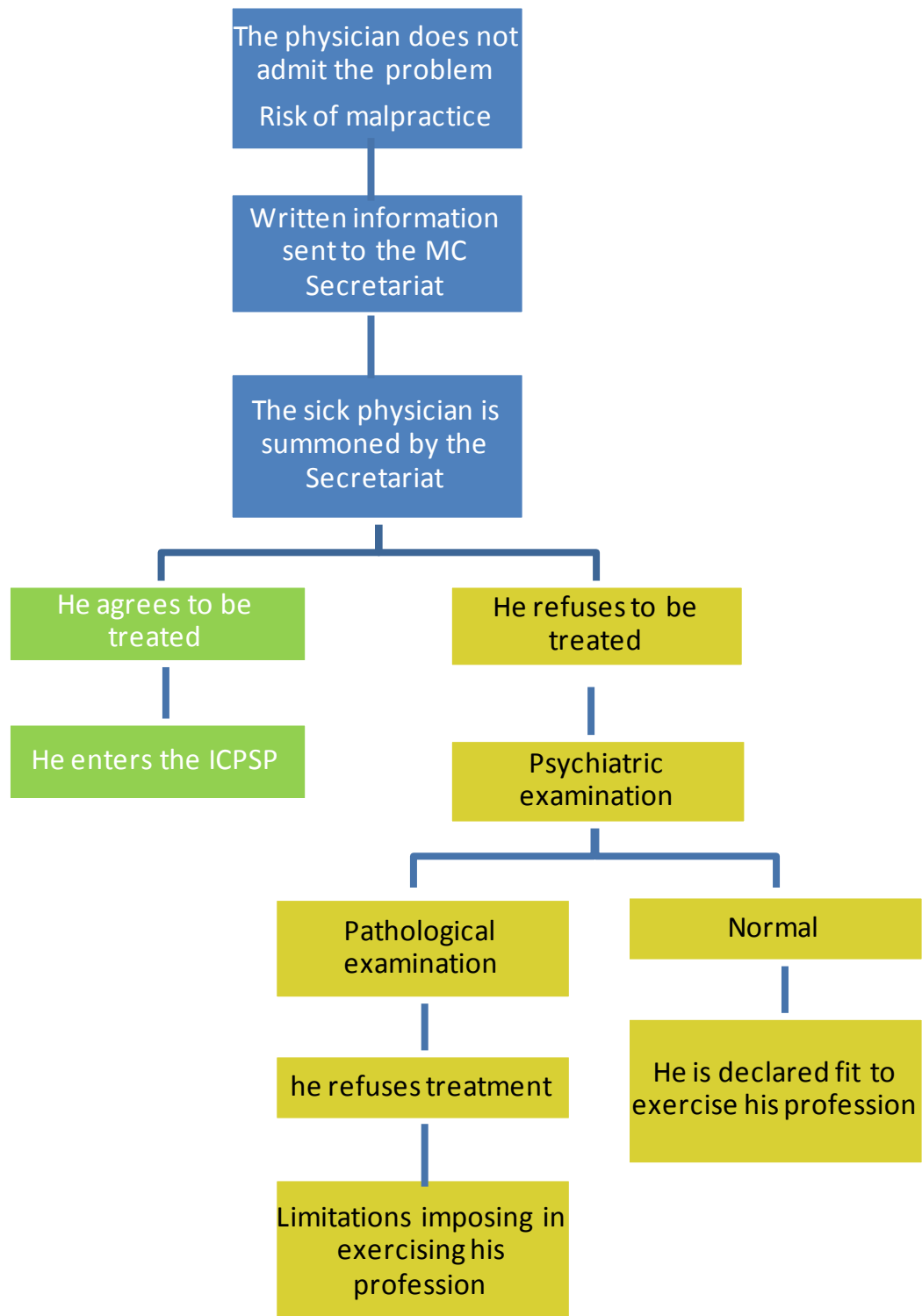
If despite making every effort to persuade him, the SP continues to refuse to admit he has a problem and to voluntarily ask for treatment, the person reporting him should write to the Secretariat or the person from the respective Medical College Governing Board designated for that purpose and report the case and all circumstances that could justify the intervention of the Medical College. In such as case the respective disciplinary action or control in exercising the practice will be initiated.

When this written information reaches the Medical College, the SP will be summoned by the College. If after the conversation, he agrees to enter the **PAIME**, he will admitted for treatment.

If he refuses to admit the problem, he will be offered the option of undergoing a psychiatric examination (opinion) which, if normal, will be used to prove to the persons reporting the SP that the patient is fit to exercise his profession.

If the result of the examination reveals that the SP is suffering from a pathology and the SP then agrees to be treated, he will enter the **PAIME**, and if he still refuses to receive the appropriate treatment for his condition, the respective Medical College Governing Board will temporarily bar him from exercising his profession until the SP agrees to undergo treatment.

The sequence of steps to be followed by an SP who needs **PAIME** treatment and refuses to admit the problem is summarised in the following chart:



6 / WHAT THE FAMILY AND FRIENDS OF A PHYSICIAN REQUIRING PAIME ASSISTANCE CAN DO

6.1 / In the event of doubt. how to find out whether he has is a problem. Signs that indicate there is a problem. Talking and offering advice in order to help.

Mental Illness or Addictive Conducts may appear suddenly or gradually, with minor alterations in behaviour and changes in the lifestyle of the person affected.

His family is not usually aware of what is happening. He is disorientated and has doubts. The first symptoms of the condition may be confused with stressful situations of life, and he may think they are temporary changes.

During the first phase he refuses to admit the problem and pays little attention to it, but if the odd behaviour of the family member continues to be more noticeable, feelings of anxiety may develop, and the need to identify the real cause.

The relatives of sick physicians play an important role in detecting the problem, admitting it and providing support during the therapeutic process.

The attitude of the family must be one of concern, preoccupation and interest in knowing what is happening, in an attempt to evaluate the real cause of the problem and its seriousness.

It is necessary to face up to the problem without trying to deceive oneself and convince oneself nothing is wrong, as trying to hide it will only aggravate the situation.

Nonetheless, mental illnesses and addictions are difficult to accept by the patients and their families, due to the social stigma associated with them. This situation is even worse if the patient is a physician, as his professional and social prestige are threatened.

His family must not be afraid to identify and report this situation to the ICPSP as this disease must be quickly and properly cured. It is preferable for the family to ask the ICPSP for help, as it will treat the matter confidentially, changing the patients' name before any malpractice is detected or reported by users in serious cases.

Identifying these changes correctly will lead to early detection, thereby reducing the negative repercussions of the disease.

There are alarm signals that indicate a person could be at risk of suffering a problem related to mental health or due to abuse of drugs:

- Relevant and evident changes in conduct.
- Secretive behaviours, extreme defensiveness and outbursts of anger.
- Changes in habits and routines and unusual absences from home or work.
- Inappropriate and extravagant behaviour.
- Sudden changes in mood.
- Weight and appetite loss.
- Apathy and a general lack of interest.
- Emotional blockage, isolation, absence of communication.
- Excessive nervousness.
- Aggressive behaviour.

6.2 / Seeking advice from the medical college, Spanish medical colleges organization, Spanish medical colleges organization social protection foundation, Galatea foundation

In some cases, families must seek advice and information about the problem, due to a lack of knowledge about Mental Disorders and Addictions and the resources in place to help sick physicians.

This information can be obtained through the Spanish Medical Colleges Organisation **PAIME** programmes, the Spanish Medical Colleges Organisation, the Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board and the Galatea Foundation. All the above institutions have 13 years of experiences in treating physicians with problems and will provide the necessary information for entering the Programme.

6.3 / First talk and offer advice. Then apply pressure

If the family detects the above alarm signals, it should speak to the physician, show an interest in his condition and try to get him to accept the situation that is generating the problem.

Communications must reflect concern, offering advice with respect and understanding and avoiding confrontation.

It is important to choose the right time to speak, and never try to speak under the influence of drugs, as this will be useless to try to convince them in this situation.

It is also important to listen and help the patient evaluate the pros and contras of the current situation and take the decision to seek professional help. Knowing how to put oneself in his place and take time to talk to him without judging.

The patient will often be more predisposed to change when he has to weight up the pros and cons of his conduct. If, in addition, he has pharmacological and family support and a team of specialised professionals, he will find it much easier.

It is always best to motivate rather than apply pressure, but if all attempts fail, it is necessary to impose limits and apply measure to persuade the patient to take action or admit he has a problem that he alone cannot solve.

After starting treatment, it is advisable, if the patient allows it, to allow his family to support and help the patient and the professional during the treatment process.

6.4 / Find support. Don't lose hope

The first step after identifying the problem is to find support and understand the disease and its potential evolution.

Information and references should be furnished to the family of the sick physician, aimed at informing it about this new situation and offering action guidelines to help that physician who is suffering from a mental illness or addiction.

This support and information is provided by the **PAIME** programme.

The specialised professionals who cooperate with the **PAIME** can provide advice to the family of a sick physician in two ways:

- By applying family counselling aimed at helping the patient through the family.
- Family intervention.

Do not lose hope and ask the Medical College / **PAIME** for help, ask for support and information as confidentiality is guaranteed and we have the necessary professionals and mechanisms to cure a high percentage of these cases.

7 / List of Spanish Medical Colleges with PAIME programmes.

CONTACT TELEPHONES

COM A CORUÑA 981 295 899
COM ALICANTE 965 261 011
COM ALMERÍA 950 233 122
COM ASTURIAS 985 230 900
COM BADAJOZ 630 966 758
COM CÁCERES 927 222 622
COM CÁDIZ 956 212 221
COM CANTABRIA 629 777 101
COM CASTELLÓN 695 221 100
COM CEUTA 956 512 818 – 620 834 945
COM CÓRDOBA 647 917 153
COM GRANADA 958 806 600
COM HUELVA 959 540 630
COM BALEARIC ISLANDS 695 799 958
COM LA RIOJA 941 270 471
COM JAÉN 953 295 940
COM LAS PALMAS 619 374 693
COM LUGO 982 280 279
COM MÁLAGA 951 019 400 - 951 019 414
COM MADRID 915 385 104 (mornings) 653 513 435 (afternoons)
COM MELILLA 952 695 865
COM MURCIA 868 940 230
COM NAVARRA 682 701 444
COM OURENSE 636 114 562
COM PONTEVEDRA 620 067 956
COM SEVILLA 954 231 990
COM STA. CRUZ DE TENERIFE 922 271 431
COM VALENCIA 963 355 110
C. C. M. ARAGÓN 661 888 222
C. C. M. CASTILLA - LA MANCHA 651 555 206
C. C. M. CASTILLA Y LEÓN 664 48 94 96
C. C. M. CATALONIA. GALATEA FOUND.: 902 362 492
BASQUE MEDICAL COUNCIL 646 581 200

Spanish Medical Colleges Association Social Protection Foundation

Solidarity and assistance for physicians

Since 1917 the Príncipe de Asturias Orphans and Physicians Social Protection Foundation Board has offered social protection to its donors and their families, both physicians who are college members and the staff of the Provincial Medical Colleges and the CGCOM.

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