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Our Website

We are pleased to announce that we are close to launching the VDHP web -site.

Events

In September 2003, the VDHP presented a summary of our first 2 years experiences at the 3rd National Doctor's Health Conference which was held in Sydney.

Promotional Activities

We have recently written an article to be published in the February 2004 edition of Vicdoc.

WELCOME to the NEWSLETTER of the VICTORIAN DOCTORS HEALTH PROGRAM

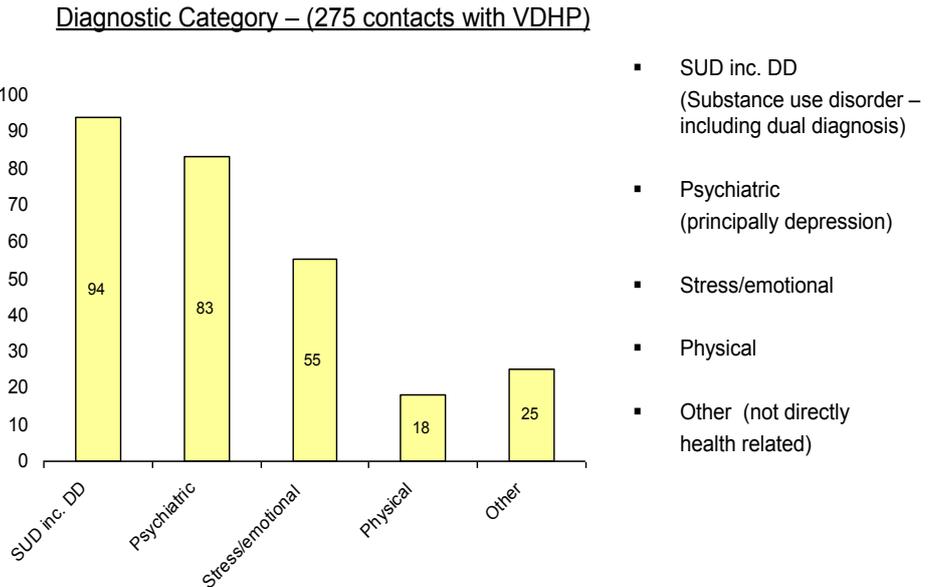
Our first two years

The VDHP received our first participant in May, 2001. Since then, there has been a high demand for our services across a wide range of clinical problems. At the end of our second year of operation, we had assisted over 275 doctors and medical students, and participated in a range of other non-clinical activities.

We have observed that the overall patterns of health presentations and their outcomes after VDHP intervention and case management has been similar to the North American Physicians health programs upon which we are broadly modelled.

Our experience confirms that doctors suffer from the same range of disorders as the general population, and in more or less similar prevalence. The VDHP assists doctors with all manner of health problems. However, we note that in many cases doctors tend to present late, due to denial and/or procrastination. We strongly encourage early presentation and for all doctors to have their own general practitioner. Accordingly, the VDHP supports the development of a 'Docs for Docs' program to further facilitate this objective.

There were a total of 275 contacts with the VDHP during the period from May 2001 to June 2003. The extent of problems ranged from those that were having a mild or moderate impact on the quality of life of the troubled or sick doctor to those that were threatening their careers, and/or indeed their lives.



The VDHP is completely confidential. It is a legal entity in its own right. It is independent of the AMA and the Medical Practitioners Board of Victoria. It does not report to the Medical Board, or to anybody else unless it has the written permission of the participant.

NEWS..

STAFF CHANGES

VDHP NEWS

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MBBS, FRACMA

Dr Sandra Hacker
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Dr Channa Wijesinghe
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Dr Paul Woodhouse
MBBS, MBA

Prof Doris Young
MBBS, MD, FRACGP

VDHP Board Observers

Dr John Court, AM
MBBS, MD, FRACGP

Dr Chris Merry
MBBS

Medical Director

Dr Naham (Jack) Warhaft
MBBS,
GradDiPSubsAbuse,
FANZCA

Administration Manager

Ms Sandra Braden

Case Manager

Ms Cheryl Wile
BSocSc(Psych),
MApPsych, Dip AOD,
MAPS

Alcohol & other Drug Consultant

Mr Gordon Storey
BBS, Grad Dip Soc. Sc.

Counselling Services Consultant

Ms Barbara Kustra
BA, Grad Dip & MA

Ms Cheryl Wile was appointed in February 2003 as our first full-time case manager. Cheryl is a psychologist with wide ranging experience in mental health and substance use disorders, and we are delighted to have her join our small team.

In her first year with the VDHP, Cheryl has settled in well to the demanding role of case manager. At present she is managing almost fifty participants, and the positive feedback we have received demonstrates that Cheryl is very effective and popular.

Ms Sandra Braden joined us in July 2003 and has taken up the role of Administration Officer. Sandra brings with her 25 years work experience, in a variety of positions including overseas service with the Dept of Foreign Affairs which saw her posted to embassies in the Solomon Islands, Malaysia and The Netherlands.

Sandra is usually the first point of contact with the VDHP. Her friendly manner ensures that anyone who telephones is greeted with a caring and professional approach. We are pleased to have Sandra as part of the team.

INSERT STAFF PHOTO

SOME VDHP PROGRAM ACTIVITIES

'Caduceus' Groups. These groups meet weekly under the guidance of professional facilitators, and provide strong mutual support for recovery from substance use disorders. A Group Dinner was held at Christmas, with nearly 40 people enjoying the camaraderie of recovery.

Family Groups. Held monthly to support the family members of doctors in recovery, these groups have proven to be very helpful.

Country Doctors. In 2004 regular country visits will be made by our case manager, Cheryl Wile. This is in addition to the significant number of presentations and meetings already undertaken by the Medical Director.

The VDHP has become involved in the regular RWAV Training Days for Overseas Trained Doctors preparing for country placements.

Medical Students and Interns. The VDHP conducts regular presentations at both Melbourne and Monash Universities. Support for our program is reflected in sixteen students who have presented to us seeking assistance. We have also participated in the Intern Orientation Program at several of the teaching hospitals.

The VDHP has recently participated in the development of the *Position Paper on the Welfare and Personal Health of Medical Students and Junior Medical Staff*.

Our new MENTOR program

The VDHP has implemented a new 'Mentor' program, which enlists the support of senior members of the medical community with personal experience or expert knowledge of recovery from psychiatric or substance use disorders. This activity, suggested to us by the successful Louisiana Physicians Health Program, gives additional confidential support to individual participants who may be struggling with particular issues, or with the program in general.

The Mentor role is entirely voluntary and honorary.

Our first 'Mentor' is **Dr Tom Lambert**, who has recently retired from a long and distinguished career as an anaesthetist. Tom was an enthusiastic proponent of, and contributor to, the Box Hill Hospital Re-entry Program for Impaired Anaesthetists, which enjoyed great success from 1993 to 2001. He has a wide range of experience and skill in this area, and we are most grateful for his generous assistance.

Insert photo of Jack here

Cheryl Wile Case Manager, VDHP

A psychologist by profession, Cheryl has worked extensively with numerous population groups, including the homeless, offenders, young people in the juvenile justice system, and people suffering from mental health issues. She has worked as a counsellor in both the prison system and in numerous community settings, and was also involved in the development and implementation of the Diploma in Alcohol and Other Drugs at Odyssey Institute of Studies last year.

Cheryl developed an interest in substance use problems and mental health issues (particularly depression) early in her career, and has had research published in these areas.

Cheryl works full time at the VDHP, and is interested in further developing the program for overseas trained doctors and doctors practising in rural areas.

In her leisure time, Cheryl enjoys keeping fit by jogging and swimming, is a member of Toastmasters, and does voluntary counselling with the Victorian AIDS Council.

From the Medical Director..

It has been some time since our last *VDHP Newsletter*. The past year has been very eventful and was a time for consolidation of program operations.

With no template in Australia, we tried to import North American concepts of Doctors Health, and adapt them to our environment. Overall, we believe we are succeeding, but the differences in history, culture and the regulatory climate has provided us with some challenging issues.

Our primary objective is to continue to offer the best possible service for sick and impaired doctors and medical students. We are constantly seeking to improve our database of treating practitioners and clinics. We endeavour to provide a rigorous follow-up and aftercare service, and to evaluate the outcomes of our participants.

Like any organisation, there is an administrative function to fulfill. This program is funded by all Victorian doctors, and financial and administrative obligations must be met.

Considerable resources are devoted to program promotion. We usually deliver around 3-4 presentations a month, and provide written information to a variety of outlets. We continue to work to raise the profile of the VDHP and any ideas you may have would be gratefully received and most welcome.

Research activities are clearly important, and we are currently preparing a paper on our first two years for publication in a peer reviewed journal. We propose to conduct a research project that will provide significant new data in relation to doctors health.

The challenges in doctors health are virtually limitless. We hope that with the continued support of the profession we will be able to meet the very significant responsibilities that we have taken on.

I would like to thank our VDHP staff and management committee for their support, and look forward to another good year.

Jack Warhaft

Advocacy for VDHP Participants

Frequently doctors present to the VDHP in an advanced state of their illness, and this may have had serious consequences on their careers. Other problems may involve their families, and occasionally they become entangled in the criminal court system.

The primary function of the VDHP is to restore these doctors to health. If they respond to treatment (and the vast majority do), the VDHP will advocate for them in the appropriate forum—but only at the request of the doctor concerned.

We have had extensive experience in advocating for recovering doctors on their return to work. When appropriate, we reassure employers, relatives or courts that the doctor is a participant in our program, and as such is receiving the aftercare and monitoring necessary for him or her to function effectively and safely. This process has been of great assistance to doctors seeking to restore normality to what may have been damaged careers and lives.

Insert photo of Cheryl here

From the Case Manager ..

Since commencing work with the VDHP in February 2002, I have certainly been kept busy. My role primarily involves the provision of support to program participants. This frequently supporting family members and significant others, crisis management, and education around such issues as stress and time management, conflict resolution and problem solving.

Whilst the clinical work takes up the majority of my week, non-clinical activities and program promotion are also a part of my role, and integral for the on-going development of the program.

Over the past twelve months I have been involved in the supervision of a project designed to encourage medical students to access their own GP, attendance at the 'Medical Careers Expo' to inform undergraduate medical students of the program, participation in research activities, and the establishment of a VDHP website, which should be operational by March 2004.

I am extremely pleased to be working with the VDHP, and look forward to further contributing to the programs on-going development and success.

Cheryl Wile

Demythologising Addiction - "SICK—NOT BAD!"

Most people have difficulty in seeking assistance for substance use disorders. They are frequently ashamed or embarrassed because they believe that they have some sort of 'conduct problem', and in some way are 'bad'. Often they cannot believe that anyone else could have such a problem, let alone understand it.

For doctors, this is even worse. The shame, guilt and remorse that is felt by a doctor with, say, narcotic or alcohol addiction, is a massive barrier to early intervention and treatment. Many doctors have died in their attempt to conceal their secret.

The good news is that drug dependency (including alcoholism) is a *disease*, and that high quality treatment is readily available. *The prognosis for addicted doctors who participate in treatment programs is excellent.* American and Canadian figures suggest over 90% have successful outcomes, and our experience over the first two years mirrors theirs. However, untreated cases have a poor prognosis, often with tragic outcomes. If you are a recovering doctor, you will not be alone—there are other doctors throughout Victoria who have experienced these problems and who are leading happy and productive lives—professionally and otherwise.

The VDHP regards substance use disorders as a disease—not some sort of 'moral defect'. While the etiology is complex and incompletely understood, we do know that like virtually all other diseases, the response to treatment is enhanced by early presentation. Alcoholics and addicts are not 'bad'. They are sick people, often desperately so, who may put their own lives and the lives of others at risk.

Doctors experiencing substance abuse problems are encouraged to contact us as early as possible in the course of this illness. If you even think that you, or a colleague, may be abusing drugs, please contact us for completely confidential advice. (You do not even have to give your name!). You will not be reported to anyone*—our job is to treat sick doctors!

Remember—a phone call to our program may save your career—or even your life!

If you or someone you know and care about is experiencing problems with drugs or alcohol, please contact us on 9495 6011 for a confidential, anonymous chat.

*The only circumstance in which a report would be made is if an impaired doctor was to ignore our advice, and in so doing, place patients at risk. Since the commencement of the program we have not had to report anyone because of these circumstances.

Contact us on
03 9495 6011 for
more information

In forthcoming issues:

- Family support
- More on confidentiality
- Mental Health Issues—how the VDHP can help

Questions—We will gladly respond to any written or e-mail enquiries.

VDHP PRESENTATION REQUEST

If you need any further information please do not hesitate to telephone the Victorian Doctors Health Program on:

(03) 9495 6011

or email us at
vdhp@vdhp.org.au

We are located at
Level 8 Aikenhead Bldg
27 Victoria Parade
Fitzroy VIC 3065

Fax 03 9495 6033

The **VDHP** would be pleased to make a presentation to your hospital or professional group. Please contact our office and we will tailor a presentation to suit your needs.

Date of request: _____

Name of your organisation _____

Proposed date/s of presentation 1. _____ 2. _____

Primary audience _____ Approx number of attendees _____

Contact person _____ Contact details _____

Email _____

We will contact you to discuss dates & times as soon as possible after receipt of this request.