DENTIST'S ADVANTAGE
PROFESSIONAL LIABILITY & PRACTICE PROTECTION

The National Society of Dental Practitioners and the Dentist's Advantage Insurance Program for Dentists

RISK MANAGEMENT ARTICLE

Impaired Practice in Dentistry

The prevalence of substance use disorders (SUD) in the United States was about 8 percent in 2014, according to the Substance Abuse and Mental Health Services Administration, and it is likely higher now, given the opioid crisis. For example, 42,000 people died from prescription and illicit opioids in 2016, the most of any year on record, according to the Centers for Disease Control and Prevention, and overdose deaths have increased by more than five times since 1999.

Dentists are just as likely to develop SUD as the general population, so many will confront the problem firsthand during their career, either through their own experience or that of a colleague. Like the general population with SUD, dentists can suffer consequences such as health disorders and loss of friends and family. Unlike the general population, dentists with untreated SUD can put their patients and their practices in danger.

Dentists need to protect their livelihood and keep patients safe. To do so, they need to understand the issues surrounding SUD, including risk factors, signs, and symptoms; how to obtain help; and what to do if they suspect a colleague has a SUD. Addressing SUD will also help protect dentists from malpractice lawsuits and possible loss of licensure.

A clear mandate

The American Dental Association (ADA) Principles of Ethics and Code of Conduct states, "It is unethical for a dentist to practice while abusing controlled substances, alcohol, or other chemical agents which impair the ability to practice." To avoid putting themselves in this situation, dentists should understand the risk factors associated with their profession.

Risk factors

A major risk factor for SUD is stress, something that dentists frequently experience. Stress can come from personal life, such as the end of a relationship, or from professional life, such as personnel issues, regulatory compliance requirements, demanding patients, financial pressures related to the practice, or difficulty in paying off student loans. Dentists may develop burnout, which they try to self-medicate with alcohol or prescription or illicit drugs.

Dentists also can write prescriptions for controlled substances and have ready access to them. Unfortunately, dentists may start down the path to SUD by self-prescribing or self-medicating to control musculoskeletal pain related to the nature of their work.

Dentists who are solo practitioners can face unique risks. Isolation, combined with long hours, can cause fatigue and even impaired judgment. In addition, employees, who depend on the dentist for their income, may find it difficult to speak up about potential problems, delaying treatment and allowing SUD to worsen.

Other risk factors for SUD that are not unique to dentists include family history —the greatest predictor of SUD in both dentists and the general population — and history of childhood trauma or sexual abuse.

Some of these risk factors can be mitigated. For example, solo practitioners can join local chapters of professional groups, so they can connect with those in similar positions. Dentists in rural areas may choose to forge bonds on trusted social networks, although they must remember not to discuss potential patients. The ADA's **Dentist Health and Well-Being Program** also provides resources to help reduce stress.

To encourage staff to speak up if they suspect a dentist or a colleague is suffering from SUD, dentists may want to create a drug-free policy in the workplace that provides guidance for what to do if impairment is suspected. Such a policy should be developed in conjunction with human resources and legal consultation.

Signs and symptoms

Dentists should be alert to signs and symptoms of SUD in themselves and others so that help can be obtained (see Signs and Symptoms of SUD). Unfortunately, dentists, like many healthcare professionals, are often able to function in their role for a longer time than others before substance misuse is recognized. Because dentists are accustomed to problem solving and being in charge, they may be reluctant to admit they need help.

Another factor in failing to seek help is the stigma of addiction. Although SUD is a disease, many still associate it with a lack of willpower and view those with the condition as having a moral weakness. All dentists can play a role in correcting misconceptions surrounding SUD.

Resources for help

Dentists who believe they have a SUD have several options for seeking help. The ADA's **Well-being Directory** lists states with well-being committees, which can provide resources. Another option is the **Behavioral Health Treatment Services Locator** on the Substance Abuse and Mental Health Services Administration (SAMHSA) website. SAMHSA also offers a free, confidential 24-hour helpline: **1-800-662-HELP (4357)**

Dentists with SUD may need to transfer their patients to colleagues. The transferring dentist should give the colleague a complete report and document it in the dental record to avoid charges of patient abandonment.

Because SUD is being increasingly recognized as a disease, more states allow dentists to enter recovery programs rather than simply discipline them. These recovery programs are typically peer-based, which helps reduce embarrassment and denial.

Dentists should understand there is a high likelihood they can return to practice once their disease is managed. The recovery rate for dentists has been estimated to be as high as 90 percent.

Signs and Symptoms of SUD

The items below may indicate substance misuse; however, it is also important to consider other causes. For example, difficulty concentrating may occur when a prescription medication is changed.

- Frequent absenteeism and tardiness
- Memory loss and difficulty concentrating
- Poor decision-making
- Relationship issues
- Deterioration in physical appearance
- Risk-taking behavior
- Withdrawal from social activities

Sources: www.tn.gov/content/dam/tn/workforce/documents/injuries/Employer%20Implementation%20Guide.pdf; www.ncadd.org/about-addiction/signs-and-symptoms/signs-and-symptoms

The impaired colleague

The ADA Code of Ethics states that dentists have an ethical obligation to urge “chemically impaired” colleagues to seek treatment. Dentists who know a colleague is practicing when impaired should report the behavior to the professional assistance committee of a dental society. However, too often dentists choose not to speak up for a variety of reasons, including fear of harming the colleague professionally or fear of retaliation from a more senior colleague.

Talking with a colleague suspected of having a SUD is difficult, but it can save the person’s life and protect patients from harm. Dentists should also know that the myth of someone needing to “hit rock bottom” before seeking treatment has been dispelled. The earlier someone receives treatment, the better.

If the dentist is not comfortable talking with the colleague alone, another option is to plan an intervention. Kane notes that an intervention tries to “disrupt the circle of denial.” Members of the intervention team might include someone from the state dentist well-being committee and, ideally, at least one dentist in recovery.

Dentists who refuse to acknowledge their problem should be told that they will be reported to the state dental board, and this should be done. If they agree there is a problem, they should be referred for evaluation by a multidisciplinary team. If the team agrees there is a SUD issue, the dentist should then undergo inpatient or outpatient treatment, depending on factors such as comorbid psychiatric or medical conditions, financial considerations, and support networks.

Interactions with a colleague about SUD should be documented in detail. However, information should be kept confidential to avoid charges of defamation of character.

Monitoring

Dentists who undergo treatment for SUD will usually be monitored; group therapy, peer support groups, counseling, and drug testing are common.

Continued monitoring after the initial successful treatment helps improve long-term success. Monitoring typically continues for about 5 years or longer, if the dentist is at high risk for relapse (e.g., family history of SUD; opioid addiction, especially combined with psychiatric disorder; and a previous relapse). Initially, work hours may be restricted to reduce stress and possible relapse.

Nonjudgmental approach

Dentists with SUD have a disease, so a nonjudgmental approach is key when providing assistance or seeking it. Treatment is often successful, which makes it imperative that dentists seek help when needed and encourage others to do so. By doing so, dentists can protect themselves, their colleagues, and their patients from the physiological, psychological, and professional consequences of untreated SUD.

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RESOURCES

American Dental Association. Principles of ethics and code of professional conduct. 2018.
American Dental Association. Substance use disorders in the dental practice. n.d. https://www.ada.org/en/member-center/member-benefits/health-and-wellness-information/substance-abuse-disorder. Accessed March 15, 2018.
Centers for Disease Control and Prevention. Opioid overdose. https://www.cdc.gov/drugoverdose/index.html. Accessed March 15, 2018.
Curtis EK. When dentists do drugs: A prescription for prevention. Today’s FDA. 2011. http://www.dentistwellbeing.com/pdf/DentistsDoDrugs.pdf. Accessed March 15, 2018.
Kane WT. Addiction and impairment in the dental profession. In: O’Neil M. (ed.) The ADA Practical Guide to Substance Use Disorders and Safe Prescribing. 2015. Wiley Blackwell, American Dental Association.
National Council on Alcoholism and Drug Dependence. Signs and symptoms. N.d. https://www.ncadd.org/about-addiction/signs-and-symptoms/signs-and-symptoms. Accessed March 15, 2018.
Substance Abuse and Mental Health Services Administration. Mental and substance use disorders. 2017. https://www.samhsa.gov/disorders. Accessed March 15, 2018.