



Cross-cultural Comparisons of Impaired Ageing Doctors

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Purpose


- Little is known about impairment in ageing doctors.
 - While a handful of studies has focused on issues related to cognitive impairment,
 - two studies have examined patterns of impairment in older doctors referred to Australian regulatory bodies.

Cognitive studies: Normal Aging - What is Impact of Age on Physician Performance

- Weintraub et al (1994) assessed cognitive functioning of physicians (28-92) on computerized test.
 - Analogies subtest distinguished physicians +75 who gave evidence of cognitive performance that overlapped with the average performance of a group of physicians under the age of 35.
 - Eva (2002, 2004) conclusions based on a comprehensive review of the literature on the relationship between age and performance
 - Changes in fluid intelligence might explain the pervasive finding of older physicians' decline in performance on diagnostic reasoning tests as well as tests of medical judgment.
- Eva and Cunningham 2006 - Older doctors have more difficulty assimilating subsequent or evolving data (premature closure)

Neuropsychological studies: Physician's Referred to Remedial Education Programs

- Turnbull and colleagues (2000) 44% doctors +65 had global cognitive score suggestive of impairment versus 16% in doctors less than 60
 - Strong, negative correlation between performance and age
- Turnbull et al (2006) physicians performing poorly on competency evaluation had sufficient neuropsychological difficulties to explain their poor performance.
 - Older doctors were over represented in their sample
- Williams et al (2002) referred physicians performed at levels significantly lower than comparison physicians and population as a whole on two tests associated with executive functioning.



Neuropsychological studies: Physician's Referred to Remedial Education Programs

- Korinek (2006) 24% competency referred group performed below expectation
 - None of comparison physicians performed below expectation
 - 50% referred group were primary care physicians

Cognitive studies: Normal Aging - What is Impact of Age on Physician Performance

- Age is a risk factor for decreased quality of care
 - McAuley et al and later work by PREP - age is one of strongest predictors of poor clinical performance
 - Norcini et al 1985 - performance on the ABIM recertification exam older physicians performed more poorly
 - Day et al 1988 - appears to be related to older doctors not acquiring new knowledge
 - Sample et al 2001 - performance on CCS inversely related to age
 - Choudhry et al, 2005 - physicians in practice longer may be at risk for providing lower quality care
 - Waljee et al, 2006 - surgeons 60+ have higher mortality rates on more complex procedures

Cognitive Studies: Normal Aging - What is Impact of Age on Physician Performance

- Age is a risk factor for decreased quality of care
 - Kruger and Dunning 1999 - Less competent less aware of poor performance than more competent ()
 - Salem Shatz et al 1990 - Older physicians had lowest knowledge score but most confidence in their knowledge

Impairment studies

- Valliant et al (1970) physicians have more drug use, depression and prescription drug abuse relative to other Harvard graduates, with alcohol rates comparable to other grads
- McAuliffe and colleagues (1991) heavy drinking positively related to gender and age-older doctors more apt to qualify as heavy drinkers
- Peisah and Wilhelm (2007): Older doctors suffer the four D's – drugs, drink, depression and dementia. Cognitive impairment predominated as a cause of impairment, although surprisingly narcotic use was still a factor in the impairment of older doctors.
- Although cognitive impairment predominated, the prevalence of substance abuse cannot be ignored. It has been previously observed that referral of doctors for alcohol misuse is often later in life reflecting the lack or reliability of early warning signs in identifying this problem and the degree of denial by registrants and those around them (Wilhelm and Reid, 2004). A surprising finding from our data was a prevalence of narcotic use almost equal to alcohol abuse and sometimes complicated by depression or cognitive dysfunction.



Investigated Question

- Are the findings of the latter studies replicable and relevant to other countries?
 - This study aims to compare and contrast Australian data with comparable data from physician health programs and regulatory bodies from the united states.

Method

- We compared information from:
 - Data from the impaired registrants program of the New South Wales medical board
 - Data from the Professional Renewal Center in Lawrence, Kansas; and,
 - Publicly available data from the Federation of State Medical Boards in Eulis, Texas

Methods

- Data from the Impaired Registrants' Program consisted of:
 - 68 case records of notifications
 - Doctors over 59 years
- Data from the Professional Renewal Center consisted of:
 - 65 case records of referrals
 - Doctors over 59 years

Results: Referrals

- The Professional Renewal Center and New South Wales get their clients from disparate source:
 - PRC gets most of its referrals from programs established to treat impaired physicians;
 - New South Wales gets most of its referrals from Pharmacy authorities or treatment providers.
- 8% of PRC clients in this age range are referred for inappropriate prescribing.

	Professional Renewal Center	New South Wales
Attorney	9%	0%
Pharmacy Board	0%	27%
Medical Board	14%	10%
Treaters	14%	26%
Hospitals	6%	12%
Other	5%	7%
Police	0%	7%
Physician Health Programs	45%	0%
Self/Family	6%	10%

Results: Age and Gender

- Client characteristics:
 - The New South Wales clients are:
 - Slightly older;
 - Slightly more female
 - Than their PRC counterparts

Gender	Female	Male
New South Wales	12%	88%
Professional Renewal Center	4%	96%

Age	Professional Renewal Center	New South Wales
Minimum	60	61
Maximum	72	95
Arithmetic Mean	63.6	70.6
Standard Deviation	3.5	8.2

Results: Overseas Trained

- Client characteristics:
 - The New South Wales clients are:
 - Disproportionately overseas trained
 - The PRC counterparts are roughly proportionate to the population

Training	Domestic	Overseas
New South Wales	53%	47%
Professional Renewal Center	72%	28%

Results: Type of Practice

- Client characteristics:
 - The New South Wales clients are:
 - Disproportionately in solo practice
 - Their PRC counterparts are in approximately the national proportion and slightly lower proportion than their age mates (39%).

Practice	Solo	Other
New South Wales	39%	61%
Professional Renewal Center	26%	74%

Results: Specialty

- The clients were distributed across a wide variety of specialties:
 - New South Wales clients were disproportionately general practitioners
 - Professional Renewal Center Clients were under represented among general practitioners.

	New South Wales	Professional Renewal Center
GP's*	29 (71%)	9 (17%)
Dermatologists	1	0
Psychiatrists	2	8
Surgeons	3	8
Geriatricians	1	0
Anaesthetists	1	0
Other Physicians	1	26
Pathologists	3	0

Results: Cognitive impairment

- New South Wales found:
 - Cognitive impairment or dementia was found in 53.7% (n=22/41), including 12% (n=5/41) having frank dementia. The mean MMSE score among those impaired doctors in whom an MMSE had been performed was 27.9 (SD 2.6, n=14; range 21–30).
- PRC diagnosed (24 of the group had at least 1 DSM-IV-TR Axis 1 diagnosis):
 - Dementia of either the Alzheimer's type or the vascular type in 37.5% (n=9/24).

Results: Substance abuse

- New South Wales found:
 - Any substance abuse was found in 28.9%,
 - alcohol abuse or dependence in 19.5% (8),
 - opiate with or without benzodiazepine abuse in 17.1% (7).
- Professional Renewal Center 32% were referred for substance abuse, resulting in diagnoses:
 - Any substance abuse was found in 33.3% (8/24);
 - Alcohol abuse or dependence in 25% (6/50),
 - Opiate in 8.3% (2/24).

Results: Psychiatric

- New South Wales found:
 - Depression was found in 21.9% (9).
 - One doctor had Bipolar disorder.
 - Other diagnoses included
 - personality (1);
 - self prescribed steroid abuse (1);
 - CNS disorders:
 - Parkinson's disease (1);
 - Multiple Sclerosis (1); and
 - psychotic reaction (2).
 - There were two or more psychiatric or neurodegenerative disorders in 17.1% (7)

Results: Psychiatric (continued)

■ The Professional Renewal Center found:

- Depression was found in 12.5% (3/24)
 - One doctor had Bipolar disorder.
 - Other diagnoses include:
 - Personality disorder 25% (6/24)
 - Sexual addiction or misconduct 16.6% (4/24)
 - Eating disorder 4% (1/24)
 - Anger management 4% (1/24)

Conclusion

- Three main conclusions are apparent from these analyses:
 - In the Professional Renewal Center data as well as what is available from published sources on the FSMB data there is substantial support for the Pesiah and colleagues conclusions;
 - It is also apparent that there are substantial differences between the patterns reported by Pesiah and colleagues and these data suggesting that while the findings are supportive in general, the two populations are in fact different leaving at question the true pattern of dysfunction in older, impaired physicians; and,
 - The total number of referrals for all of these programs seems substantially lower than the demonstrated prevalence of various diseases that affect the older population; implying the need for both prevention and out-reach efforts.

Conclusion

- If we are to manage or indeed prevent the problem of impairment in ageing doctors we need to identify the nature and pattern of their impairment.
 - Older doctors are prone to suffer a range of psychological and psychiatric difficulties, some of which are related to the ageing process and some common to all doctors.
- In order to both protect the public and the doctor's reputation and well-being, we need to identify doctors early in the course of their illnesses or difficulties before they become unfit to practice medicine.