



THE IMPAIRED COLLEAGUE

Intensivists are expected to practice in a manner that meets the professional and ethical standards set by governing medical bodies (such as the College of Intensive Care Medicine, the Medical Council of New Zealand, the Medical Board of Australia), local institutions and departments. Additionally, Intensivists must practice within the legal requirements of the relevant jurisdiction.

Intensivists have a duty of care to patients, and also to colleagues. The standards of practice ensure patient safety, and meeting of the '*primum non nocere*' principle of medical practice.

Recognising the importance of clinicians' health, the World Medical Association amended the Declaration of Geneva on 17 October 2017, adding the statement 'I will attend to my own health, well-being, and abilities in order to provide care of the highest standard'.

When is a colleague impaired?

A colleague is impaired when her or his behaviour **consistently** departs from that expected **and** impacts (or potentially impacts) on her or his practice and patient safety. The departure from accepted standards may be minimal or significant. Impairment of a colleague may occur due to any physical or mental condition, and may be acute or chronic, temporary or permanent. It is important to note that a colleague may be upset, distressed, stressed, or unwell **without** being impaired.

Are there any red flags to be aware of?

Sometimes impairment is obvious (such as arriving at work intoxicated) but recognising impairment can be difficult. There may be no obvious red flags. The following are of concern and warrant follow up:

- **Concerns or complaints** may be raised by trainees, other colleagues, nursing staff, or other team members. These may relate to unacceptable behaviours, or **changes in behaviour** that are out of keeping with your colleague's usual approach. (It is important to distinguish between conflict between individuals, and behaviours which do not meet professional standards). Changes in behaviour are sometimes markers of new physical or mental illness or addiction.
- You may **directly observe** concerning or unprofessional behaviours.
- **Family or friends** may raise concerns about your colleague's health, or ability to practice.
- Your colleague may be irritable, angry, or evasive if questioned or confronted about concerns.

What should I do if I am concerned that a colleague is impaired?

Remember that **patient safety** is the primary and overriding concern.

- Intervention and management may be **difficult** – however, early intervention may prevent escalation from a minor issue to a major issue.
- Take steps to **confirm** events and behaviours. This may involve conversations (in confidence) with other colleagues or healthcare team members to clarify events and behaviours, or even to monitor ongoing behaviours. It is essential that such conversations and monitoring remain confidential. It is also essential that consistent behaviours departing from expected standards are differentiated from isolated incidents.

- **Discuss**, in confidence, with a trusted senior colleague, the departmental Welfare Advocate, or the departmental Director. An experienced senior colleague, Welfare Advocate, or Director may be best to continue management. Employment obligations and law must be considered – check your institutions local guidelines and requirements. If your department has a Welfare Advocate, they may be able to provide resources and direction in this regard. It may also be useful to consult the local Doctors Health Advisory Service (DHAS).
- Talk to your own **medical protection/defence organisation**, in regards to potential medico-legal concerns and confidentiality.
- **Document** all concerns and conversations.
- It is important that your colleague has support and assistance during this process also – conversations are likely to be difficult. A **support person** should be with your colleague when concerns are discussed. Your colleague must be given an opportunity to discuss and explain her/his version of events. This is important, and may also allow assessment of insight.
- **Each case will be different**. The aim is to protect patient safety whilst allowing assessment, management and support for your colleague. A time of leave from work may be required, this may be temporary or permanent, and return to work *may* require individualised supervision and support.
- **Substance abuse** is a special circumstance, and may require additional support and careful management, as your colleague may be particularly at risk. Refer to substance abuse guidelines in your organisation, and department.
- Providing support is appropriate, however it is important not to condone unacceptable practice or behaviours.
- **Do not provide clinical advice to your colleague** – you may give advice as to which professional assistance options are available and may be helpful, but do not enter into a therapeutic relationship with your colleague.

Privacy and confidentiality are critically important. However, if concerns are such that patient safety is thought to be at risk, then mandatory reporting may be necessary, and override maintenance of confidentiality. Mandatory reporting laws and requirements differ between Australia and New Zealand, and other jurisdictions. Refer to the appropriate regulatory body to check the mandatory reporting guidelines. Check also your institutions requirements for mandatory reporting.

What about prevention?

Proactive measures may be helpful. Consider:

- All intensive care clinicians should have their own General Practitioner (GP), and make regular visits.
- Specialists and trainees should not self-prescribe.
- Develop mentoring or buddying systems within departments – both for trainees and for specialists.
- Establishing a Welfare Advocate within your department.

Further resources and reading

- College of Intensive Care Medicine Guidelines
 - o IC-2 Guidelines on Intensive Care Specialist Practice
 - o IC-5 Guidelines of the Health of Specialists and Trainees
 - o IC-9 Guidelines for the Ethical Practice of Intensive Care Medicine
 - o IC-21 Professional Code of Conduct
- College of Intensive Care Welfare Special Interest Group Resource on Substance Use Disorder
- Medical Council of New Zealand “Good Medical Practice. A guide for doctors.”
www.mcnz.org.nz

- Medical Board of Australia: Code of Conduct “Good Medical Practice”.
www.medicalboard.gov.au/codes-and-guidelines.aspx
- Health Practitioner Regulation National Law Act 2009 Australia
- Health Practitioners Competence Assurance Act 2003 New Zealand
- Australian Medical Association
- **Doctors' Health Advisory Service:**
If you are concerned about yourself or a colleague, contact the "hotline" nearest to you.
 - o NSW/ACT +61 2 9437 6552
 - o Queensland +61 7 3833 4352
 - o Victoria +61 3 9280 8712
 - o Western Australia +61 8 9321 3098
 - o Tasmania +61 3 9280 8712
 - o South Australia +61 8 8366 0250
 - o Northern Territory +61 8 8366 0250
 - o **New Zealand +64 0800 471 2654**
- **Other Australian services which may be useful:**
 - o **Beyond blue** 1300 22 4636 or www.beyondblue.org.au
- **Other New Zealand services which may be useful:**
 - o Lifeline 0800 543 354
 - o Suicide Crisis Helpline 0508 828 865
 - o Healthline 0800 611 116
 - o Samaritans 0800 726 666
 - o Depression Healthline 0800 111 757 or free text 4202
 - o Alcohol and Drug Helpline 0800 787 797
 - o Anxiety line 0800 269 4389 (0800 ANXIETY)

Acknowledgement to the Australia and New Zealand College of Anaesthetists (ANZCA), Australian Society of Anaesthetists (ASA), and the New Zealand Society of Anaesthetists (NZSA) Welfare Special Interest Group documents and resources, from which much of the above advice is modified.

References

- College of Intensive Care Medicine Guidelines
 - o IC-2 Guidelines on Intensive Care Specialist Practice
 - o IC-5 Guidelines of the Health of Specialists and Trainees
 - o IC-9 Guidelines for the Ethical Practice of Intensive Care Medicine
 - o IC-21 Professional Code of Conduct
- ANZCA Welfare SIG Documents
 - o RD-13 Impairment in a colleague
 - o RD-14 Medico-legal issues
- Medical Council of New Zealand “Good Medical Practice. A guide for doctors.” www.mcnz.org.nz
- Medical Board of Australia: Code of Conduct “Good Medical Practice”.
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