

6th International Conference and Exhibition on

ANESTHESIA AND SURGERY

September 07-09, 2017 | London, UK

The impaired provider

Robert Farrar

Summit Anesthesia Associates, USA

The impaired healthcare professional is one who is unable, to practice medicine according to accepted standards as a result of substance abuse, behavioral problems, mental illness or cognitive decline. Substance abuse is exacting a tremendous toll on the health care community as well as society at large. The prevalence of substance abuse among healthcare workers parallels that of the general population with a variance noted for the types of substances used. Impaired providers generally manifest their illness in one of three ways: overt intoxication, self-declared or the high index of suspicion. While the first 2 categories are readily identified, the high index category poses the greatest challenge for identification, intervention and treatment. The key factor needed to identify the impaired provider in the high index category is to recognize a series of irregular behaviors that are out of sync with the norm. While none of these behaviors by themselves are dispositive of impairment, together they form the basis for the performance of an intervention. A check list and careful documentation are essential. The goals of an intervention are to assure patient safety, provide for the wellbeing of the provider and minimize exposure of the organization. During the intervention, the healthcare worker is confronted with objective evidence of the problem. This may not be received well since impaired providers are intelligent, have much at stake and (almost) invariably are in denial. Ultimately, they are offered a choice to either get into treatment through the state medical society's Physician Impairment Program; or, have their case turned over to the medical board. Most choose the treatment option since it provides a mechanism for preserving their career. Treatment consists of inpatient therapy followed by outpatient therapy. Some providers are eventually able to reenter medical practice at some point but need to be followed closely.

Biography

Robert Farrar is currently the Chairman of Summit Anesthesia Associates in Summit, NJ. He was the Vice President of Medical Affairs for Somnia Anesthesia. He has 30 years' experience as an Anesthesiologist as well as 25 years' experience with development and implementation of quality systems. He served as Director of Cardiothoracic Anesthesiology at Lower Bucks Hospital in Bristol, Pennsylvania and Chairman of Anesthesiology at Easton Hospital in Easton, PA. He previously worked at Atlantic Care Health System and Jersey City Medical Center. He also served a senior staff anesthesiologist at Henry Ford Hospital in Detroit, MI where he was a Member of both the Cardiothoracic and Critical Care Divisions. He received his Medical Degree from the Catholic University and his Law Degree from the University of Detroit/Mercy. He completed a residency in Anesthesiology at UMDNJ and a fellowship in cardiovascular anesthesiology at Loyola/Chicago.

robertfarrar1@gmail.com

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