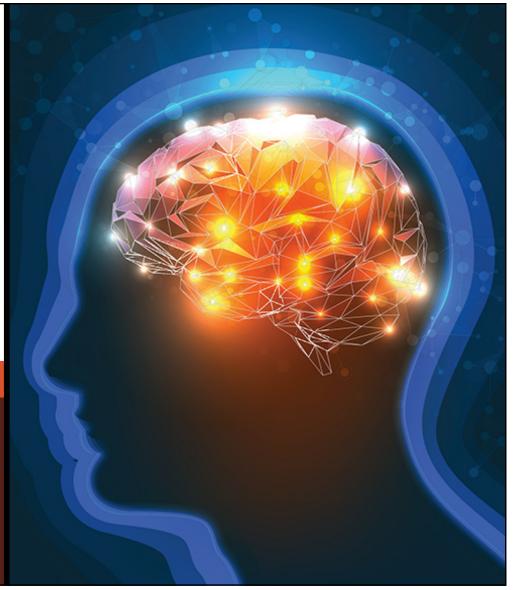
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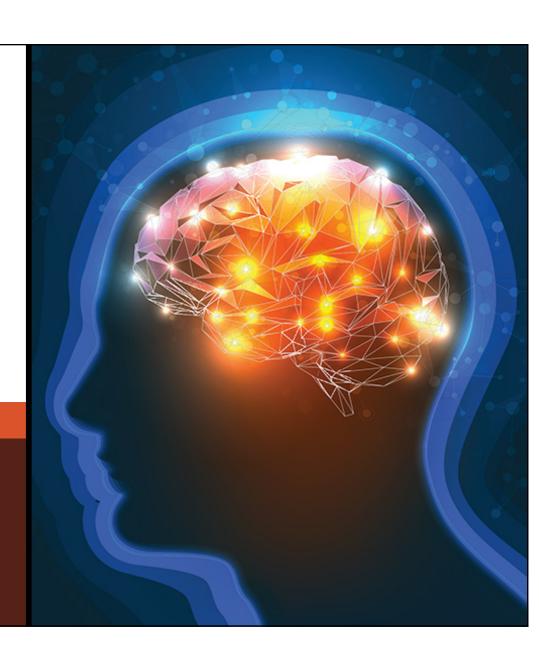
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Challenges of Managing an Impaired Healthcare Provider

Mark S. Gold, MD Paul Summergrad, MD



# **Chart Review: James**

#### **Background**

James is a 52 year-old orthopedic surgeon in a suburban Chicago group practice. Last summer, while playing softball, he collided with another player sliding into base resulting in a torn meniscus and 3 cracked vertebrae. His knee required arthroscopic surgery that healed without incident, but the injury to his back required a brace and 2-3 month of physical therapy. He had a significant amount of pain and started on a short trial of oxycodone 10 mg every 12 hours.

With 2 children in college, time out of the OR had a significant impact on his earnings. The oxycodone helped with the pain and allowed him to operate for shorter procedures, but after the surgery the pain was magnified.



### **Background (Cont.)**

He increased his dose to 20 mg orally BID and while it initially helped, he found himself taking more and more. He began to write prescriptions for other members of his family and filled them at various pharmacies. Out of desperation, he even stole prescription pads from his partner. He also stole opioids from friends medicine cabinets. He has attempted to stop the opioids on several occasions, but the withdrawal symptoms were intolerable.



#### **Current Presentation**

He is here today because the hospital review board has suspended his surgical privileges, requiring he enter treatment.

### **Diagnosis**

Opioid use disorder

### **Initial Plan**

What would be the initial plan for James?

