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SUBSTANCE ABUSE AND ADDICTION AMONG ANESTHESIOLOGISTS

Introduction

Substance abuse and addiction is one of a prominent issue worldwide. The problem of addiction and substance abuse among physicians has been reported as early as 1869 [1]. Within the medical community, anesthesiologists are potentially at a higher risk of abusing substance due to virtue of their work profile and easy accessibility to potentially drugs. In fact as high as ¼ of the medical professionals reported for abuse anesthesiologists [2].

Goal

Substance abuse and addiction among anesthesia providers are on the rise [3]. Therefore this article will focus on key factors that lead to substance abuse and addiction among anesthesiologists and how to overcome those obstacles for the personal and social well-being.

Material and methods of research

Relevant data and statistics were referred mainly from the ‘Association of Anesthetics’, American Society of Anesthesiologists and various research articles which discussed substance abuse among anesthesia providers.

The results of the research and their discussion

Drug abuse is the consumption of drug apart from medical need or use in unnecessary quantities or in excessive quantity, or repeated use of drug in way without prescribed [5]. Drug dependence / addiction is the repeated use of psychoactive drug in order to avoid physical and psychological withdrawal effects [5]. Just like any other patient, anesthesiologist with substance abuse disorder should be afforded the same confidentiality and should be treated as an illness and not as criminal behavior.

Anxiety and Depression being the key factors for substance abuse among medical workers are big misconception. They can be contributing factors but the single biggest risk factor is family history of drug or alcohol dependence [6]. Onset involves the interaction of developmental and environmental factors in addition to inherited and other genetic factors, which determine the severity of substance abuse and its subsequent course a mixture of nature and nurture [6].

Among anesthesiologists the main drugs abused are, 15% used drugs before commencing their medical practice, 22% abused more than one drug, 18% died or had a near death experience without family or colleagues being aware of there being a substance abuse problem [6].

It is important to identify addicts among medical workers, as potentially they can be a threat for themselves and their patients. Identifying addicts and approaching them should be done in a cautious and professional manner. Addicts may appear quite functional and energetic early in the course of the disease but will have a marked drop of function in the latter stage. Most often they would appear to spend their time alone by themselves even distancing themselves from their loved ones as the addiction dependent depression kicks in. With through supervision addicts should be identified and intervention should be done. Once identified a senior medical personnel preferably the dean of medicine of the healthcare institution should try to explain and raise concern about their behavior and should encourage them to seek help.

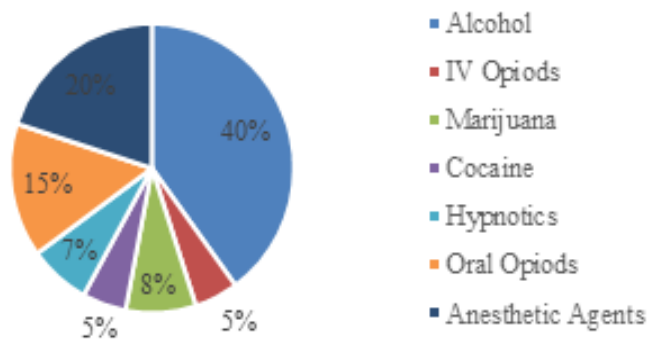


Figure 1 – Percentages of abused drugs among anesthesiologist [6]

Treatment can be very broad, ranging from brief interventions and advice at one end of the spectrum to ongoing monitoring at the other end. In general, for those with dependence, treatment is usually multimodal and addresses several domains [4]. Usually by this time they might be relieved that their addiction is exposed as they no longer feels good after taking the drug, rather continuing to do so just to dodge withdrawal syndrome and to maintain their normal functional levels. When this practioners are directed for treatment, both their mental and physical aspect should be taken into consideration. After the treatment process once the medical practioner is competent enough to carry out their medical practice they shouldn't be rushed instead should merge them gradually for their medical practice. Referring angers criteria is recommended by GMC prior to releasing an anesthesiologist back to their practice [6].

To tackle this pressing matter in its early stage, It is better to have a medical regulator for departments like anesthesiology, Traumatology and Psychiatry as these specialties are constantly handle substance that can easily be addictive. Drug testing should be carried out prior to the employment followed by random drug screening throughout the employment. In addition, it is important to maintain a proper drug issuing register in the pharmaceutical department as well.

Conclusions

As mentioned in this article substance abuse and addiction among anesthesiologists are alarmingly high therefore it is very important to try and impose the preventive and managing steps mentioned in this article, and also the ones who are already under substance abuse should be identified and directed towards rehabilitation for the betterment of everybody.

LITERATURE

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