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FSPHP Response to 'Physician Health Programs: More Harm Than Good?'

Post as: Dr. Michael Langan

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173 comments

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Dr. P J | **Surgery, Other** 1 hour ago

I'm surprised that someone hasn't reported one of the PHP physicians as having a "potentially impairing mental health condition that could be harmful."

Perhaps some of them should be evaluated for Antisocial Personality Disorder...

According to DSM-5, Antisocial Personality Disorder* is characterized by a pervasive pattern of disregard for the rights of other people. Deceit and manipulation are also central features. They may engage in hostile acts such as bullying or intimidating others. They often engage in deceit and other serious violations of standard rules of conduct. Persons with Antisocial Personality Disorder typically do not experience genuine remorse for the harm they cause others. However, they can become quite adept at feigning remorse when it is in their best interest to do so. They take little to no responsibility for their actions. In fact, they will often blame their victims for "causing" their wrong actions, or deserving of their fate. The features of this personality disorder make it stand out among other personality disorders as individuals with this disorder take a unique toll on society.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 11 hours ago

A challenge to Dr. Gundersen and her ilk (and they have fled their site):

Have you ever run across the phrase PRIMUM NON NOCERE? or First, do no harm---it is a solid dictum most of us follow, along with the Golden Rule in any of its forms--have you ever heard of that one?

5 likes Unlike Reply

Dr. Anonymous ResidentMD | **Physician** 12 hours ago

I have read this article over and over and have been meaning to respond, but quite frankly I find it very difficult.

The arguments contained therein are either sprinkled with half-truths or outright disingenuous. I find it extremely challenging to even begin to undertake an honest discussion on equal grounds and on a point-by-point basis. Barring that, I would just like to pose one simple thought to Dr. Gundersen:

How do you feel about holding a gun to my head and forcing me to comply with all of the “recommendations” that a PHP makes or else lose my career? Is this something you do to all of your patients in your practice? Do you believe in civil rights? Do you believe fundamentally that patients are human beings who deserve to choose their own health care – whether it is physical or mental health – and undertake treatment on a confidential basis? Do

you not see how a physician who is forced into your standard treatment regimens (please do not think anybody buys your argument that PHP regimens are anything but one-size-fits-all) with PHP oversight of mostly non-physicians – often former addicts – can cause a spiral of depression and dehumanization worse than any original issues? You can quote success rates all day long. In no specialty of medicine that I know of are success rates based on force with threat of job loss. I would never tell a patient with breast cancer that she MUST undergo the treatment I propose or else suffer financial consequences. Would you?

I am appealing to you as a fellow human being. Do you believe that physicians should be forced to give up their HIPAA rights in signed contracts, as I have done? If so, what makes mental health issues so special?

I can think of many 'physical' diseases which are without a doubt more dangerous than many mental health disorders:

Diabetes: threat of low blood sugar with inappropriate insulin dosing. By your arguments, physicians with diabetes must be monitored.

Narcolepsy: imagine a surgeon passing out because he did not take his modafinil that morning; he/she must be monitored.

Endometriosis: periodic excruciating pain that often disables when present. Must be monitored. Random examinations at a minimum.

Multiple Sclerosis: unpredictable bouts of central demyelination leading to frequently disabling neurologic manifestations. The CSF profiles of such dangerous physicians as suffering from MS must be randomly screened.

Hypokalemic periodic paralysis: should I continue?

Everybody must be monitored. Everybody. Your arguments, if genuine, speak to the need for invasively taking away the patient/human rights of all physicians for essentially all medical conditions.

I ask that you please be honest. When I read your article, the honest message I get is that I, as somebody with a mental health condition, do not deserve the same rights as other non-physician patients; do not deserve the basic rights of a human being. If that is how you feel, please say it outright. This article could have been much shorter to that end: "Dear physician with mental health issues: You are not human."

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 11 hours ago

@Dr. Anonymous ResidentMD Fatigue and sleepiness! those can cause a lot of harm, and they have! Let's go after tired residents...to suggest that they are not impaired, as some have done, simply makes no sense.

I loved your post! It is appropriately graphic! Let's go from here! We have to change these programs...by every legal means. Any ideas?

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 11 hours ago

@Dr. Anonymous ResidentMD My comparison of PHP programs with Islamic terrorists in our country seems like hyperbole, but think it through! These programs operate within their own sets of totalitarian rules and laws! Untouched by outside law enforcement, we see coercion and exploitations, leading to physician deaths and morbidity, much suffering. They have gone beserk.

We must work to end the abuses by these programs. Lives depend upon us.

1 like Unlike Reply

Dr. Anonymous ResidentMD | **Physician** 10 hours ago

@Dr. Gail Hirschfield @Dr. Anonymous ResidentMD

Hi Dr. Hirschfield, thank you for your comments. I would like to speak with you on the phone. How may I get in touch with you?

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 2 hours ago

@Dr. Anonymous ResidentMD @Dr. Gail Hirschfield Dr. Wible has put her phone no. up on her site here on MedScape, Do PHPs Increase Physician Suicide. Ask her for my cell pho., If that doesn't work, let me know here..will think of some other way.

Look, I am on facebook! under my name you see here! Well, Gail Hirschfield Fitzgerald. How about messaging me there?

Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 11 hours ago

@Dr. Anonymous ResidentMD Person after person has commented in this space that they were coerced into accepting treatment or being reported to the Medical Board where the information concerning them might become public, they might be reported to the National Practitioner Data Bank, or might lose their license.

The lack of any respect and any due process is a major issue. The North Carolina State Auditor found that the NC Physicians Health Program (NCPHP) "did not have objective, impartial due process procedures for physicians who disputed the Program's evaluations and directives". She further noted that the NCPHP was not in compliance with NC State statutes which required that due process be afforded; in other words, they were practicing outside the law.

No other group of people in the United States is routinely denied due process in the way that physicians are denied due process by the Physicians Health Programs.

We must organize a group of physicians to demand that the American Medical Association and other professional organizations band together to insist that these alleged abuses of American physicians cease.

3 likes Unlike Reply

a b | **Medical Student** 1 day ago

PHPs are now being forced on doctors who are slow at charting

1 like Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 1 day ago

@a b that is ridiculous! really? they are desperate for funds.

1 like Unlike Reply

Dr. Michael Langan | **Internal Medicine** 3 hours ago

@a b @Dr. Gail Hirschfield It is true. Not returning pages quickly and being late for morning report, Grand Rounds and other meetings are also potential "red flags" for a "potentially impairing" illness. Derelict charting may just be a harbinger of a slippery slope `

Signals for “impairment” can be as benign as not having **“complete, accurate, and up-to-date patient medical records.”** according to **Physician Health services**, the Massachusetts PHP.

Despite the overwhelming amount of paperwork physicians now have, incomplete or illegible records could be construed as a red flag, since, as Associate Director of PHS Judith Eaton notes**“when something so necessary is not getting done, it is prudent to explore what else might be going on.”**

Read it here for yourself in "Medical Record Challenges ..A SUBTLE SIGN OF A POTENTIALLY IMPAIRING CONDITION?." How about a NOT SO SUBTLE SIGN of being overburdened, overworked and having little time to keep up with the barrage thrown at you. Where is common sense here let alone rational thought and reasoning.

Inadequate charting is now a "Subtle sign" of a "potentially impairing condition" necessitating evaluation and possible treatment for "pre-addiction" or behavioral "character defects" supported by non-validated psychometrics, polygraph testing, and a bunch of non-disprovable gibberish. Of course this necessitates a five year monitoring contract with the PHP and weekly drug and alcohol testing paid out of pocket as being derelict in your charting is either a sign you are already using or aa possible gateway to drug and alcohol use.

If you subsequently fall behind on your medical charting it is a sign of "relapse without use" requiring another assessment and probable treatment for "relapse prevention."

http://www.massmed.org/News-and-Publications/Vital-Signs/Medical-Record-Challenges-_A-Subtle-Sign-of-a-Potentially-Impairing-Condition-/#.Vfijo9NVhBd

Like Reply

a b | **Medical Student** 1 day ago

PHP directors and board of registration members having a financial stake in treatment centers that also double as diagnostic centers, is morally appalling to everyone who's heard of it.

PHP stands for Physicians Harming Physicians.

4 likes Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 1 day ago

@a b It showed up on KevinMD, so it may have some interest from outside as well, like investigations by the press or other entities. I hope so. I must! And if the AGO let this happen, then they need to be in the inevitable shake-down, then shake-up that I see coming.

Either these guys fix things now, or they will be ousted and things will be fixed, I have an optimistic feeling.

Boy, it didn't do Dr. Gundersen any good to insult the press here! Gail H, a current victim of the Tx PHP ...

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 23 hours ago

@a b and PHPs are really Physician Destruction Programs...! Yes,

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 11 hours ago

@a b They should be depicted as the terrorists they really are. Sharia law has nothing on PHP "law" as we see in the post by the Anonymous Resident., who is very prudent to remain anonymous.

Which has forced the deaths of more physicians in this country? Islamic terrorists or PHP programs? Well, I do think Homeland Security should look into this and protect our precious commodities, physicians who treat and heal our public.

Like Reply

Dr. Michael Langan | **Internal Medicine** 1 day ago

There is no evidence based research that associates the impaired, disruptive or aging physician with any adverse events. The “impaired,” “disruptive” and “aging” physician labels as evinced by a quick google search seem escalated far beyond the level warranted by the existing evidence.

The “impaired” and “disruptive” labels have taken on the status of moral panic and the “aging” label, which is being associated with cognitive impairment, seems to be heading in that direction. The number of articles being published and lectures being given on the dangers of cognitively impaired doctors is increasing but has not yet reached the level of public awareness the impaired and disruptive have.

To acknowledge that the current level of concern about these labels is exaggerated is not to suggest they do not exist. They do. But the disparity between the evidence-base, or lack thereof, and the level of concern warrants further investigation.

The Journal of Medical Regulation archives provides a structured context to examine these issues in their historical and cultural context. This facilitates a retrospective analysis. As a timeline it allows identification of when the issues were presented. It also allows us to look at the events preceding the problem, who benefited from them, and the consequences.

If "bent science" is contributing to bad policy and bad decision making then it need to be exposed and addressed. Bent science is bad medicine and if it exists then we need to urgently shine a light on it.

http://disruptedphysician.com/2015/02/12/bent-science-and-bad-medicine-the-influence-of-special-interest-groups-on-medical-regulation-and-a-framework-for-policy-analysis/

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 1 day ago

@Dr. Michael Langan Thanks for all you do and are doing here! You DO make a big difference, Dr. Langan...yes, that is right...referrals to the PHP from the MBs at any rate need to be based upon actual harm done by an impaired physician who has not recognized her or his own impairment and taken appropriate action. I don't know of any rational bar.

3 likes Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 1 day ago

@Dr. Michael Langan Well, I mean it is a big problem for someone to show up under the influence on her or his job, much less try think rationally, do procedures, etc. I think we all agree that the original mission of the PHP was a sound one with healing and oversight.

So referring, or self-referring re vague complaints or illness which do not really effect the ability to function, like depression, even anxiety as the physician still can think even through their suffering, is no more valid than referring to the PHP because of the inability to think well or do one's job due to fatigue, or even sleepiness, and stress with emotions running high! conditions, as Dr. Wible and others point out are CAUSED by residency and fellowship programs and extend into the grueling conditions post-grad physicians work under OR put themselves through. Shall you and I report any tired doc we see to the PHP? Yet, I'll be studies show them to be equally, if not more, dangerous, but the drug of tiredness is a sanctioned one.

1 like Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 1 day ago

@Dr. Michael Langan I have been a physician for 40 years now and have yet to meet an impaired doc. Strange that the PHPs are finding so many of them. My "impaired" son was working an 80 hour work week as a hospitalist 1 week before his death. And yes, the net is being cast ever wider. Maybe I shouldn't have acknowledged the 40 year thing...elderly docs are indeed next in line.

4 likes Unlike Reply

Dr. Michael Langan | **Internal Medicine** 1 day ago

The "impaired" physician able to hide his addiction and protected by a culture of silence is deliberately manufactured propaganda used to sway public opinion and policy by using fear to prevent critical analysis. If you look at all of the propaganda and misinformation you will find it is either authored or uses the same group of individuals as source material. Look at the article below where they use medical technicians as examples. Out of all the doctors in the U.S. They could not find one who was stealing IV drugs from patients? I know of two examples they could have used but didn't. Take a guess where you might find them??

http://mobile.nytimes.com/2014/03/13/opinion/why-arent-doctors-drug-tested.html?referrer=&_r=0

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 1 day ago

@Dr. karen miday @Dr. Michael Langan I graduated in 1976. I will be 65 next week.

My history?

I was found to have a bac of 0.056 after being pulled over and having drunk two glasses of wine. I was jailed and eventually had a jury trial. But the Harris Co. DA will stop at nothing, including perjured testimony, so I was convicted of a DUI at that low level (driving while intoxicated below the legal level), did my probation etc, just fine, AND was due to have my PHP contract expire today, but I was asked to send in my fees for another last week for another year, without a formal contract, I guess, even though just a few weeks ago, Dr. Fitzwater, with witness on the speaker phone said he would honor my contract if I remained in good stead, which I have...I followed everything perfectly and had blood alcohol tests instead of Urine tests, with the help of my lawyer in brokering a better deal. So I am currently victimized with no cause whatsoever. I have asked to speak with the head of the PHP, Dr. Fitzwater, but he has yet to return my call after about a week.

You migh think , "Right.." skeptically, and I wouldn't blame you , but now you see that what I say is not only plausible, but really my story pales when compared with many of the horrific destruction we have read about here...the destruction of careers and lives at the very whims of the PHP, often completely and totally without merit...and even the physicians who do need healing and oversight are raped by the PHP, and have all their funds stolen away from them. Some have killed themselves in shame. Many, really,...400 a year is not "some"...it is many.

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 23 hours ago

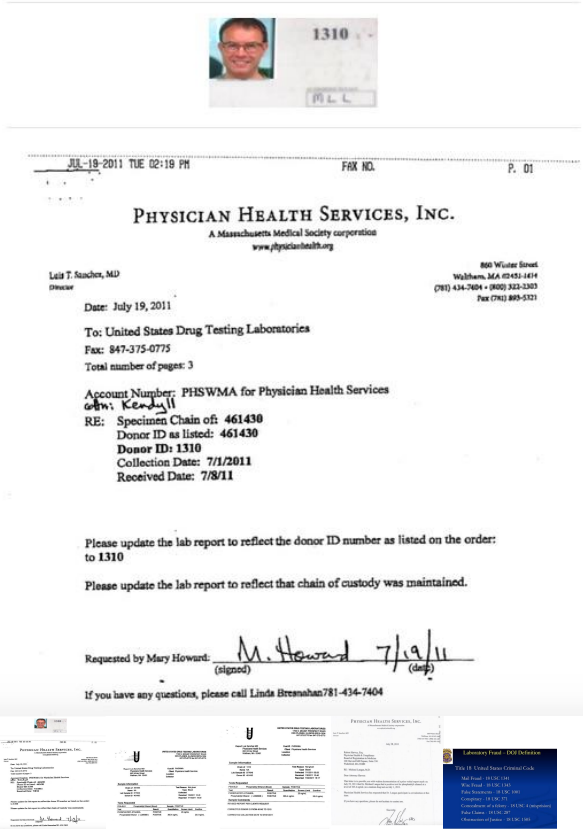
@Dr. karen miday @Dr. Michael Langan (the above seems to need a little editing, but my editing time ran out)

Like Reply

Dr. Michael Langan | **Internal Medicine** 2 days ago

And just to be clear I provide the following documents. This is not hearsay or anecdote but documentary evidence that needs to be addressed.

The distinction between "forensic" and "clinical" drug and alcohol testing is black and white. PHS is a monitoring program not a treatment provider. The fact that a monitoring agency with an MRO asked the lab to process and report it as a clinical sample and then used it forensically is an extreme outlier in terms of forensic fraud. The fact that they collected it forensically, and changed it to a "clinical" specimen to bypass chain of custody 7 days after it was drawn and then changed it back to forensic to forensic deepens the malice. The fact that they then reported it to the Board as a forensic sample and maintained it was forensic up until now makes it egregious. But the fact that the test The distinction between "forensic" and "clinical" drug and alcohol testing is black and white. PHS is a monitoring program not a treatment provider. The fact that a monitoring agency with an MRO asked the lab to process and report it as a clinical sample and then used it forensically is an extreme outlier in terms of forensic fraud. The fact that they collected it forensically, found out it was collected wrong with no chain of custody and the wrong tube 7 days after it was drawn and then changed it from forensic to clinical deepens the malice. The fact that they then reported it to the Board as a forensic sample and maintained it was forensic (and still do) makes it egregious. But the fact that the test was changed from "positive" to "invalid" on October 4th, 2012 and they then reported me to the Board on October 8th 2012 for "noncompliance," suppressed it and tried to send me to Kansas for damage control makes it wantonly egregious. Add on that the fact that I've been questioning the validity of the test since day 1 and they violated the HIPAA Privacy Rule over and over and this is reckless and major health care fraud.



Like Reply

Dr. Michael Langan | **Internal Medicine** 2 days ago

Take a look at the following. After obtaining information revealing the forensic fraud I filed a complaint with the College of American Pathologists (CAP is not an oversight agency but an accreditation agency - they cannot "punish" but force labs to correct errors under threat of loss of accreditation). As we know the PHPs refuse to allow access to records. As a result of my complaint CAP did an investigation, confirmed the fraud, and forced USDTL to amend it on 10/4/2012. This was done but instead of apologizing and correcting things they concealed the corrected report and reported me for "non-compliance" with AA meetings that were mandated as the sole result of the positive test. PHS asked me to get names and phone numbers at meetings from fellow attendees so they could call them and verify my attendance and the board approved this ridiculous request. On October 8, 2012 they reported me as "non-compliant" and this led to a suspension.

In December of 2012 I was contacted by the Cheif Investigator for CAP as she wanted to know how things were going after the test was corrected October 4. I told her I was not aware and confronted Linda Bresnahan of PHS who denied any knowledge of it but Luis Sanchez sent a letter out the following day claiming they just found out

but they would continue to "disregard it."

This is how they "move the goalpost." However they were not aware of the new HIPPA - privacy rule allowing "patients" to obtain lab records without approval of the agency ordering the test. Part of the forensic fraud was for PHS to change my "Forensic" sample to "clinical" and with help from CAP and DHHS - civil rights division was recently able to obtain the October 4 corrected test showing. Luis Sanchez knew of the corrected test 67-days earlier and lied. This is a past President of the FSPHP and I challenge anyone to defend what is seen below. A number of crimes can be seen just by looking at these two documents and this is "color of law" abuse.

PHYSICIAN HEALTH SERVICES, INC.

A Massachusetts Medical Society corporation

December 11, 2012

Robert Harvey, Esq.
Physician Health & Compliance
Board of Registration in Medicine
200 Harvard Mill Square, Suite 330
Wakefield, MA 01880

RE: Michael Langan, M.D.

Dear Attorney Harvey:

Yesterday, December 10, 2012, Physician Health Services (PHS) received a revision to a laboratory test result for Dr. Michael Langan from a blood sample which he provided on July 1, 2011, which result was reported to you by letter of July 28, 2011 as positive for Phosphatidyl Ethanol (PEth). The amended report indicates that the "external chain of custody protocol [for that sample] was not followed per standard protocol."

PHS did not make a determination of relapse following that positive test, nor is PHS aware of any action taken by the Massachusetts Board of Registration in Medicine (MA BRM) as a result of the July 28, 2011 report. However, based on the amended report, PHS will continue to disregard the July 2011 PEth test result.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Luis T. Sanchez, M.D.

3 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 11 hours ago

@Dr. Michael Langan This is so appalling that I cannot find the proper words to describe it. This is taking place in the field of medicine??

I say again that a large group of physicians has to get together and demand that the American Medical Association and other professional groups take action on these alleged abuses and put a stop to the the alleged practices of the PHPs.

1 like Like Reply

G G | **Physician Assistant** 2 days ago

I am one of the career destroyed by a PHP. I tested positive for ETG many times despite the fact I was not drinking. I had a police officer come to my clinic every time I worked to do a breathalyzer. I took Antabuse witnessed and documented. I did alcohol saliva testing, witnessed and documented. PHP was not willing to discontinue the ETG test because "it catches so many" using alcohol. PHP could have cared less that I was caught up in a false positive situation. They were only concerned with being able to use this faulty test to catch providers drinking. The fact that it essentially ruined my career meant absolutely nothing to them. Advocacy? I think not.

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 2 days ago

@G G What about blood alcohol levels?

Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 10 hours ago

@G G There is an interesting article published in the Wall Street Journal concerning just what you are describing. Multiple people who did not drink alcohol at all were having positive EtG tests, and several were hospitalized so that they could be observed closely. They did not drink alcohol, but the use of hand sanitizers used in hospitals caused their EtGs to turn positive.

Again, it is just unbelievable that such nonsense would be taking place in the practice of medicine.

I strongly believe that a large group of physicians has to organize and then demand that the American Medical Association and organized medicine in general take a strong stand to stop abuses of physicians.

I believe a petition on line where physicians could log on to sign the petition for presentation to the AMA would be effective.

Other thoughts?

1 like Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 2 days ago

The following is a quote from an article on physician suicide by W. Clay Jackson, MD, featured on the Psych Congress Network this morning:

"Clinicians' risks for suicide mirror those of general society in many ways, but differ in one critical area: the intense sense of personal identity tied to the professional role," said Dr. Jackson. "When that identity is threatened, physicians are at high risk of depression and self-harm."

Need I say more?

3 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

http://www.cphp.org/medical-directors-and-staff.html

Ok Doris, I was actually trying to take you seriously until I saw your PAID POSITION at CPEP, arguably one of the biggest boondoggles resulting from PHPs. How can anyone take you seriously? Take your best shot, doris - you can't hurt me.

7 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 2 days ago

@Dr. karen shackelford I am likewise going to post the Tx PHP organizational hierarchy in a few days, the leader, the Board, the whole enchilada...Thanks for your bravery, Dr. Shackelford.

6 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 2 days ago

@Dr. karen shackelford You mentioned in a previous post of two physicians who died by suicide (just as an aside, this is currently the preferred term, rather than "committed") Can you tell us a bit more about this, e.g. what PHP? what were the circumstances? This is the type of data we will have to collect in order to make any inroads with the FSPHP. I, myself, have no doubt that doctors are dying under the present system. It does, of course, create the "perfect storm" for someone who is already struggling with depression and/or substance abuse.

4 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 11 hours ago

@Dr. karen shackelford Goodness, look at the testimonials! They found three souls to write something. Wonder if they had black bags over their heads and knives at their throats?

PHPs=ISIS MENTALITY

Like Reply

Dr. Anthony Blanford | **Psychiatry/Mental Health** 3 days ago

Add my name to those that demand reform of the Rehab-PHP-MB complex. It's a closed system that is being used to coerce physicians into unnecessary and expensive treatment, isolating and shaming those who dare to disagree. Until there is greater transparency, due process, and access to truly independent examiners upon appeal, this process will be susceptible to abuse by AA ideologues, and those with less idealistic motives.

8 likes Unlike Reply

Dr. karen shackelford | **Emergency Medicine** 3 days ago

Amazing story Dr G: one of my professors, possibly one of the most respected guys in our medical school, was forced into an evaluation and "treatment" for stress. The shame - of course he couldn't possibly find a qualified doc licensed by our own board - led directly to his suicide. You can figure out who this was and try to defend the ignorant malpractice that drove this gentleman to his death.

3 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

Not certain why this remains "pending" but feel free to telephone for verification of facts. 601-955-4813.

2 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 3 days ago

Your assertion that 90 days of treatment is not required is untrue. A lie. Disingenuous. I know a lot of doctors who have been "treated" and all were told they "needed" 90 days of treatment. Even more interesting, many of them were at the same facility and with the exception of one poor bastard whose insurance ran out, everyone one of them, whether they possibly drank too much, or used fentanyl, or used crystal meth, were discharged in the exact same time frame. The guy with no insurance and no money? His parents had to prove they had mortgaged their house for the initial eight weeks of sixth grade lectures. Bravo, Dr. G. Well done.

3 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 3 days ago

Apologist. Response is facile. However, those doctors who commented in the original article and on this thread are not liars. I personally know of two who committed suicide as a direct result of the malevolence of the PHP. Confidentiality prevents naming them, but I'll stand by this remark.

7 likes Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 3 days ago

@Dr. karen shackelford It doesn't matter with these blinded by not-so-hidden but deadly agendas

1 like Like Reply

Dr. Michael Langan | **Internal Medicine** 3 days ago

Please see the list below. I want to make it clear that I did not put this list together and can be found on the following website: **http://www.likemindeddocs.com/members.html**

According to the March 17, 2014 newsletter Alcoholism and Drug Abuse this is a group of doctors with a good percent "in recovery themselves" who emphasize 12-interventions in treatment and that "to not do so falls short of practicing good addiction medicine."

On this list is Greg Skipper who introduced and promotes the EtG, PEth, Soberlink and other non-FDA approved tests. He is one of the authors of the "PHP blueprint" as is Robert Dupont who is calling PHPs the "New Paradigm." Both are promoting random drug testing for doctors.

Paul Earley was the Medical Director at Talbott in 2008 where I had falsified neuropsychological testing.

Wayne Gavryck is the MRO for the Massachusetts PHP, PHS, inc who should have rejected a positive specimen that was the result of PHS Linda Bresnahan colluding with USDTL labs to add my ID # and chain of custody. The positive test was reported to the Board and I was given 3 choices. Interestingly all 3 of the medical directors are on this list. I asked for an outside evaluation but the PHP refused. In actual fact the medical directors of virtually all of the "PHP-approved" facilities are represented on this list.

A picture paints a thousand words and this one shows the multiple ideological and financial conflicts of interest.

How can you explain this?

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 3 days ago

@Dr. Michael Langan Cult organization...look at its website. All the policies have to be reviewed by "Trusted Servants"...give me a break!!

Really, it should apply for tax relief as a religious organization. The government would surely have no problem with such a designation.

Look, go to the AA based-rehab centers! they have all the answers (its in the kool-aid). This, despite a 10% at most recovery rate. I do believe in a lot AA has to offer and other 12 step programs, but it is about people helping and supporting people and some sensible ideas about how anyone can be live better, full of cognizant therapy ideals, but it should be taken for what it is.

Like any religion, the over-zealous do no follow its precept in their zeal, but usurp its very principles. What would Dr. Bob do?

1 like Like Reply

Dr. Michael Langan | **Internal Medicine** 2 days ago

Look up some of the evaluations done at two of their "PHP- Approved" facilities for "disruptive physicians" such as Acumen and the Center for Professional Renewal (both interestingly enough in Lawrence Kansas). Not only do they use polygraph testing (despite the AMA's previous stance that it has no scientific basis) but they have developed their own diagnostic instruments (much like the junk-science Greg Skipper introduced for drug testing) to detect "character defects." look through the board cases found online and you will see these evaluations and how both polygraphy and non-validated psychometrics are being used to give these bogus diagnoses. I challenge anyone to find an evaluation in which s doctor is discharged without being given a diagnosis and deemed healthy - not going to happen. This is organizational sham peer review and a cottage industry of profi. We need revolt and reformation and documentary evidence, common sense and critical reasoning are our bullets. When faced with direct facts and evidence they run and hide.

1 like Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 3 days ago

@ Michael Langen True. Charles Sincox was medical director of the MO PHP when Greg was referred to the Elmhurst Professional's Program in Chicago. Glenn Siegel runs this program. Both are LMDs.

2 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 2 days ago

@Dr. karen miday How is this not an antitrust violation? This needs OIG investigation. I encourage everyone to contact their state Auditor and demand that their state Medical Board's and state PHP provide what qualitative indicators and quantitative measures are used to approve the "PHP-approved" facilities mandated on doctors for evaluation and treatment. They will not be able to provide this criteria. Removing free-choice for where we have our evaluations and treatment must be based on explicit and valid criteria. Funneling us into a conservative fundamentalist 12-step lion's den is not quality healthcare.

2 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 3 days ago

3 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 4 days ago

I would like for any reader to respond to this question: How do you make a diagnosis of an illness--any illness,

from a myocardial infarction to typhoid fever--when the patient meets none--I repeat, none--of the required diagnostic criteria for making a diagnosis of that illness?

Dr. Anonymous was seen at the NCPHP and was diagnosed as having alcohol abuse, despite meeting none of the diagnostic criteria required for that diagnosis.

The attorney who represented Dr. Anonymous arranged for him to be independently evaluated by a psychiatrist who practices substance abuse. This psychiatrist was formerly on the Board of Directors of the NCPHP and has seen, evaluated and treated patients for the NCPHP. That psychiatrist told me in writing that in fact Dr. Anonymous met none of the diagnostic criteria for diagnosing alcohol abuse but the diagnosis could be made nonetheless. He declined to tell me how one makes a diagnosis when the patient meets none of the diagnostic criteria.I

Is this an event that occurs when there is an empty bed in the treatment center that needs filling with a paying patient? Is this a event that occurs when the NCPHP needs another patient making monthly payments to the organization? Is this an event that occurs when the examining physician has defective superego functioning and a personality disorder?

I have posed this same question to the President of the NC Medical Board, the Executive Director of the NC Medical Board, the Medical Director of the NC Medical Board, the Chairman of the NCPHP Board of Directors, the Medical Director of the NCPHP, and the Clinical Director of the NCPHP. None of these people can or will respond to the question and that is very frightening and troublesome to me.

In my opinion, as a man who has practiced medicine, psychiatry, and psychoanalysis for fifty two years, it is fraud. There is no other way to put it. It is a complete lack of integrity, a lack of veracity, totally dishonest, and represents the low point of American medicine.

Can any reader answer the question of how to make a diagnosis when the patient meets none of the diagnostic criteria for the illness?

Paging Dr. Gunderson! Paging Dr. Gaither! As the President of the FSPHP and as the Chairman or former Chairman of the NCPHP Board of Directors respectively, could one or both of you respond to this question?

7 likes Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Jesse Cavenar If you can stomach reading through what Dr. Gundersen posts here, you will see that she (they) is interested in pre-addiction...which so obviously demonstrates their lack of understanding of addiction.

Of course, there is no treatment course for this made up "Dx" , as it exists only in her (their) mind...so she and they extrapolate that the pre-addicted person must get the same treatment as the addicted one.

Look, they can tell just by looking at someone! (I was told that by the PHP director in my state). So...

Now you know! ANYONE and maybe everyone, every doc, is a pre-addict! to me, that unfortunately, makes them also pre-suicidal!

BTW, they are now looking at the aging physician for any signs of memory loss---"pre-senile".

What day is it again? (ok, now look what I did!)

8 likes Unlike Reply

Dr. e d | **Emergency Medicine** 4 days ago

Dr. Gundersen mistakes treatment for coercion and blithely ignores the reality of the power these programs have over health care workers lives. They are prisons without bars. And as usual, there seems to be a whole lot of the end justifies the means.

8 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 4 days ago

You are absolutely right, about the "end justifies the means" type of behavior. This "protect the public"

mantra apparently trumps patients rights, the law, medical ethics, human rights, etc.

Not to mention that they are "jostling at windmills." I have been a phycisician for 40 years and have yet to meet an impaired doc. Strange that they seem to be finding so many.

6 likes Unlike Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

@Dr. karen miday

Like Reply

Dr. Michael Langan | **Internal Medicine** 22 hours ago

@Dr Karen shackelford @Dr Karen Miday. Well after all they are the experts with special skills and knowledge.

Just to make a point I took their "board certification" in 2010. I have no training in "addiction medicine" and did not study at all but passed the exam by a large margin. This is not expertise but a diploma mill to populate the recovery related racket. Most worrisome is the fact that I did not meet with one person-- just paid 2200 and took the test. The ABAM is not recognized by the ABMS but is slated to be in 2016.


THE AMERICAN BOARD OF ADDICTION MEDICINE

hereby certifies that

Michael L. Langan, M.D.

has successfully fulfilled the requirements of this Board and is declared a

Diplomate of the
American Board of Addiction Medicine

Certified for the period

December 11, 2010 - December 31, 2020

ABAM

Certification No. 5090565

Like Reply

Dr. Robert Sands | **Psychiatry/Mental Health** 4 days ago

Dr. Gunderson's response suggests no possibility of any "harm" that might be done by unfair or inappropriate interventions, which were anecdotally reported. Really? Not one or two? These cases are outliers that deserve validation just as any "false accusation" cases would of any category. To suggest that there are Zero cases is not credible. Any large system will have errors and outliers that deserve to be brought forward for inspection.This is healthy self inspection.

The "Good vs Harm" balance would be calculated by looking at large numbers of cases of all outcomes. To begin by insisting that reports of harmful outcomes don't exist or are rare means no meaningful calculation of "Good vs Harm" can be made. I know there is tremendous good achieved by these programs (anecdotal experience, case by case). I also know there is painful and unjustifiable harm done that is the result of overly legalistic processes that prevent clinical consideration and input from outside the closed loop of power, primarily controlled by lawyers, not clinicians. Both types of cases are "true", beyond dispute.

The critical article provided a service that might have prompted a less defensive response like: "The stories of harm are concerning. We have initiated a new method of inquiry to assess the frequency, quality and extent of these types of cases where practitioners are incorrectly diagnosed and made to suffer expensive and inappropriate interventions. The structural issues outlined by the article will be re evaluated with the goal of returning clinical power to decision makers rather than rule bound systems controlled by attorneys. Also the allegation of an "incestuous" relationship between the PHPs and residential assessment and treatment services deserves a second look. The opinion of outside experts who disagree with these assessments will be given higher standing and weight. The impact and stress of the interventions are very severe to practitioners in both financial and personal emotional terms. The effect of the interventions frequently if not always creates a clinical picture of

overwhelming stress and/or depression that becomes commingled with the presenting concern. The assessment teams do not give adequate consideration of this aggravating stress load and have a bias to "overintrepret" all symptoms as "addiction" related rather than "stress induced". These are all valid issues we are going to look at closely and report back to give the community assurance that the points of concern are being addressed and not just denied or minimized inappropriately" etc., etc.

8 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 4 days ago

@Dr. Robert Sands I agree with you completely. We need to meet in the middle of the road and have a lengthy, learned discussion of the issues. One problem that I have encountered is that NCPHP personnel refuse to speak with people who have every right to speak with them. NCPHP personnel have refused to release to the physician-patient a copy of his or her own medical record. Further, NCPHP personnel have refused to tell a physician in writing why he is being detained in the program when in fact he did not meet the diagnostic criteria for the illness with which he was diagnosed.

I had a power of attorney to be the medical representative for one patient who was being detained in the NCPHP. After one and one half years of my asking, the Medical Director and Chairman of the Board finally agreed to meet with me. When I arrived, I also found the NCPHP attorney and a court stenographer who recorded every word of our one and one half hour meeting.

Such nonsense as I have described above does nothing but foster suspicion, doubt, and even rage about the integrity and veracity of the organization, in the same way that the letter from the President of the FSPHP does. All of these folks seem to want to circle the wagons and it is very concerning that such would be happening.

4 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Jesse Cavenar @Dr. Robert Sands To Dr. C...did you get anywhere with all your efforts?

2 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 3 days ago

@Dr. Gail Hirschfield @Dr. Jesse Cavenar @Dr. Robert Sands Unfortunately no. It is like punching a feather bed--you hit it here, and it pops out over there.

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Robert Sands Great post! We are organizing, be aware...join in!

And look at Do PHPs Cause Physician Suicides here and on KevinMD...It is the hottest topic on the latter. Isn't that a start?

Yes, she should do as you say. Please see Dr. Langan's post here and go to his links. I recommend this.

3 likes Like Reply

Dr. Ronald Cann | **Psychiatry/Mental Health** 4 days ago

I am sure that there are impaired physicians who should be required to participate in treatment. But as a psychiatrist in practice for 35+ years, I have often dealt with residential rehabs that always self- servingly recommend the maximum amount of treatment that insurance will pay for. Then, miraculously, health returns as the coverage runs out, and suddenly outpatient treatment is more than adequate. To allow these programs, or physicians who will personally financially benefit from diagnostic labeling and subsequent treatment requirements to make treatment decisions without strong oversight, is patently wrong and will always lead to conflict of interest and self-dealing. Any program that allows this to occur is corrupt. The leaders of these programs are morally bankrupt.

6 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Ronald Cann Did you see the responders who chimed in on behalf of Dr. Gingersen (sic)? The very same self-interested parties! says it all ...

4 likes Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 4 days ago

Professionals are forced into rehab ALL THE TIME without cause. Aside from the fact that rehabs are not any sort of "treatment", they are just money-making machines. They serve no therapeutic purpose. Every "rehab" used for this is a twelve step program. Twelve step programs have NO documented efficacy and in fact (see Miller) are dangerous. Miller demonstrated that the two biggest predictors of relapse in an alcoholic are lack of coping skills and belief in the "disease theory of addiction " (which is AA). I would point out that even though rehab is a joke there are admission criteria including impaired functioning, which the vast majority of professionals forced into this abuse do NOT meet (hence the repeated usage of the made up and self-serving term "potentially impairing ". Which is the same as saying well, a construction worker has an increased chance of breaking his wrist so we should cast it just in case, or every gun owner is at increased risk of committing murder so they should all be convicted of their "potential murder" and locked up for life.

Twelve step programs are also a RELIGION and it is illegal for the licensing boards to mandate them.

There is not one shred of evidence that the abuse being inflicted by the licensing

6 likes Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 4 days ago

Sorry, didn't get to finish my comment. There is not one shred of evidence that there is ANY justification that ANY of the abuse being illegally and unethically inflicted by the licensing board/PHP gestapo has ANY efficacy. There is no placebo control group. There is no documentation of incidence of harm caused to patients by impaired physicians prior to the PHPs abuse as compared to now. It is UNETHICAL to force people into nonvalid but highly remunerative religion masquerading as treatment!!!

6 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 4 days ago

@Dr. Elizabeth Bartlett. Not only is there no evidence base here, there is a strong suggestion that some serious harm might be done. Even if their 80% recovery study were valid, there were 6 suicides among a very small N, and many others were lost to follow up (can't find physicians?). The treatment would still require a Black Box warning.

5 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Elizabeth Bartlett YES, and WOW! I agree with all you say here. AA programs have a 5-10% recovery rate which is likely to be the same as a placebo rate.

Two docs proclaiming "good job" in so many words on this article are heads of such rehab programs...so of course they want the FSPHP to keep up its "good work"...of shoveling physician, mind and body, with the machinery of the PHPs into their open pockets.

3 likes Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 3 days ago

@Dr. Gail Hirschfield @Dr. Elizabeth Bartlett Actually AA says that people who attend AA for over a year have a 5% recovery rate. However, of ALL the people who attend AA, only 5% attend for over a year. So really it is 5% of 5%, which is a quarter of 1%, which statistically is 0%. Also I would point out that The NIAAA did a massive 10 year study in which they followed thousands of people who met criteria for alcohol addiction. After 10 years 62% of them no longer met criteria for alcohol addiction, without intervention. Thus not only is treatment unnecessary (I would choose no treatment with a 62% chance of recovery over 12 step bs religion with a response rate of 0, and it would be malpractice to recommend otherwise), but addiction is not progressive, so their "preimpairment " nonsense is completely made up.

4 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

I read that study, you're a so,utterly right. Jellinek cautioned against the broad definitions of alcoholism currently in use.

1 like Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 4 days ago

@Dr. Ronald Cann I agree with you completely. As an individual who practiced in major medical centers for some forty years, where there were Medical Record Librarians pouring thru medical records, Medical Records Committees combing medical records to ascertain that the medical record supported exactly what was done for the patient, where there were Utilization Review Committees constantly looking at length of stay and justification for hospitalization, and on and on, I cannot believe some of the things that have been reported to me as allegedly happening at the residential treatment centers.

For example, I know of three physician patients who were to each go for a 96 hour evaluation at a diagnostic/treatment center recommended by the PHP. Each allegedly telephoned the center to inquire about clothing to bring, what time the evaluation would be finished on the fourth day, and so on. Each alleges that he was told that he would be there for 90 days as "all doctors sent from the PHP are here for 90 days". This is before the physician patient has even been seen for evaluation. It is my opinion that such is fraud, is totally dishonest, and is lacking in integrity and veracity.

Can one only imagine the newspaper headlines if a patient were to come to Duke Hospital for evaluation and/or treatment and was told by a person in the business office prior to the patient even seeing a professional that he or she would be there for 90 days? It would rightly be a major issue and would lead to all sorts of internal and external investigations, personnel changes, and the like.

Yet, such things allegedly go on routinely at diagnostic/treatment/residential centers. This is a blight on American medicine and it needs to be investigated by the American Medical Association, American College of Surgeons, American College of Physicians, American Psychiatric Association, and other groups. Enough already!!

6 likes Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 3 days ago

@Dr. Jesse Cavenar @Dr. Ronald Cann Talbott's recovery center used to make people wear t-shirts that said "I'm only here for the 4 day evaluation" so other patients and staff could make fun of them. Because obviously they weren't going anywhere. The suicide attempt/completion rate there is a scandal. But because Talbott himself is the psychopath behind all of this, nothing has been done. I knew a physician once who was a survivor of severe domestic violence. She self-medicated to deal with her physical and emotional pain. She was forced into rehab, not what she needed. An idiot therapist there identified her problem as "trust issues". To "treat" this, the unfortunate woman was forced to wear a blindfold for 3 days, so she would be forced to ask for help. So for 3 days she sat and shook and was in a state of complete emotional shock. When another patient went to staff and complained about the level of abuse that was being inflicted, she was told she was noncompliant and would not be allowed to participate in the program for 3 days. (I'm sure she was charged for it though.) As punishment she was made to rake the lawn for 3 days in mid-summer heat and humidity in Mississippi. This is addiction treatment in this country.

2 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

Yes, what you describe is true.

1 like Like Reply

Dr. g m | **Internal Medicine** 4 days ago

I do not know enough about addicted physicians program.But my brief experience while dealing with board enquiry is that I reported to board about a health problem of Cramp Fasciculation syndrome which does not impair my cognition or judgement.

But I got referred to a physician who was part of physician health program in my state.He interviewed me on the phone for 45 minutes and discovered that I took Alprazolam 0.5 mg at bedtime on PRN basis for muscle cramps.Based solely upon that he recommended a two year follow up program where i was to submit a physician statement every 6 months and talk to him for 30-45 minutes. For that I was to pay $300 every six months. Asked what if I did not agree to this he threatened that he will inform board of my refusal and I could lose my license.Fortunately Board decided that there were no further questions in the meantime and i did not have to go through the process he recommended for me.To me it was obvious that this physician's main source of income was by running this sham program.

5 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. g m Wow! glad someone was sane in your case---but that is not always what happens.

2 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 4 days ago

There are now 182 comments on Pamela Wible's initial Medscape article about PHPs, 292 on her Medscape article about PHPs and suicide, and 240 comments on the same article that is now posted on KevinMD. These are in addition to the 91 comments made following the FSPHP response. Interesting, and heartening, to see so much thoughtful and impassioned dialogue. Clearly these articles have struck a chord with very many physicians. The lack of FSPHP response is chilling.

4 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 4 days ago

The only PHP physician who has been willing to dialgoue with us is Anthony Gaither. It appears that his commentary has been retracted. Not exactly certain how to understand this, but I suspect an attorney has been involved. I commend Dr. Gaither for his willingness to engage in dialogue. It's a sad state of affairs when a simple request for the "evidence-based" and "peer-reviewed" study are ignored. Why make reference to it then?

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. karen miday

Dr. Miday, Dr. Wm Jacobs, who runs a program for impaired physicians down in the Peach State, and Dr. Rivenstock, who makes her living as a forensic psychiatrist for the Florida Medical Board as well as a the director of a program for "impaired physicians"
http://www.zoominfo.com/s/#!search/profile/company?companyId=353197976&targetid=profile

says "Excellent", hoping we can all read her mind as to what she means by this...other than "attagirl, Dr. G".

so we have heard from two other physicians, but their willingness do dialogue with those who have questions is rather abbreviated. Perhaps they were too busy with their tasks at hands, corralling impaired docs and pre-impaired docs and getting them off the streets!

Busy days!

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. karen miday Oops, technical errors~! Dr. Jacobs also said he agrees completely with everything Dr. Gungersen (sic) says and thanks her for saying so!

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

http://www.rivermendhealth.com/scientific-advisory-board-william-s-jacobs.html

This Dr. William Jacobs who makes money from the PHP programs and benefits personally from their coerced referrals? Is that you?

2 likes Like Reply

Dr. William Jacobs | **Psychiatry/Mental Health** 4 days ago

I agree completely with Dr Gingersen. thank you for publishing her response.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. William Jacobs Whom?

Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 4 days ago

I have posted on this website three lengthy responses to Dr. Gundersen's letter, and in my mind have negated every point which she made in her letter. I noted in the first posting that I would be pleased to meet with her or her designee and go thru a NCPHP medical record or records with her to demonstrate exactly my concern regarding the content of the record.

Dr. Gundersen stated in her letter, "we have evidence-based, peer-reviewed studies" that demonstrate the efficacy of residential treatment with PHP monitoring. Dr. Gundersen was called upon to post the references for those studies, but she has not. What could possibly be so secretive about references to professional publications?

In her letter Dr. Gundersen stated "an unnamed source "heard from two other physicians" that a mandatory period of treatment is prescribed in advance of any clinical evaluation". Dr. Gundersen proclaimed, "This is patently false". I point out that this was not patently false, and wrote that I could provide her the names and contact information for three physicians who could tell her first-hand that this is not "patently false." To date, neither Dr. Gundersen nor her representatives have contacted me for that identifying information.

Dr. Gundersen stated in her letter "Treatment decisions are made on a case-by-case basis and only after a comprehensive clinical evaluation has been completed". I pointed out that this was blatantly untrue, and offered to give Dr. Gundersen the names and contact information for physicians to whom she could speak who would help her understand that her statement was totally incorrect. To date, neither Dr. Gundersen nor her representatives have contacted me for that identifying information.

I called on Dr. Gundersen to dialogue with me in good faith, and for the two of us together to interview the above noted physicians as well as review pertinent medical records. Further, I called upon Dr. Gundersen to join in

sincere dialogue with me and my colleagues to attempt to improve the PHP system nationwide.

Other physicians have called on Dr. Gundersen to respond to concerns of putting innocent physicians thru PHP programs for profit, and to comment on the motivation and profit motives of some PHP physicians. Still another physician asked Dr. Gundersen for a specific answer to accusations of egregious violations of standards of care, all professional ethical codes, and crimes including conspiracy to commit fraud, forensic fraud, concealment, color of law abuses and HIPAA violations. I have found no response posted by Dr. Gundersen to either of these issues.

There has been no response from Dr. Gundersen to any of these major concerns. Apparently there is no interest in the names of individuals who could demonstrate and validate that two of her strongest assertions are not correct. It would appear that Dr. Gundersen has no interest in reviewing medical records or engaging in dialogue to attempt to improve the PHP system nationwide, nor in commenting on concerning profit motives and alleged crimes.

Dr. Gundersen, are you out there??

4 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 5 days ago

I previously sent Dr. Gundersen an extensive email in which I listed major concerns that I had about PHP programs. In response, I received an email from Dr. Gundersen that stated simply "With all due respect, we will have to agree to disagree". There was no indication as to what of my lengthy message she disagreed, and I and others were puzzled. I sent her another email and pointed out that there was confusion as to what she was saying, and attempted to clarify her response.

--I asked if she was disagreeing with the NC State Auditor's report, and noted that I had quoted exactly from the Auditor's report. If she disagreed, on what grounds did she disagree?

--I asked if she was disagreeing with my comment that physician patients who had been able to finally obtain a part of their PHP evaluation were finding major errors of fact, distortion, omission of key data and arrival at clinically unsupportable diagnostic findings. If she disagreed, on what grounds did she disagree?

--I asked if she was disagreeing that many NC physicians believed that the NCPHP had violated constitutional rights, federal statutes, state statutes (as confirmed by the NC State Auditor), contracts with the force of law (as confirmed by the NC State Auditor), and the ethical standards of many organizations. If she disagreed, on what grounds did she disagree?

--I asked if she was disagreeing that the NCPHP had diagnosed physician patients with an illness when the physician patient met none of the diagnostic criteria for that illness, criteria agreed upon by the American Psychiatric Association and promulgated as the Diagnostic and Statistical Manual of the American Psychiatric Association. If she disagreed, on what grounds did she disagree?

--I asked if she was disagreeing that physician-patients were being diagnosed with unsupportable conditions and diagnoses and then referred to "preferred programs" for 90 days of inpatient treatment. If she disagreed, on what basis did she disagree.?

Dr. Gundersen replied "I primarily disagree with your approach. Antagonism and threats do not allow meaningful, solution-focused dialogue". She did not respond to any of the issues noted above.

It was not clear at all to me what "antagonism" and "threats" were being alluded to, as I had not been antagonistic in the least except for asking questions that are extremely hard to answer, which I do not consider antagonistic. Further, I had made no threats at all.

It is very difficult to have a "meaningful, solution-focused dialogue" if there is constant avoidance of the issues at hand and an attempt to depreciate and demean the individual who is bringing the questions.

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Jesse Cavenar If you note, that is just about exactly what Dr. Gaither responded to one of my first responses here...that "hyperbole" and threats were not helpful...he did not say more.

That is their dismissive tactic to our concerns...we are full hyperbole and threats which do not require any other response than that pronouncement. I guess they want to run that up the flag and see who salutes it.

It is indicative of their closed-mindedness and their arrogance. As usual, if you don't agree with them, there is something wrong with YOU!

I found your questions to be en point, logical, factual, and straightforward. You ask for what she thought

about the facts you uncovered and presented.

Her answers reflect or are demonstrative of the attitudes in the leadership which have led to the abuses and horror stories we have seen depicted here on this website, the patronization, refusal of engagement, and arrogance. We should thank Dr. Gaither and her for showing us all what kind of doctors they are, what kind of people they are. Is it any wonder that we even have to have this expose' on this Website?

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Jesse Cavenar Oh, to make clear, I know of no threats I made, and well, maybe I am guilty of hyperbole on this deadly issue, but with 400 physician deaths that we know about a year of docs who likely had some encounters with the PHP programs, to say the least, and the sponsoring MBs, then yes, I feel a bit passionate. When I read Dr. Midday's story, I weep. If that is hyperbolic, then I offer no apology and feel no shame.

1 like Like Reply

Dr. P J | **Surgery, Other** 5 days ago

Dr. Gundersen, did you read the comments? If not, please do so and then rewrite another letter. If you did, then we have a huge problem!

Over 150 comments, posted by countless healthcare providers, contained horror stories from their experiences with PHP's. These were not just a handful of "unhappy customers" who had an axe to grind. Rather, they were fellow physicians who described detailed accounts of how their evaluations and treatments were a far cry from what one would expect. Personally, I was appalled to read about the abuse of power which and lack of due process detailed in some of these stories.

Physicians having to pay out-of-pocket $5000 for evaluation and $30,000-$80,000 for treatment is ridiculous. I know there is "sometimes" assistance, but how often is that? I'm willing to bet close to never. Not allowing patients access to medical records or the right to get a second opinion is unacceptable. No right for legal recourse seems unlawful. I was shocked and deeply saddened as I read about ruined lives and careers. And there is no oversight? And some of these places are run by previous addicts? And stable treated depression is considered an impairment that potentially threatens the public and therefore requires evaluation and treatment under PHP jurisdiction? This is a disaster that needs to addressed!

Dr. Gundersen makes contradictory statements about whether PHP's are coercive or completely voluntary:

Dr. Gundersen refutes that PHP's are coercive, arguing that they have no authority to mandate treatment or discipline physicians. Dr. Gundersen describes the use of contingency contracts that spell out specifically that a physicians must comply with a treatment plan in order to maintain the privilege to practice medicine. Is that not coercive? Later she states: "There is also potential for discipline, up to and including loss of licensure for the undertreated professional." This is a threat, plan and simple. Back to your denial of being coercive.

Conclusion: PHP's ARE coercive!

Dr. Gundersen compares physicians to pilots and PHP's have a duty to protect the public from potentially impaired physicians:

"It is too great a risk to put a pilot behind the controls of a plane or send a surgeon into the operating room with a minimal amount of treatment for a potentially impairing condition." How dare you make the comparison between a pilot and a surgeon/physician. There is a huge difference in training between the two professions. And, no disrespect to pilots, but I would argue a major difference in being behind the doors of a cockpit and physician-patient care with their lifetime vow to stand by the sacred Hippocratic oath. How has the role of PHP's changed from a place to go for physicians who ask for help to a Totalitarian system that judges and determines judge whether physicians are "too great a risk" due to a "a minimal amount of treatment for a potentially impairing condition?" Statements like this makes one believe that FSPHP path is towards more government control over physicians.

Physicians do not jeopardize the safety of the public. It is not in our nature to do so. If you are going to use the pilot example, then look at the recent study showing that there is no difference in physician care after they take night call. And part of that is because we can monitor ourselves. For example, there have been plenty of times I told patients that I was tired from call and didn't think I would be 100% and postponed their surgery. I know many of my colleagues who have done the same.

Conclusion: PHP's already have too much power and physicians are not endangering the public. More power should be given back to physicians to self-monitor.

7 likes Like Reply

Dr. P J | **Surgery, Other** 5 days ago

Dr. Gundersen tries to use research studies to justify PHP's and even doubles down. Then complains about how this article was unfair:

I question your entire research argument for many reasons. Firstly, you admit that physician health research is in its infancy. Second, you do not cite any actual studies and the term "peer-reviewed" does not hold much after a peer-reviewed article "Cuckoo for Coco Puffs" exposed that anyone could pay for the meaningless term last year. Third, you have no comparison; physicians are extremely motivated patients and might do even better with a less-invasive outpatient system that involves their primary care physician, home environment, family and an earlier return to work. And lastly, it sounds like you are lobbying: "to design similar protocols for the general public to manage chronic illnesses such as diabetes etc." What does this even mean? Are you receiving money, or is potential funding in any way related, to the results of any of these studies? If so, that would be a major conflict of interest.

Can you also please cite the research demonstrating "that physicians who participate in PHP monitoring for any health issue have a lower malpractice risk compared to the physician population at large." And speaking on the topic of malpractice, why is it that PHP's have no malpractice insurance?

You argue that the article was unfair because it used "a handful of anecdotes." Firstly, according to Webster's dictionary: "anecdote is a short story about an interesting or funny event or occurrence." Shame on you! The article cited a handful of examples where PHP's abused their power but this is rampant throughout many PHP's, as has been verified by the 100+ comments after the article; some of which were horrifying stories!

I agree that you operate under a microscope. Independent oversight and patient access to legal due process could be described as "microscopic." You list a large number of entities to whom you answer. My question is why don't you answer to the physicians who participate in PHP's and why don't they or their private physicians have access to the PHP medical records?

Conclusion: The research argument is just a distraction. The last thing we need is more treatments like this. What we really need is investigation and oversight into the behavior of PHP activities.

Physician suicide is tragic. It is a huge problem in our healthcare system.Each year, more than 400 physicians die by suicide. Physicians are 4X more likely to die by suicide than their patients. That's why the medical profession is consistently ranked the #1 deadliest career.

PHP's were meant to help address this problem and I'm sure that, overall, PHP's have saved lives. PHP's have also helped many people with serious problems, and I want to make clear that I recognize and acknowledge that fact. However, state medical boards and PHP's have also hurt the physician suicide cause. I have to argue that any disciplinary action for a mental health condition has and will continue to discourage physicians from seeking help.

I understand there is a tricky balance between protecting the public and allowing a physician to practice, but both the boards and PHP's have swung so far towards always doing the legally safe/protect the public that physicians are not being treated fairly, and sometimes even punished and taken out of practice even though they are innocent and not impaired.

As part of the 2014 Gallup-Healthways Well-Being Index survey, 17.5% of Americans and 10.5% of physicians reported having been diagnosed with depression at some point in their lifetime; and 10.4% of Americans and 5.7% of physicians currently have depression or are being treated for it. There are currently over 900,000 licensed physicians currently practicing in our country. At least 50,000 of us have been diagnosed with a mental health condition at some point in our lives.

When I read about some of these "anecdotes" and then you, as President of the FSPHP, use language like "potentially impairing condition," I become very concerned about what would happen if those 50,000+ physicians in our country were referred to a PHP for evaluation.

The road could become very slippery if there isn't a system of checks and balances, independent oversight, transparency, legal due process, etc. that demands and ensures that no physician is ever harmed in any way by a PHP; and if there is harm done then there should be legal consequences.

6 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 5 days ago

@Dr. P J Thanks for your presentation! Very thoughtful. I thought in some places you were actually too generous to the PHPs and their crushing machinery.

I doubt there is any evidence that it helps in any case. No scientific evidence. The folks often times are not "impaired" in the first place who are mangled by the machinery, or killed. If they are unlucky enough to be afflicted by an impairing brain illness, then disciplinary action is antithetical to the goal of healing.

Some thoughts! Overall, I was very impressed by your article, don't get me wrong! It is just that the PHP propaganda is so very slick that it is easy for any of us to buy in...

But it is BS and dangerous. PHPs kill doctors. They must be stopped. It is that simple.

PHP=PHYSICIANS HARMING PHYSICIANS

A ridiculous concept, Orwellian, and that is too kind---"all animals are equal, but some animals are more equal than others"

1 like Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 5 days ago

@Dr. P J This is a marvelous commentary and I agree with all that Dr. P.J. has to say. Dr. Gundersen has been asked repeatedly to give the citations and references for this alleged research and has failed to do so. Why? Does this research really exist? If so, let us all read it and study the design and conclusions. Why the hesitation about sharing or posting such research? Where are the studies that show that a physician who got a DUI for being one tenth of one percent over the legal limit, and has never had any previous difficulty, needs to be hospitalized for 90 days and then monitored in a PHP for five years? Where are there studies to show that a man needs to be hospitalized for 90 days to be told that he has only residual ADHD?

Dr. P.J. states very clearly that what is needed is investigation and oversight into the behavior of PHP activities. I fully agree and I expect there are hundreds of physicians who would strongly agree with that comment.

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. Jesse Cavenar **@Dr. P J** not to mention that she wants to uncover "illness early"! I shudder to think what that means! I would love to see studies!

I am asking you what you mean here and what studies you can cite to back up your claims for diagnosing pre-mental illness, substance abuse! and what coercive measures you plan to "recommend" at this point to "treat" such doctors? ~~~~ (that was me shuddering)

1 like Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

Dr Gunderson is apparently following that tremendously successful ploy, the big lie.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. P J There is no evidence that PHP programs save docs lives and much documentation to the contrary , as has been documented on this site. Dr. Gundersen herself states that there has been no improvement in this suicide rate even after PHP programs came into existence, and I think that is a very telling and troubling admission. Why the heck not? I'll bet a lot of state money goes into these programs.

1 like Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 4 days ago

PHPs do not have malpractice insurance because they are not treatment providers, they are almost uniformly "charitable nonprofits". This means that they cannot legally or ethically require, or even recommend, treatment. They do not operate under a microscope. No one is monitoring them. Every time a physician commits suicide because they can no longer tolerate the abuses being inflicted by the board/PHP system it is murder. How much blood has to be spilled?

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 5 days ago

@Dr. P J Hello, Dr. Gunderson??? Anyone out there, Dr. Gaither?

Oh, this is Georgie-Porgie Puddinin' Pie....I see...

Like Reply

Dr. Jesse Cavenar | Psychiatry/Mental Health 5 days ago

@Dr. P J

I agree that some PHPs are very coercive. The physician patient is told that if he or she does not comply with what the PHP personnel "recommend", he will be reported to the Medical Board as a substance abuser who is not complying. The physician then risks having his license taken, being reported to the National Practitioner Data Bank, having this nightmare follow him for the rest of his career, and on and on. To my mind, this is threat and coercion.

It appears that a sizable number of the PHPs are run by previous addicts. It would be most interesting to have the data on that.

I agree that no right to legal recourse is awful. It is just very hard to believe that this would be happening in this country.

It is my opinion that the American College of Surgeons, the American Psychiatric Association, the American College of Physicians and numerous other like organizations should join forces and insist that the American Medical Association investigate all of these allegations thoroughly and take some action.

2 likes Like Reply

Dr. karen miday | Psychiatry/Mental Health 5 days ago

Well-spoken, Dr PJ. I too am growing tired of this comparison to Pilots. Comparing apples to oranges, for sure. Pilots work in relative isolation. They hold hundreds of lives in their hands at any given moment. You, however, work in an operating room with many other knowledgeable and trained individuals and hold a single life in your hands at any given moment. The comparison is ludicrous.

Thank you for your commentary. Great to hear a voice from the OR.

2 likes Like Reply

Dr. Gail Hirschfield | Family Medicine 4 days ago

@Dr. karen miday Yes, but pilots have a union, and on doctor reported that their programs for healing were more humane and successful. Still, what does this have to do with the price of rice?

1 like Like Reply

Dr. karen miday | Psychiatry/Mental Health 6 days ago

Since we're not hearing any response to the very specific questions that have been raised, I will ask a couple that may be less challenging. 1. Are physicians who are opioid dependent given the option of MAT (medication assisted treatment) with buprenorphine ?

2. Can anyone cite the study that demonstrates that a 90 day inpatient program for SUD produces a better outcome than the traditional 28 day stay? Is there even any evidence that supports the efficacy of a 28 day stay?

3. And have there been cases of physicians who do not qualify for a diagnosis of SUD being sent to a 90 day program?

4 likes Like Reply

Dr. Gail Hirschfield | Family Medicine 6 days ago

@Dr. karen miday I hope to hear from Dr. Gunderson soon! I remain hopeful she will comment.

Like Reply

Dr. Jesse Cavenar | Psychiatry/Mental Health 5 days ago

@Dr. karen miday

I can attest to the fact that there have been cases of physicians who did not qualify for a diagnosis of substance abuse disorder who have been told that they need 90 day hospitalization. I have first hand knowledge of such a case. Luckily, the physician was appropriately aggressive enough to refuse hospitalization, immediately leave the facility and go home. He later ended up in a monitoring program, even though he didn't have a substance abuse disorder. The NCPHP refused to discuss the case as to how the diagnosis was made. The lawyer representing the physician had a good laugh in talking with them about this man's diagnosis and how they made it, then cried in desperation and as time went by

got very angry about how her client was treated.

No one from the NCPHP wants to discuss such cases.

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 5 days ago

@Dr. karen miday Other physicians have said #3 was applicable in other discussion areas, like the main topic which prompted Dr. Gunderson's reply. It is possible they didn't see this discussion.

Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 4 days ago

Yes, people are forced into "treatment" without meeting criteria all the time. And I would argue that the entire addiction industry is a scam. Every "treatment" they inflict was demonstrated not to work twenty years ago. They are nothing but con artists. And they are killing people.

1 like Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

It is definitely a scam. I've seen it from the other side - the profit machine for people who have nothing substantive to offer.

Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

We have not challenged the fact that many, perhaps very many, physicians have been helped by PHPs. We only ask that physicians in need of help be granted the same rights and privileges of any other patient, eg, the right to an unbiased medical opinion, their own choice of treatment provider, and the ability to review their medical record. Why has there been no FSPHP response to Dr. Langen's written evidence of a clear ethical violation? Is that because there is simply no defense for such an egregious violation of medical ethics, and, for that matter, any organization that tolerates such.

5 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 6 days ago

I write in response to Dr. Gaither's comments below.

Dr. Gaither, you state that you want to see some "intellectual honesty". I am all in favor of that also, so let's see if we can have some intellectual honesty. Thus far, I believe that you are giving only vague generalizations without being specific about anything.

You note that you have been with the NCPHP for more than twenty years, and that you were Chairman of the NCPHP Board of Directors for two consecutive years. Let me point out the obvious, namely that as Chairman of the Board you have or had ultimate responsibility for the entire operation of the NCPHP; that is, you have or had fiduciary responsibility. In that capacity, how could you permit the following activities at the NCPHP?

---How could you as Chairman of the Board allow NCPHP to not vet and investigate an anonymous complaint to determine the validity and integrity of the complaint received prior to acting on that complaint? It appears to me and others that vetting and investigation of complaints received by the NCPHP is required by NC Statutes and by the signed contract that NCPHP has with the NC Medical Board. Did you permit NCPHP personnel to practice in violation of the law and a signed contract with the force of law?

---How could you as Chairman of the Board permit NCPHP personnel to not afford due process to those physician patients who were evaluated at NCPHP? As the NC Auditor has clearly stated, due process is required under NC Statutes and under the contract between the NCPHP and NCMB. Further, it is required by the U.S. Constitution. How could you permit NCPHP personnel to practice in violation of the law, a signed contract with the force of law, and the Constitution?

---How could you as Chairman of the Board allow NCPHP personnel to refuse to release the NCPHP medical record to the physician patient who had been evaluated? As the NC Auditor noted, the physician patient had every right to a copy of his or her record as a due process item.

---How could you as Chairman of the Board allow NCPHP personnel to state that they were doing "peer review" instead of psychiatric evaluations and then refuse to release the medical record to the evaluated physician on the grounds that it was a "peer review" document? Does the NCPHP Board not understand the difference in "peer review" and a psychiatric evaluation?

---How could you as Chairman of the board allow NCPHP personnel to refuse to release a medical record on the grounds that it was a "peer review" document when federal law, namely the Health Care Quality Improvement Act, makes clear that any physician is entitled to a copy of a peer review document pertaining to himself or herself?

---How could you as Chairman of the Board allow NCPHP personnel to refuse to release a medical record to the evaluated physician patient when the position paper of the NC Medical Board and NC Statutes make clear that every patient is entitled to a timely copy of his or her medical record?

---How could you as Chairman of the Board allow NCPHP personnel to state that they were doing "peer review" and yet have a person with a PhD in counseling be the only person interviewing a physician patient? It is a given in peer review/performance improvement/quality improvement literature that only a physician can "peer review" a physician. How could you permit this?

---How could you as Chairman of the Board allow NCPHP personnel to refuse to talk with a clearly designated patient representative, with a lawful durable power of attorney to represent the physician patient, when that patient representative wanted to speak with NCPHP personnel about the perceived and alleged professional negligent care that the physician patient was receiving?

---How could you as Chairman of the Board allow NCPHP personnel to refuse to speak with a designated patient representative when the position paper of the North Carolina Medical Board makes clear that a patient or patient representative has every right to question the care received by the patient?

---How could you as Chairman of the Board allow NCPHP personnel to have on their "preferred list" of diagnostic/treatment facilities institutions at which the physical examination reported in the medical record was allegedly not done?

---How could you as Chairman of the Board allow NCPHP personnel to make a diagnosis of an illness when the physician patient met none of the required diagnostic criteria for that illness? The diagnostic criteria are those agreed upon by American medicine, and are required for a diagnosis.

For the record, I am not one of "the people who stand on the sidelines and shout to the world all they perceive that's wrong with the state programs, the faceless voices of dissent who offer no explantation of how they would do the job more effectively" and I refuse to be painted with that brush. The reality is that I have requested many, many times to meet with NCPHP personnel and they have refused to meet with me. The reality is that I have requested many times to meet with the NCPHP Board of Directors and they have refused to meet with me. The reality is that I have requested many times to meet with the President of the NC Medical Board and the entire NC Medical Board and they have refused to meet with me. The reality is that I have 52 years of experience practicing medicine, psychiatry and psychoanalysis, and for 11 of those years I was the Senior Medical Review Officer for the U.S. Army Substance Abuse Program, Europe. In all candor and with all humility, I do believe I can offer many "explanations of how they would do the job more effectively".

You ask "Why don't you volunteer to sit on the medical or PHP board of your state...." I have applied to be on the NC Medical Board, but despite having far more professional credentials than any member of the Board, was not selected. it seems clear to me and to others that I am not the type of person who is desired for such a Board. I would volunteer to be on the NCPHP Board, but I believe it is a foregone conclusion that I am not the type of person who would be selected.

In the interest of the "intellectual honesty" that you state that you want to see, I would ask for a response from you to the above questions. There are many more questions, but these will do for a start.

I would be pleased to speak with you by telephone at 919-370-9420, via email at jcavenarjr@nc.rr.com, or in person at the location of your choosing.

5 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

BTW, Dr. Gunderson only has one pitiful study, not lots of or even any good studies which demonstrate that their program works for "addicted" physicians, but even more importantly, these programs don't even follow the guidelines to establish who is addicted vs abuser OR EVEN a non-user or casual user (in the case of alcohol), a social drinker, or even a NON-drinker!

All get swept into a ruthless and barbaric self-serving and self-aggrandizing system.

Follow the money, follow the power.

Very disturbing and evil.

2 likes Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 6 days ago

@ Dr. Gaither,

I am pleased that you have had a good experience with both recovery and NCPHP. I have no doubt about your passion and commitment to help physicians who have bona fide problems with substance abuse. And I also have no reservation about the overall vision and mission of the PHP movement. It's its execution and overreach in the context of state sanctioned infallibility that I have a problem with. It's its lack of oversight and accountability and its pervasive denial of due process that is wreaking havoc with physicians' lives.

Just because there exists the reality of some physicians having developed a SA illness (or even, for godsakes, a transitory emotional illness) does not give a PHP the right to deny that physician due process. Physicians who naively believed they could get help from PHP have had their careers upended and found themselves trapped in an inescapable Shutter Island.

The danger here, and I think we have abundant case history material, is that under this banner of virtuous outreach, certain PHPs (and NC being one of the most egregious offenders as evidenced by the NC Audit - have you read it?) have systematically decided that they have the right to deny physicians due process and mandate treatment based on NCPHP's diagnosis alone, the report of which the physician can't even see. What if the dx is wrong? What if the allegations were unsubstantiated? We have exceedingly strong evidence that this very thing is going on in NC.

Do you have any concern that over the preceding decade, NCPHP has violated the due process rights of over 1,140 physicians, as is well documented by the NC Auditor. This is, as she notes, in explicit violation of the law.

Did you know that NCPHP even denies conducting diagnostic evaluations at all and calls them "peer review?" (This despite these "assessments" being in violation of every stipulation for "peer review" afforded by HCQIA, USC 11101 et seq.)

Did you know that the "Compliance Committee" which you served on has either been thwarted from receiving or has overtly ignored complaints about NCPHP's fraudulent evaluations and inappropriate coerced referrals? And that NCPHP's CEO has apparently lied to the NC Auditor about physicians' access to the grievance process? Should that not concern you?

re: getting involved - the NC Medical Board and NCPHP have made it clear they DO NOT WANT critical feedback. They have in fact shut themselves off from all reasonable concern about their profoundly abusive and illicit operations. That specifically is why they're in the trouble they're in. And that's why NC Auditor Beth Wood has expressly mandated changes in their oversight and immediate restoration of due process and - speaking of needing, ahem, a monitoring program! - has declared that she will continue to monitor NCPHP's compliance.

I have many other comments regarding your letter such as PHP's subject matter overreach and life invasiveness but will reserve those for later.

I would like to invite you and any NCPHP colleagues to have a dialog with me and Dr. Cavenar to hear our concerns and examine some of the fraudulent case records we have obtained and critically examined. Would you be willing to meet with us? Please contact me: 910-795-0077 and DrK@KernanManionMD.com

4 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Kernan Manion Fraud is a crime...needs criminal investigation. If the fraudulent activity crossed state lines, I think FBI would be the one to turn in a complaint to.

2 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 6 days ago

Would any of the PHP supporters care to comment on how this aligns with the purported excellence, integrity and accountability claimed here. As Dr Flood mentions, the MRO has a responsibility to ascertain intact chain-of-custody before reporting a positive test. How do you defend. PHS MRO and "like-minded doc Dr. Wayne Gavryck here who did the opposite of what he was supposed to do and deemed a sample he knew to be not only false but falsified positive. I think he needs to justify these actions. You spoke of doctors tarnishing the profession-- how does this reflect on the PHP integrity?

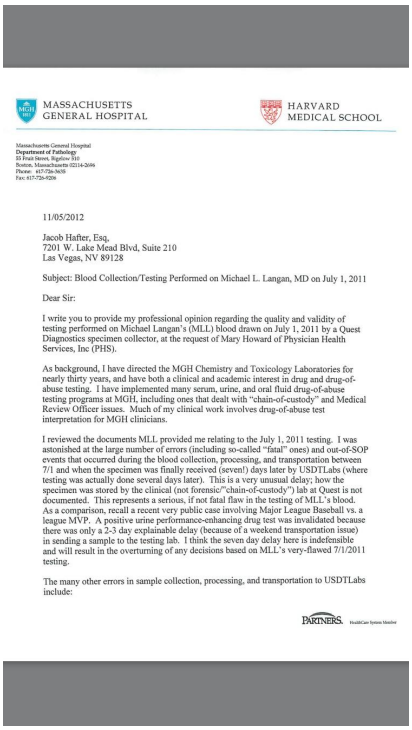
3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Michael Langan Did you note lack of response to your facts? All I see is a pixel collection from a Dr. Gaither in which he bashes me for speaking out...tries to humiliate me above. This shows how these guys think. And so ironic that this guy full of hyperbole, giving this sermon regarding his own miraculous recovery accuses me of hyperbole! so funny, so typical of the arrogance of these leaders.

2 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 6 days ago



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11/05/2012

Jacob Hafter, Esq,
7201 W. Lake Mead Blvd, Suite 210
Las Vegas, NV 89128

Subject: Blood Collection/Testing Performed on Michael L. Langan, MD on July 1, 2011

Dear Sir:

I write you to provide my professional opinion regarding the quality and validity of testing performed on Michael Langan's (MLL) blood drawn on July 1, 2011 by a Quest Diagnostics specimen collector, at the request of Mary Howard of Physician Health Services, Inc (PHS).

As background, I have directed the MGH Chemistry and Toxicology Laboratories for nearly thirty years, and have both a clinical and academic interest in drug and drug-of-abuse testing. I have implemented many serum, urine, and oral fluid drug-of-abuse testing programs at MGH, including ones that dealt with "chain-of-custody" and Medical Review Officer issues. Much of my clinical work involves drug-of-abuse test interpretation for MGH clinicians.

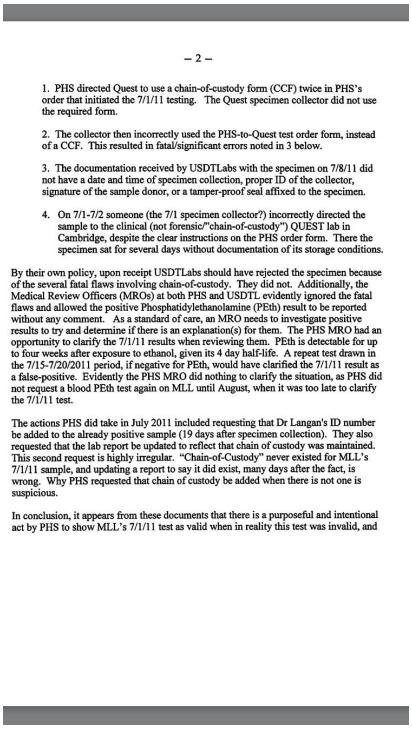
I reviewed the documents MLL provided me relating to the July 1, 2011 testing. I was astonished at the large number of errors (including so-called "fatal" ones) and out-of-SOP events that occurred during the blood collection, processing, and transportation between 7/1 and when the specimen was finally received (seven!) days later by USDTLabs (where testing was actually done several days later). This is a very unusual delay; how the specimen was stored by the clinical (not forensic/"chain-of-custody") lab at Quest is not documented. This represents a serious, if not fatal flaw in the testing of MLL's blood. As a comparison, recall a recent very public case involving Major League Baseball vs. a league MVP. A positive urine performance-enhancing drug test was invalidated because there was only a 2-3 day explainable delay (because of a weekend transportation issue) in sending a sample to the testing lab. I think the seven day delay here is indefensible and will result in the overturning of any decisions based on MLL's very-flawed 7/1/2011 testing.

The many other errors in sample collection, processing, and transportation to USDTLabs include:

PARTNERS. HealthCare System Member

3 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 6 days ago



– 2 –

1. PHS directed Quest to use a chain-of-custody form (CCF) twice in PHS's order that initiated the 7/1/11 testing. The Quest specimen collector did not use the required form.

2. The collector then incorrectly used the PHS-to-Quest test order form, instead of a CCF. This resulted in fatal/significant errors noted in 3 below.

3. The documentation received by USDTLabs with the specimen on 7/8/11 did not have a date and time of specimen collection, proper ID of the collector, signature of the sample donor, or a tamper-proof seal affixed to the specimen.

4. On 7/1-7/2 someone (the 7/1 specimen collector?) incorrectly directed the sample to the clinical (not forensic/"chain-of-custody") QUEST lab in Cambridge, despite the clear instructions on the PHS order form. There the specimen sat for several days without documentation of its storage conditions.

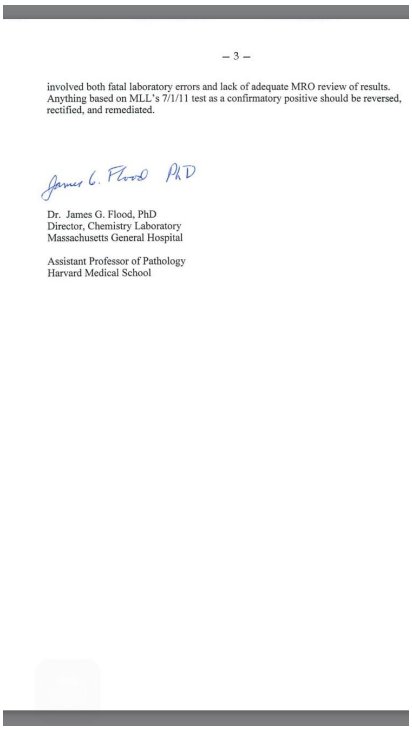
By their own policy, upon receipt USDTLabs should have rejected the specimen because of the several fatal flaws involving chain-of-custody. They did not. Additionally, the Medical Review Officers (MROs) at both PHS and USDTL evidently ignored the fatal flaws and allowed the positive Phosphatidylethanolamine (PEth) result to be reported without any comment. As a standard of care, an MRO needs to investigate positive results to try and determine if there is an explanation(s) for them. The PHS MRO had an opportunity to clarify the 7/1/11 results when reviewing them. PEth is detectable for up to four weeks after exposure to ethanol, given its 4 day half-life. A repeat test drawn in the 7/15-7/20/2011 period, if negative for PEth, would have clarified the 7/1/11 result as a false-positive. Evidently the PHS MRO did nothing to clarify the situation, as PHS did not request a blood PEth test again on MLL until August, when it was too late to clarify the 7/1/11 test.

The actions PHS did take in July 2011 included requesting that Dr Langan's ID number be added to the already positive sample (19 days after specimen collection). They also requested that the lab report be updated to reflect that chain of custody was maintained. This second request is highly irregular. "Chain-of-Custody" never existed for MLL's 7/1/11 sample, and updating a report to say it did exist, many days after the fact, is wrong. Why PHS requested that chain of custody be added when there is not one is suspicious.

In conclusion, it appears from these documents that there is a purposeful and intentional act by PHS to show MLL's 7/1/11 test as valid when in reality this test was invalid, and

3 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 6 days ago



– 3 –

involved both fatal laboratory errors and lack of adequate MRO review of results. Anything based on MLL's 7/1/11 test as a confirmatory positive should be reversed, rectified, and remediated.

James G. Flood PhD

Dr. James G. Flood, PhD
Director, Chemistry Laboratory
Massachusetts General Hospital

Assistant Professor of Pathology
Harvard Medical School

2 likes Like Reply

P O | **Physician Assistant** 6 days ago

Hi Dr. Gundersen,

Can you please comment on the motivations and profit motives of a certain Dr.Steve Adelman, the current director of the Massachusetts PHP doing business as PHS, Inc., who espouses “Without margin, there is no mission. The time to act is now. PHPs need to incorporate a new can-do, growth mindset”

We are very concerned about his vision of PHPs as a profit center, his financial holdings, and deals with owners of treatment centers. We are concerned that putting doctors, especially innocent doctors, though PHP programs for profit would violate many principles and laws, including Starke laws, personal rights, and the 'Do no harm' principle.

Please tell us more,

Pat

4 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@P O ???where is the response???

Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

Once again, no one has alleged that PHPs have not helped many physicians. One would certainly hope that this is the case. What is being alleged is that there have been well-documented breaches in medical ethics by some individuals who hold great power over the careers of those being monitored. The written evidence presented by Michael Langen in which a PHP official requests a lab report to be altered to reflect "Chain of Custody" when it clearly was not, inarguably documents that at least one such breach has occurred. The behavior of certain individuals who work under the umbrella of the FSPHP tarnishes the integrity of all those who refuse to acknowledge such. Only transparency and due process afforded to those being monitored can remedy this.

5 likes Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. karen miday Once again, I have stated mistakes can be made. What seems to be lacking in the discussions I have been reading on this topic is a big picture assessment at PHP's. I want to see some intellectual honesty. A friend of mine is an AA pilot. He tells me a least twice a year, somewhere in the US, pilots will land a passenger jet on the wrong runway in the wrong city. I asked him how could this possibly happen with all of the OVERSIGHT in today's transportation system - a pilot, a copilot, and at least two air traffic control towers involved. How can they all make the same unintentional error. He gave me the answer I already knew - because they are human.

It seems some of the dissenters of PHP's are out for wholesale destruction of the programs, which would harm troubled physicians and patients. It can provide all of the oversight you want and you will never get it right every time. Do you think there might be some innocent people in prison? Our judicial system is full of checks and balances. Should we scrap the entire justice system if there are innocent people in prison? Or, should we try to constructively make the system better? I believe most PHP's are composed of hard working people trying to do the best they can for their troubled colleagues. Come to my state for a visit and I will introduce you to some.

Did you know, Dr. Miday, that 10-12% of PHP cases in NC never result in a PHP contract because they are deemed unsubstantiated? I would think that if those in charge were so overzealous and drunk with power as some would have us believe then 100% of the cases would result in treatment and monitoring contracts.

Yes, let's talk about tarnished integrity Dr. Miday. How much do impaired physicians tarnish their own integrity and the integrity of the house of medicine? You know, the ones that end up on the front pages of the newspapers as they are frog marched out of their offices in handcuffs for patient boundary accusations? Or the ones that end up dead on a slab in the morgue from overdose? I know, or knew, both types of those physicians personally. Just like I know physicians who were caught with a needles in their arms during cases in the OR and in bathroom stalls.

If we and our PHP's don't help our troubled colleagues, who will? Will you?

Again, I challenge you to become more constructively involved in the recovery community and your own state PHP. You may walk away with a quite a different opinion.

1 like Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

With due respect, Dr. Gaither, as a psychiatrist, and as a mother whose physician son ended up "dead on a slab in a morgue'" I feel that your commentary about physician integrity reeks of a judgmental stance that highlights exactly what the "dissenters of PHP's" are talking about." Addiction is a psychiatric illness and is not a moral failing or a crime as you commentary suggests. Your lack of a compassionate medical perspective speaks for itself.

1 like Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. karen miday I am sorry for your loss Dr. Miday. With all due respect, you have no idea of the breadth and depth of my compassion. Only I know that. Personal attacks are not constructive.

Where in my statement did I say addiction was a moral failing or a crime? Anais Nin was correct when she said, "We don't see things the way they are. We see things the way we are."

Yes, addiction is an illness and needs proper treatment which is what the PHP's offer. There are over 1,200 happy, healthy grateful and sober physicians in my state who have benefited from their services.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday Why haven't they shown up on these WebMD pages, then? Hey, get some of them to post! would love to hear from them. Post here or on the main article.

I challenge you to get any of them to put up a post.

2 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

Dr. Gaither, I apologize if you felt personally attacked. I was referring to your apparent lack of compassion for the physicians whose bodies were "dead on a slab in the morgue."

The apparent judgment in your statement is that mentally ill physicians compromise the integrity of other physicians. They do not. My son could not bear up under the shame of his illness. I could not talk him out of that. PHPs must help

dispel that notion rather than reinforce it. Greg was a physician of great integrity. He and others who have passed deserve our respect. The only challenge to our integrity is that we, as a profession, continue to treat our fellow physicians as something other than human.

Please accept my apology, and please try to see the "dissenters" point of view. No one has challenged the fact that very many physicians have been helped by dedicated people such as yourself. Our focus is on the ones who have been harmed. We need to find a way to help them as well. We cannot simply dismiss this minority, or behave in a manner that suggests their lives, including their hard-won careers, do not matter.

1 like Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. karen miday Thank you Dr Miday. I agree. No one wants to see a physician harmed in the process of trying to help. Neither do we want to be afraid to jump in when help is needed. All I can say is, case by case we do our very best to help those who need it and wish well those who don't. Of course, I see the points that have been made but some of the hyperbole I have read lately has been hard to swallow, especially when I don't deem it to be accurate. Again, I am sorry for your loss.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday Please challenge the "hyperbole" with facts of your own supporting your claims that the PHP programs are not the killers that facts demonstrate that they are! Hyperbole of your own, an AA Bible-thumper, opinionated, rigid, and concrete as you present yourself to be, will not be effective against our presentation of such facts.

Show me the money, Dr. Gaither! Show me some actual benefit, present day---not out-dated, out-moded. Hey, maybe these PHP programs actually were helpful! Today they are mechanized doctor-crushing machines. That is a fact. Many doctors have told here how their lives have been crushed by these machines in their states. They state facts. Did you read them? These are the ones still alive.

We here think we speak up for those buried already. I will investigate further about physician suicides, who they were, why they felt so hopeless they killed themselves. Dr. Wible will speak to TEDtalks on this subject soon. Do you think she will or will not mention the effect of the PHP programs on physician suicide?

Don't dodge this topic with opinions of your own. Don't arrogantly criticize my opinions based on the clear-cut evidence that PHP programs kill. That is a demonstrable fact.

Show us YOUR facts! I have yet to see any.

PHYSICAN'S LIVES MATTER. or don't you thinks so, Dr. Gaither? Why are you not joining this crusade to get the PHPs on the right track again, if they ever were? Why are you defending the indefensible?

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday You certainly did imply that addiction is a moral failing! You stated specifically that addicted physicians tarnish the house of medicine.

Don't you even remember you just posted that? Is your memory failing? Do you need me to show you?

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday Dr. Gaither, is this a sign you need some sort of testing and programs to help you build your memory up? like a 90 day memory-building program? Does this lack of memory from one hour to the next indicate impairment?

That is the analogy I want you to reflect upon.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday

No, the idea of the PHP is sound and needed. But it is stained, corrupted...no oversight or accountability has led to widespread abuse which has led to physicians being brutalized, maimed, and actually pushed---get it? pushed to kill themselves.

We have no power over our own state PHP's ,uh, ...(insert favorite expletive here).

Your post hostile to physicians speaks for itself. Really, it is obvious you are unreachable as a human. Sad. That last larger paragraph says it all. PHPs are not about physician health but rather physician unbridled, and I will repeat that word, unbridled discipline on any physician who is caught up in the snare of this monstrous system. Read the testimonies on the pages here and on Dr. Wible's post here in WebMD.

Shame on all of you.

PHYSICIAN LIVES MATTER

My motto...do you not wonder what I will do with that motto? Where it will end up? On a poster? on 60 minutes? or ?

No, I will get in touch with my local state Congressman and State Auditor...THAT is how I will work to effect change. Outside, not within.

PHPs=DEAD DOCs

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday Unbridled and in many cases completely unjustified...as we hear on other message boards on WebMD

Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday Dr. Gaither, I welcome the opportunity to become more involved. Some immediate suggestions I have are these:

- immediate restoration of due process at NCPHP that allows evaluated physicians to review and challenge their evaluation and seek 2nd opinion consultation;

- immediate notification to ALL physicians that NCPHP has evaluated that they are now able to request and receive their record and can contest and amend it;

- removal of state immunity and mandatory licensing of PHPs as medical corporations which carry malpractice insurance and are fully liable for malpractice committed and harm done;

-immediate publication of all NCPHP "preferred providers" and "preferred programs;"

- institution of a medical society-funded independent ombudsman system to guide the physician through the regulatory process, advise them of their rights, ensure that they are afforded due process and willing to confront the MB and PHP on any and all procedural violation and to bring action against these agencies for such violation;

- immediate allowance of all acceptable modes of treatment for addictive and emotional illnesses;

- non-intrusion and non-disruption of existing treatment relationships;

- a stratified - and published - approach to intervention for legitimately diagnosed problems which come under the PHP's purview.

I'm happy to talk with you about these. 910-795-0077 and DrK@KernanManionMD.com

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. karen miday Why would a suffering physician tarnish the "house of medicine"? What an archaic idea!

1 like Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

The only way to arrive at a solution is to clean out the trash. These faux-compassionate centers of power for sick individuals who see the world through the prism of their own warped psyches cannot be reformed. They need to be destroyed. Period. There's nothing of value to build upon.

Like Reply

Dr. Pamela Wible | **Family Medicine** 6 days ago

@Dr. karen miday Do agree that PHPs have helped, but wondering if they may have harmed. I hear primarily from doctors who have been mistreated and misdiagnosed by PHPs. And some who have not been suicidal until they were treated by PHPs.

1 like Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. Pamela Wible @Dr. karen miday Hi Dr. Wible. I can't speak for all PHP's nationwide, but I have volunteered my time in and around the one in NC for more than twenty years now. The NC PHP saved my life and I am eternally grateful. I polled my Caduceus group tonight. Every person there said they were treated better than they deserved by the PHP and they were also grateful.

You know Duke hospital is in my state. One year they sterilized surgical instruments in hydrolic fluid. Another time they transplanted the wrong organ into the wrong patient and the patient died. Another year they burned two different babies badly when their 100% oxygen feed ignited under the electric warmer in which they were placed. I still send people to Duke, because it is one of the premiere hospitals in the country. And so is our PHP.

Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

The paper trail presented by Dr. Langen is no mistake. It is a serious ethical breach, made consciously and deliberately. No reputable organization should tolerate such behavior by any of its participants.

2 likes Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 6 days ago

@Dr. Anthony Gaither @Dr. Pamela Wible @Dr. karen miday Interesting you mention the Duke cases. The reason these cases came to light was because they were sued and it was very visible. It couldn't be swept under the rug. They were held accountable for wrongful and avoidable death. And I would surmise THEIR errors had to be reported to both the Joint Commission AND to their risk reduction unit of their insurer. And a corrective action plan was instituted, and a viable internal QA process went into effect, and Duke took ownership and corrected its ways. I'd feel more secure about referring to them too. Because they have a viable accountability / oversight / correction / reparation mechanism in place.

But, Dr. Gaither, PHPs do not, and neither do Boards. And NCPHP - your PHP - has been operating without due process for over 10 years. And, from my perspective, they're not even licensed as a medical corporation to conduct such weighty diagnostic evaluations with such profound career implications. And they operate with no oversight (as documented by the NC Auditor), with state police power and under state immunity from suit, as an "educational public charity" which caries no malpractice insurance.

I don't think the Duke analogy holds up all that well, do you?

Now, once we put into place oversight, malpractice accountability, transparency of procedures, clear delineation of functions and absolute assurance of due process with stiff penalties for procedural violations, along with a bona fide commitment to physician wellbeing ... yeah, I can see referring physicians to PHPs. Until then, going to a PHP is career suicide.

I'd truly welcome the opportunity to meet since we're in the same state. I will drive to wherever you are. And I know several senior psychiatrists who have also documented these profound abuses amongst their physician patients would very much like to join that discussion. Please let me know when would be convenient for you, and if some of your NCPHP colleagues of conscience would also like to come along, please extend the invitation. I look forward to hearing from you.

Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 5 days ago

I am grateful to Dr. Gaither for his willingness to engage in this discussion. My hope is that he will encourage his colleagues, including Dr. Gunderson, to join in this dialogue. These issues cannot be resolved unless those who work within the PHPs are open to a discussion about assuring quality of care and due process for

our fellow physicians. I commend Dr Gaither for his dedication to physician health. Let's "reach across the aisle" toward putting adequate safeguards in place.

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Anthony Gaither @Dr. Pamela Wible @Dr. karen miday How did these docs think they were treated better than they "deserved"? What did they deserve? Were you all drinking some kind of Kool-Aid?

I give up...what I see here is simply ridiculous, if it weren't so deadly, too.

Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

It's spelled hydraulic, dr. G - just saying - if you're going to be perfect you better improve everywhere you can.

Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

The only doctors I've heard who report a positive experience are now paid by the PHP.

Like Reply

Dr. Elizabeth Bartlett | **Psychiatry/Mental Health** 4 days ago

I will allege it. Even if someone feels they were helped by a PHP, there is no valid data that anyone has been, never mind documentation comparing a PHP to a non-abusive alternative. They serve NO valid purpose. There is no documentation available that there has been a decrease in harm to patients since the boards instituted this witch hunt. And since PHPs are not treatment providers, what documentation could possibly exist that their treatment helps?

Like Reply

Dr. JUDY RIVENBARK | **Psychiatry/Mental Health** 6 days ago

Excellent

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. JUDY RIVENBARK What do you find excellent? Dr. Gaither propaganda babble or Dr. KM and Dr. Langan's posts?

Like Reply

Dr. Gail Hirschfield | **Family Medicine** 4 days ago

@Dr. JUDY RIVENBARK

http://www.zoominfo.com/s/#!search/profile/company?companyId=353197976&targetid=profile

This Dr. Rivenbark, also from Florida, who earns her keep as forensic psychiatrist at the behest of the state of Fl? Truly an independent gal, right?

Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

Thank you Dr. Gunderson for such a well written response to the Medscape article "Physician Health Programs: More Harm Than Good?" On behalf of those of us who have benefited from their state PHP's, I appreciate your efforts to bring some balance to this discussion.

Back in 1989 I was intervened on by the NC PHP at the behest of my residency program director. I agreed to abstain from alcohol and go to 12 step recovery meetings regularly.Would you believe I lied so I could keep drinking? I lied because that's what active alcoholics and addicts do. I drank every night after I signed my contract because that's also what alcoholics and addicts who are not in recovery do. I lied and obfuscated in order to escape detection while I was being monitored.

I was being monitored so this kind of behavior could only last for so long. On January 23, 1990, I went to a 28 day in-patient treatment program for alcoholism. I have been continuously sober since. Plain and simple, the NC PHP, the NC Medical Board, and my residency program director saved my life and for that I am eternally grateful.

Let me say that once more - the NC PHP, the NC Medical Board, and my residency program director saved my life and for that I am eternally grateful!

I see no willingness on the part of the PHP detractors to acknowledge all the good they have done on behalf of physicians everywhere.

In the ensuing years I have served as a monitor for countless other physicians (also dentists) in recovery. I was chairman of the NC PHP board of directors for two consecutive years and spent six straight years on the compliance committee, activities for which I have never been compensated nor would I ever expect compensation. It has been my honor and privilege to serve in those capacities. I am happy to report those in good standing with the program or those who have fulfilled their monitoring contracts are also grateful.

I can tell you from personal experience the overwhelming majority of the accusations which come from the detractors of PHP's in general, and the NC PHP in particular, have no basis in fact. I know. I was there.

To say all PHP's operate smoothly and without a single mistake would be foolish on my part. Any organization run by humans is always subject to error. However, if during my tenure someone was treated maliciously, unfairly, shabbily or without due respect by the medical board or by NC PHP, I don't know who it would be. I understand a relative few in my state have complained vociferously. I have also come to understand not everyone enjoys facing the consequences of their actions.

Sure, sometimes PHP’s are required to make some tough recommendations but the suggestion by some that they are made lightly or without due consideration by the majority is absurd. I remember cases where everyone around the table agonized over doing the right thing, not just to protect the public, but for the sake of the doctor as well. I bristle when someone suggests we didn't treat our program participants fairly, or that we treated them cavalierly or capriciously. To those critics who say the NC PHP's decisions are capricious or arbitrary do not know what they are talking about. I understand not every participant favored every decision we made on their behalf but the vast majority did.

To the critics of the state PHP's, the people who stand on the sidelines and shout to the world all they perceive that's wrong with the state programs, the faceless voices of dissent who offer no explanation of how they would do the job more effectively, to the paltry few critics who find it easy to condemn a whole system because of a few less than desirable outcomes, I have a suggestion. Why don't you volunteer to sit on the medical or PHP board of your state so you can gain some actual experience in how decisions are made? Why don't you assume the mantle of responsibility which comes with making a decision that can potentially result in harm to a member of the public or to a struggling doctor? If you thing you can change the PHP for the better, come sit beside me.

If I had their leave to do so, for every single dissenting voice against the state PHP's I could name one hundred physicians in recovery who are grateful for their state PHP and the life they now have. Everyone in good standing with their PHP knows this to be true. Efficacy rates for recovery among PHP participants are above 90% in many programs, almost an order of magnitude higher than the national average.

Yet all some can do is complain. They point at participants whose participation in a PHP put their license in jeopardy but ignore all the participants who's licenses and careers have been saved. They point at the tragic loss of a relative few physicians who took their own life after they began their participation in a state program and turn a blind eye to all the physicians who ended their own life either directly or indirectly with drugs and alcohol because they never made it into a PHP program. I can personally name three colleagues who would be alive today if they had made it into their state PHP. Instead, they died of their disease.

Just in case some of the detractors of state PHP's don't already know this, let me clearly state it now. A state Medical Board's main function is not to issue licenses so physicians can practice medicine. Their main function is to protect the public. Well run state PHP's, like the one in my state of NC, serve as a lifeline to the troubled physicians they serve, as they serve the public, at the pleasure of their state Medical boards. PHP's are not out to destroy physicians lives, they are out to save them and they have saved thousands. Just like me.

4 likes Unlike Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 4 days ago

@Dr. Anthony Gaither I am waiting for a meaningful response from you and am looking forward to having a meaningful dialogue with you.

Are you out there??

Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

Dr. Gaithersburg, you have no basis to say our statements have no basis in fact. You're way off base. Happy for you, buddy, but don't discount the actual experiences of others who are not alcoholics.

Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 7 days ago

This is an additional posting regarding Dr. Gundersen's letter. Please refer to the two previous postings below.

Dr. Gundersen states that PHPs "follow standards of practice produced by the medical profession" and notes that these are standards of the American Medical Association, American Psychiatric Association and other professional organizations. I would strongly disagree. In one case in which I have been involved, the physician patient was diagnosed as having alcohol abuse by the NCPHP. However, five substance abuse specialists independently stated that the patient did not meet the required diagnostic criteria for alcohol abuse. Even the psychologist whom the NCPHP mandated that the physician see told the physician patient that she did not believe that he had alcohol abuse. NCPHP personnel refused to talk with me about this case, even though I had a durable power of attorney from the patient to permit me to speak with NCPHP personnel, and persisted in the diagnosis of alcohol abuse. NCPHP personnel refused to give the physician patient a copy of his NCPHP record, and refused to tell him in writing why he was being detained in the NCPHP when in fact he did not meet the required diagnostic criteria for alcohol abuse. In my opinion, this scenario does not in any way "follow standards of practice produced by the medical profession". I would be pleased to share with Dr. Gundersen, on a confidential basis, many other cases in which I believe the standards of the medical profession were not followed.

Dr. Gundersen notes "we have evidence-based, peer-reviewed studies" that demonstrate the efficacy of residential treatment coupled with PHP monitoring. Unfortunately, she did not provide references for those studies. I believe a large group of physicians would be interested in reviewing those studies, studying the research design, and analyzing the data. I ask her to furnish those references on line.

Dr. Gundersen states that detractors of PHPs maintain that PHPs are coercive, and points out that PHPs have no authority to mandate treatment and monitoring, suspend or revoke licensure, or otherwise discipline physicians. Her comment is misleading and misses the point. The fact is that some PHPs tell the physician patient that if he or she does not comply with the PHP recommendations or demands, he or she will be reported to the Medical Board as a substance abuser who is not compliant. This may lead to public disclosure by the Medical Board of the individual's identity, revocation of medical license, reporting to the National Practitioner Data Bank, and other draconian measures. In my opinion, and the opinion of many others, this is coercion.

Strictly on point, the NC Auditor noted that "physicians alleged that the NCPHP intimidates some physicians into unnecessarily enrolling in alcohol and chemical dependency treatment programs. Physicians may be vulnerable to intimidation because failure to comply with Program directives can result in referral to the North Carolina Medical Board and the loss of the physician's medical license".

Dr. Gundersen notes that "detractors maintain that PHPs have no oversight", and then describes all of the oversight that PHPs have from various organizations. The reality is that the NC Auditor found "The Medical Board did not conduct periodic evaluations of the Physician Health Program to ensure compliance with state laws, written agreements, and best practices. In accordance with North Carolina General Statute 90-21.22.(a), the Medical Board entered into an agreement to outsource Program administration to the North Carolina Physicians Health Program, Inc. The Medical Board received periodic reports from the Program, but it did not conduct periodic evaluations of Program activities. The lack of periodic evaluations could prevent the Medical Board from timely identifying and correcting any potential abuse of authority, lack of due process, and other significant non-compliance with established policies, procedures, and best practices". Clearly, the Medical Board was not providing oversight of the NCPHP.

Further, the Auditor noted "the medical society did not provide adequate oversight of the Program". The Auditor noted that the Medical Society did not use its appointees on the Program's Board of Directors to require audits or evaluations of the Program's performance. As a result, the Medical Society did not identify concerns with the Program's due process procedures". "The lack of active oversight could prevent the Medical Society from timely identifying and correcting any potential abuse of authority, lack of due process, and other significant noncompliance with the program requirements and state laws referenced in the written agreement between the Medical Board and the Medical Society".

Clearly, the intense oversight of PHPs described by Dr. Gundersen was not taking place at the NCPHP in that the Auditor has clearly noted that neither the Medical Board or Medical Society was overseeing the NCPHP as was required.

Dr. Gundersen implies that the Medscape article would discourage physicians from seeking help after reading the article. It is important to realize that those of us identified as "detractors" have never for a moment discouraged physicians seeking help for substance abuse or psychiatric issues. In fact, we have encouraged such at every opportunity. What is encouraged is that the physician patient needing help should seek out a highly qualified, well trained psychiatrist who can do a thorough and competent evaluation, make appropriate recommendations based upon that individual case evaluation and assessment, and assist the physician patient in obtaining that recommended treatment.

Again, I call upon Dr. Gundersen to join in sincere dialogue with me and my colleagues as we attempt to improve the PHP system nationwide.

4 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

Thank you, Dr. Cavenar, for your thoroughly researched and respectful point-by-point critique of Dr. Gunderson's letter. The "peer-reviewed studies" purporting an exceedingly high success rate used clean urine drops as a measure of success. My deceased son, then, was a success. He never dropped a dirty urine. And so, as the saying goes, "the treatment was a success, but the patient died."

2 likes Like Reply

Dr. Pamela Wible | **Family Medicine** 6 days ago

@Dr. karen miday How else is success being measured?

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. karen miday Dr. Langan has presented evidence regard the flawed methodology of the main study these docs tout.

It wasn't a scientific study by standards most journals require.

2 likes Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 7 days ago

This is a second posting regarding Dr. Gundersen's letter. Please see the first posting below.

Dr. Gundersen notes in her letter that "an unnamed source 'heard from two other physicians' that a mandatory period of treatment is prescribed in advance of any clinical evaluation" and Dr. Gundersen proclaims "This is patently false." While Dr. Gundersen might like for this to be "patently false", it is not patently false. I will be pleased to furnish Dr. Gundersen the names and contact information, on a strictly confidential basis, for three physicians who can describe for her that this is exactly correct. Those physicians can describe for her precisely the individuals who told them that information, the name of the institution involved, and all relevant details. One would think that Dr. Gundersen would inquire of knowledgeable people about this prior to proclaiming to the nation "This is patently false."

In fact, one physician maintains that he went to the NCPHP and was told prior to being examined or evaluated in the least that he would likely be sent for a four day 96-hour evaluation and then three months inpatient treatment. This physician is a practicing physician licensed in another state, in good standing, who simply wanted to obtain a NC medical license; he had a history of depression, successfully treated, while in medical school and he has been asymptomatic since. To propose hospitalizing such a physician patient for 90 days--even prior to examining him--just defies all tenants of medical practice and frankly all tenants of common sense. I would be pleased to furnish this patient's name and contact information, on a confidential basis, to Dr. Gundersen so that she could obtain primary source verification from the physician patient.

Further, I would point out that I filed a complaint with the NC Medical Board concerning the alleged mandatory period of treatment being determined prior to the patient being evaluated. Two senior investigators have been appointed to investigate the complaint, and I have met with the investigators at length. I provided those investigators abundant documentation and appropriate confidential information has been furnished to those investigators. The investigation continues at present.

Dr. Gundersen states "Treatment decisions are made on a case-by-case basis and only after a comprehensive clinical evaluation has been completed". While Dr. Gundersen might wish that this were the case, it is blatantly untrue. Again, I will be pleased to give Dr. Gundersen the names and contact information, on a confidential basis, for individual physicians to whom she can speak who will help her understand that this is totally incorrect.

Dr. Gundersen notes "some individuals interviewed for this article provided anecdotes of physician experiences with PHPs". Dr. Michael Langan gave a first person account of his experiences with a PHP for the article. I would not consider such to be "anecdotal" but instead to be primary source verification. Dr. Wesley Boyd contributed to the paper concerning his experiences as associate director of a PHP for some six years. Certainly this is not "anecdotal" in any way. My experiences in attempting to assist a young physician that are described in the publication are not anecdotal, as I have first-hand knowledge of what I described. The comments of Dr. Nicholas Stratas are not anecdotal in that he had direct knowledge of the case he described as he was the evaluating physician and actually vetted and investigated the allegations against the physician. Dr. Gundersen can attempt to downplay and negate the above information as "anecdotal" but in fact it is, in my opinion and the opinion of many others, not anecdotal.

I call on Dr. Gundersen to dialogue with me in good faith, and for the two of us together to interview some of the above noted physicians as well as to together review pertinent medical records.

4 likes Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

I'm happy to contribute my experience: the head of Duke's "independent" yet PHP approved program told me in the first fifteen minutes of our conversation that "all doctors must plan on ninety days of treatment" even when their dependence was seven or eight years distant. Wow, so happy I wrote that 6000 dollar check.

Like Reply

Dr. Jesse Cavenar | **Psychiatry/Mental Health** 7 days ago

I believe that Dr. Gundersen's letter is remarkably lacking in content and specifics. It addresses generalities and does not address the real concerns and issues.

She notes, "It is misleading to focus on the appearance of conflicts of interest where none were found". This is not true, as clearly appearances of conflict of interest were found. The NC State Auditor clearly addressed those in her report on the NCPHP, and the findings are indisputable. She noted that the NCPHP "created the appearance of conflicts of interest by allowing treatment centers that receive Program referrals to fund its retreats, paying scholarships for physicians who could not afford treatment directly to treatment centers, and allowing the centers to provide both patient evaluations and treatments".

Dr. Gundersen states that no abuse was demonstrated through an extended audit. This is only one small part of the story and is so incomplete as to change the real meaning of the Auditor's findings. The Auditor noted that abuse could have occurred and not been detected: (1) because the NCPHP lacks objective, impartial due process procedures for physicians who dispute its evaluations and directives (2) because the NCPHP gave the CEO/Medical Director and the Clinical Director excessive influence over the process for reviewing physician complaints, and physicians were not allowed to effectively represent themselves when disputing evaluations (3) because the North Carolina Medical Board did not periodically evaluate the NCPHP and the North Carolina Medical Society did not provide adequate oversight and (4) NCPHP procedures did not ensure that physicians received quality evaluations and treatment because the NCPHP had no documented criteria for selecting treatment centers and did not adequately monitor them. Note that these are the words of the State Auditor and are not my words.

Dr. Gundersen notes that "Two auditors from the NC Office of State Auditor randomly interviewed numerous PHP participants and no abuse was reported". This is totally incorrect, as a reading of the audit will reveal. The Auditor noted that physicians "alleged that the NC Physicians Health Program intimidates some physicians into unnecessarily enrolling in alcohol and chemical dependency treatment programs. Physicians may be vulnerable to intimidation because failure to comply with NCPHP directives can result in referral to the North Carolina Medial Board and the loss of the physician's medical license". Further, the Auditor noted, "Physicians questioned the objectivity and quality of the evaluations that they received through the NCPHP. Physicians alleged a conflict of interest between the NCPHP and the treatment centers and had concerns about the quality of the treatment programs". "Physicians questioned whether evaluations were influenced by the NCPHP's financial relationship with the treatment center". "Treatment centers had a potential interest in evaluation outcomes because the treatment center could charge thousands of dollars if a physician patient was found to need treatment and chose to stay at the center that provided the evaluation". I believe that these are clear examples of abuse that multiple physicians interviewed by the Auditor personnel raised. If Dr. Gundersen considers these physician concerns to be hearsay or anecdotal, I would point out that these are quotes from the Auditor's report.

Dr. Gundersen states that the two auditors "reviewed physician participant files extending over a ten-year period, and each file contained sufficient and appropriate evidence to support the referral to a treatment center". This again is extremely misleading, as Dr. Gundersen knows that the reality is that at the time of the audit physicians were not able to obtain a copy of their medical record from the NCPHP. Now that physicians are able to obtain at least a portion of those records, physicians are alleging that there is incorrect information and distortions in the NCPHP records. I have first-hand knowledge of such records, and have done a line-by-line analysis of one such record. I did a vetting and investigation of the complaints noted against the physician in the NCPHP record by going to his place of employment and speaking with his physician colleagues, the human resources office at the hospital, his physician supervisor and others. I found each complaint in the NCPHP record to be negated by those persons to whom I spoke. After reviewing that record in detail, I can understand how outside examiners could determine that the record contained sufficient information to warrant referral to a diagnostic/treatment center---if it was assumed that the material in the record was true and correct. Unfortunately, the material in the record was not true and correct.

Let the record show that I will be pleased to meet with Dr. Gundersen or her designee and go thru a record or records with her to show her exactly what is in the NCPHP record versus what the physician patient alleges of the situation. I sent a very lengthy letter to NCPHP personnel regarding my concerns about the content of the NCPHP record after my line-by-line review; there was no response to the letter.

This information constitutes only part of my response to Dr. Gundersen's letter, and additional postings will take place in the near future.

3 likes Like Reply

Dr. Michael Langan | **Internal Medicine** 7 days ago

One measure of integrity is truthfulness to words and deeds. These people claim professionalism, ethics and

integrity. The documents below show otherwise. The careers and lives of doctors are in these peoples hands. The severity, complexity and duration of the fraud perpetrated by Former FSPHP President Luis Sanchez and Linda Bresnahan clearly shows a complete lack of professionalism ethics and integrity.

I am posing very specific accusations against specific individuals and this requires a specific answer. I do not see this happening as the usual approach is to deflect, dismiss, hide and delay. I accuse Sanchez and Bresnahan of egregious violations of standards of care, all professional ethical codes and further state they engaged in crimes including conspiracy to commit fraud, forensic fraud, concealment, color of law abuses, HIPPPA-violations. These are specific allegations. If my accusations are not true then it would be really simple to refute them.

What we are seeing here is pious hypocrisy. Sanchez stands in judgment and piously warns of the dangers of "disruptive physicians" when in practice he violates medical ethics in the the most egregious way. Political abuse of psychiatry and false diagnoses are considered very severe ethical violations. These type of transgressions should be met with zero-tolerance.

The reason I want t make this clear and provide proof is because similar fraud is occurring across the country. This is an example of the institutional injustice that is killing physicians. Finding themselves entrapped with no way out, helpless and hopeless they are feeling themselves bereft of any shade of justice and killing themselves.

These are nothing more than bullies pretending to be nice kids. Accountability is essential.

Dr. Clive Body in his book Corporate Psychopaths writes that “Unethical leaders create unethical followers, which in turn create unethical companies and society suffers as a result.” And according to Dr. Robert Hare in Without Conscience “If we can’t spot them, we are doomed to be their victims, both as individuals and as a society.

”Accountability requires both the provision of information and justification of what was done.

For doctors it is very difficult to obtain the information. As seen here, they put up a gauntlet to prevent the provision of what is immediate in all other drug testing programs. I now have all of the information. What it shows is clear. This was intentional. It was no accident. They knew what they were doing, knew it was wrong but did it anyway.

Accountability also requires that those who commit misconduct suffer consequences.

4 likes Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

I truly believe that there are ethical physicians working within the PHP system. It appears, from the documentation that is now being provided, and the many allegations that have been made following Dr. Wible's Medscape article, that these ethical physicians are swimming with snakes. I call upon Dr. Gunderson and others, as a fellow psychiatrist, in the name of professional ethics, to carefully read and thoughtfully regard the documentation that is now being provided. Any breach in medical ethics by a member of the FSPHP compromises your own integrity.

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Michael Langan We are actually seeing blatant criminal activity that crosses state lines. I think the FBI should be notified.

3 likes Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 7 days ago

Dr. Gundersen,

Your letter responding to the Medscape piece “Physician Health Programs: More Harm Than Good?” decrying its alleged bias and claiming FSPHP victimhood contains such abundant falsehoods and fallacious reasoning that it is difficult to even know where to begin in confronting them. It leaves one just about as speechless as the horrible abuses that have been committed and which your organization adamantly refuses to acknowledge or take any role in investigating or correcting.

My response likewise is, of necessity, lengthy. My apologies to readers who prefer one-liner posts. However, I feel the frank and open exchange and opportunity to air these issues provides a unique forum to have such a dialog.

I think it’s best that, as I am deeply knowledgeable about the 2014 NC Office of the State Auditor Performance Audit of NCPHP (and was one of the more than thirty five physicians and other personnel who was individually interviewed concurrently by three audit staff and the two independent physician consultants for one and a half hours), for now I’ll focus my comments directly to your false portrayal and to its actual findings. (The actual report, including its two page executive summary, can be found at

http://www.ncauditor.net/EPSWeb/Reports/Performance/PER-2013-8141.pdf)

You probably know that FSPHP's immediate past president, Dr. Warren Pendergast was the CEO and Medical Director of NCPHP when it was under investigation. The auditor has stated publicly (to the NC Legislature's Joint Oversight Committee) that NCPHP remains under their watch and will be actively monitored for compliance with their recommendations.

For you to assert that "no abuse was reported" and to imply that no wrongdoing was found is not simply mistakenly false, it is a lie. It also seems to parrot the identical response of the NC Medical Board which it shared in the press.

Rather, what the Auditor actually found was that NCPHP had systematically violated the due process rights of physician patients by refusing to provide them their reports, and that over the preceding decade, it had likely violated the due process rights of over 1,140 physicians! Despite FSPHP's stated desire to remove all due process protections for physicians in their evaluations, you may wish to know that this systematic pattern of behavior in the conduct of its assessments was explicitly illegal as the guarantee of due process was explicitly provided for both in NC law as well as in the contract NCPHP had signed with both the medical board (NCMB) and the state medical society (NCMS) which proudly claims NCPHP as its offspring.

Let me quote the exact findings from the NCPHP report:

- Controls Were Not Adequate to Prevent Abuse of Authority: The Program controls did not provide reasonable assurance that an abuse of authority would be prevented or timely detected if it occurred.

- Physicians Health Program Lacked Objective and Independent "Due Process:" The Program did not have objective, impartial due process procedures for physicians who disputed the Program's evaluations and directives.

- [The North Carolina] Medical Board Did Not Conduct Periodic Evaluations of the Program: The Medical Board did not conduct periodic evaluations of the Physicians Health Program to ensure compliance with state laws, written agreements, and best practices.

- [The North Carolina] Medical Society Did Not Provide Adequate Oversight of the Program: The Medical Society did not use its appointees on the Program's Board of Directors to provide adequate oversight of the Program's operations.

And yet you assert, on behalf of FSPHP, that the Auditor's findings essentially exonerate NCPHP from any wrongdoing.

Further, while the NC Auditor did state that there seemed to be adequate material in the NCPHP patient records to warrant referral to a diagnostic/treatment center, she stressed that at that point no physician patient had been allowed to learn of his/her PHP-derived diagnosis or see his/her own evaluation record. In other words, she said that specifically because of the profound violation of due process in prohibiting evaluated physicians from seeing and challenging their evaluation report, there was simply no way to assess the validity of the NCPHP evaluation records. They may look quite thorough and convincing and provide ample justification for sending the physician away for the oh-so-necessary four day "independent" evaluation at a polygrapher-staffed "preferred center" and then on to an extended three month hospitalization at yet another "preferred center." (Curiously, these "preferred programs" are all intimately affiliated with FSPHP's members and contributing sponsors.)

But there was no way to assess the veracity of the evaluation report. (Perhaps in a subsequent post, I and other colleagues might share our analyses of the diagnostic fraud evidenced in our review of several of these evaluations.) Physicians and their counsel were systematically - and adamantly - denied access to their PHP evaluation reports. And you don't see a problem with that, Dr. Gundersen?

What if someone filed an anonymous complaint about you, let's say alleging that you had inappropriately touched a patient or that you smelled of alcohol or that you were an angry SOB at work. And you get ordered - by a Board that doesn't even vet the complaint - to the PHP for "assessment." And the PHP evaluator does not have any interest in hearing nor certainly documenting your recounting. And then you're secretly given some horrific and unjustified psychiatric label implying marked and dangerous impairment and are then "recommended" - under threat of license sanction - to go to a PHP "preferred" out-of-state evaluation program at a cost of $10,000, where you'll likely find that the "preferred center" has confirmed the PHP diagnosis that you've been deprived of learning much less challenging, and that you'll now be "recommended" - again under extortion - to go to a three month hospitalization at another "preferred program," with no right of truly independent second opinion consultation and still no right to see and contest your PHP evaluation. Would that be okay with you Dr. Gundersen? Because, if it is, I'll be happy to file such an anonymous complaint about you. Maybe it'd give you a little flavor of how "the Program" works. You wouldn't mind if I utilized my preferred programs, would you?

Your organization, of which NCPHP's CEO and (former) Medical Director Dr. Warren Pendergast is immediate past president, refused to answer my respectful correspondence about the nature of the evaluations PHPs conduct and the subject physicians' rights. Another colleague's correspondence was likewise ignored. And you propose that yours is a legitimate federation overseeing states' PHPs?

As a leader of this organization and one who proposes to represent the philosophy and operation of PHPs generally, I believe it is incumbent upon you to undertake a fully transparent independent study of physicians' experiences of PHPs and to publish those findings. Given the horror stories that have been reported in these Medscape and KevinMD stories (many of which had to be entered under the physician's initials for fear of reprisal by both the PHP and the Board), I suspect you're not going to like what you hear. However, given your flagrantly dishonest reply to the editor, I doubt that you or your organization have the integrity to undertake such a study.

4 likes Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Kernan Manion Yours is a stellar reply!

2 likes Like Reply

Dr. Joseph Rosenblum | **Cardiology, Interventional** 7 days ago

Addiction is such a sad thing that I see so often in my patients but almost never in my colleagues. As a group we must hide it better. I read both articles. Probably some truth in the first and Dr Gundersen is likely mostly correct. I however wish she didn't come across as being such a bureaucrat. I remember the VA saying about the same thing last year. No system is that perfect. To state so exposes some weakness. I can envision addicted doctors lost or entangled in a bureaucracy. Do they have recourse and if not is that why they might become suicidal?

2 likes Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 7 days ago

@Dr. Joseph Rosenblum Addiction is a sad thing, and may be a challenging disorder to treat. But this is not per se about addiction.

Dr. Gundersen is distinctly not correct as I point out in my reply. I included a link to the NC Auditor's report on NCPHP. It's a short read (~ 30 pages, with a 2 page Executive Summary) and I encourage you to download it. Her portrayal of the findings is knowingly false as she received communication about her misstatement of the findings separately. She chose however to maintain this storyline and has attempted to foist it on the medical community as intentional disinformation.

In fact, the findings are of profound significance and ought to cause every state to initiate a similar performance audit of its PHP program, especially insofar as it operates under the power of state sanction and is covered by state immunity. The state, its medical board and its medical society as well as its own board of directors are all liable for its abuses. It is no surprise that they would be very vested in downplaying it and spewing forth disinformation.

This sort of intellectual dishonesty seems to characterize this entire organization.

4 likes Like Reply

Dr. Pamela Wible | **Family Medicine** 6 days ago

@Dr. Joseph Rosenblum Yes. What are the options for treatment. Second opinions? Out-of-PHP-network-doctors encouraged or discouraged?

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Joseph Rosenblum I believe you have the information now that there is no recourse, accountability, oversight, or any remedy for the abuses under these PHPs. They are totalitarian, autocratic, and the result is what is patently obvious...they maim and kill doctors, not help them, as is their mission.

I was told by a PHP director that his only goal was to protect the public, no interest in physician health. In his zeal to do this, he would obviously not care about whom he harmed in the process. He was about numbers----how many he had in his program, coerced and extorted to sign up or be turned in to the brutal MB. Well, look, I told him I see no difference between what he and the board did to docs or what the MB did to docs...the end result was the same...dead doc.

PHYSICIAN'S LIVES MATTER.

PHP=DEAD DOCs

Nu?

1 like Like Reply

Dr. karen shackelford | **Emergency Medicine** 2 days ago

Curious on what you base your conclusion? The appeal to authority is pretty flawed. Use your doctor brain.

Like Reply

Dr. Michael Langan | **Internal Medicine** 7 days ago

Dr. Gunderson, you emphasize quality assurance , accountability, consistency and excellence as attributes of the FSPHP and imply professionalism while dismissing the multiple, serious and consistent criticisms as anecdote. You state that asserting PHPs are contributing to physician suicide is irresponsible. Please take a look at the documents below. These are not anecdote but documentary fact.

Good leadership requires correct moral and ethical behavior of both the individual and the organization. . Integrity is necessary for establishing relationships of trust. It requires a true heart and an honest soul. Adherence to ethical codes of the profession is a universal obligation. It excludes all exceptions. Without ethical integrity, falsity will flourish.

People of integrity instinctively do the “right thing” in any and all circumstances. The majority of doctors belong to this group. The individuals responsible for the documents below most assuredly do not.

The documents below show fraud. It is intentional. All parties involved knew what they were doing, knew it was wrong but did it anyway. The schism between pious rhetoric and reality is wide. PHS reported the positive test to the Medical Board on July 19, 2011 and requested an evaluation.

The July 19th, 2011 fax from PHS seen below is in reference to a lab report from USDTL with no record of where, when or by whom it was collected, No unique identifiers linking me to the sample are present.

PHS requests in the fax to USDTL that this report be “updated”to donor ID number “1310” and to “reflect that the chain of custody was maintained.”

ID #1310 is the unique identifier I was issued by PHS. It is used as a unique identifier, just like a name or social security number, to link me to the sample. #1310 identifies me as me in the chain-of-custody.

On July 1st, 2011 I had a blood test collected at Quest Diagnostics. I requested the "litigation packet but it was not obtained until December. As you know the “litigation packet” documents and all forensic drug testing and provides proof that the test was done on who it was supposed to have been done and that all required procedure and protocol was followed. It protects the donor form being falsely accused of illicit substance use.

USDTL did not reject it. The document below shows that USDTL added my ID # 1310 and added a collection date of July 1, 2011–the day I submitted the sample.

“REVISED REPORT PER CLIENTS REQUEST”

And in doing so the lab that **claims** “integrity” and “strict chain of custody” readily, and with no apparent compunction” manufactured a chain-of-custody and added a unique identifier by faxed request.

The litigation packet was signed by Joseph Jones on December 3, 2011. There was no record of where the sample was from July 1st to July 8, 2011. No external chain-of-custody or custody-and-control form was evident in the litigation packet.

The V.P. for Laboratory operations for the lab that claims “strict chain of custody” and that “doesn’t skip steps” “when “peoples lives are on the line” verified a positive test as positive with no custody and control form, no external chain of custody and 6/6 fatal flaws.

What is so shocking is that this was done without compunction or pause. As a forensic test ordered by a monitoring program Jones knew full well it would result in significant consequences for someone. He knew that someones “life was on the line,” knew it was wrong, and did it anyway.

A person of conscience would never do this. It is unethical decision making that goes against professional and societal norms. A “moral disengagement” that represents a lack of empathy and a callous disregard for others. I would not consider doing something like this for any price and here it appears to be standard operating procedure.

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Michael Langan This is the tip of the iceberg. What do you think of contacting the FBI about this crime?

2 likes Like Reply

Dale Bingham | **Physician Assistant** 7 days ago

So many of the "proponents" for the programs, such as responded to this report, or those that run state PHP programs, have also seemingly found their "niche" in their professional life (I have heard some doctors call this "capitalizing financially on another's misery) and so politely leave off how lucrative THEIR participation, or their literal "owning" of the PHP's are for them. Yes, we all deserve a great salary, and no one feels more deserving than the medical profession (we always justify it by saying we're "lifesavers"), but the outrageous costs of PHP's, or their "required" referrals to "approved" rehabs which are in essence many times the "Hollywood" rehabs that a provider can expect to pay out in upwards of $50,000 (and that the same docs who demand these required facilities have close ties to and sometimes smells very fishy at the least), all the while having lost all their income potential.

And while it seems we all tend to "think" we are the one above board, that "we're" the one not influenced by the pharm reps 5 cent ink pen they gave us, many of the PHP's have the same exact modem as has been suggested, and of course denied by Dr Gunderson, of 90 day rehab, 5 years, 3 meetings a week (even IF the type of AA and NA structure causes incredible stress in the individual, they will still require this without any, as the good doctor implies, "individualized treatment plan". By and far, it IS the same cookbook method used everywhere. In spite of the background of the participant, in spite of the sobriety of the participant and so on.

And sadly, having been on both sides of this proverbial fence, ANY self reliance, self-confidence, or positive self-measures to "heal thine own self first" will be met with nothing but smirked faces, accusations of denial, and that the person seen as needing help (you), will never, and could never be the smartest person in the room. And beware lest the person making the judgement on you HAS been through the path themselves, as many have been - as there is a rule, denied by all, and that is: Your path can be as bad or worse to getting to sobriety as the person making the judgement on YOU, bet your path can never be better, more self-confident, or anything different, or else you're in "denial". And they will revert to the same cookbook they deny they revert to.

10 likes Unlike Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dale Bingham This robotic system is a killer. Well, it sweeps in those who don't even drink alcohol or are substance abusers of any kind, much less addicted to anything! multiple testimonies that that is the case on the main WebMD site and Dr. Wible's site. Well, this bs is going public.

The FSPHP had the opportunity for oversight and influence, leadership. But I say that if it is not a part of the solution, it is a part of the problem. A large part.

A physician suicide occurs more than one per day!

We are not against PHPs which do their jobs properly---care for the physician, offer individualized and sane strategies and oversight. That is NOT what with have.

We have a brutal and systemic physician killer. More than the worst malignancy.

You guys have lots of blood on your hands---shame on you!

Thanks Mr. Bingham for daring to speak out. I wonder what repercussion those of us who have shared on this page will face. I am old, but I am up for it. It is time to take name and kick butt, folks...am I right?

Gail Hirschfield M.D.

1 like Like Reply

Dr. Debbie Miller | **Psychiatry/Mental Health** 7 days ago

I strongly believe in the PHP programs and have been a witness to many miricals in the participants of these programs.

3 likes Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 7 days ago

@Dr. Debbie Miller There indeed may be many successes from various ethically run programs. But what do you make of the deluge of horror stories that are coming forward on these Medscape and KevinMD articles?

3 likes Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. Kernan Manion @Dr. Debbie Miller Well, Dr. Manion, if you count a paucity of participants with complaints of bad outcomes as a deluge, then the 10's of thousands of sober and grateful PHP participants in recovery nationwide should be a mammoth tidal wave of enlightenment for you personally. At least, I would hope so.

1 like Like Reply

Dr. karen miday | **Psychiatry/Mental Health** 6 days ago

No one is alleging that the PHPs have not been helpful to many, or that "miracles" have not occurred under their watch. What is being alleged - and not by just a few, but by many - is that there have been

documented clinical errors and documented breaches in medical ethics that have cost physicians their hard-earned careers, and at times, most tragically, their lives. I have not alleged that the Missouri PHP was not, at times, helpful to my son. His death, however, and the FSPHP's current response, calls to mind the phrase "the treatment was a success, but the patient died." The "peer-reviewed studies" purporting an exceedingly high success rate used clean urine drops as a measure of success. My deceased son, then, was a success. He never dropped a dirty urine. And, let's suppose a treatment yields a 90% positive response, yet has a very high mortality rate, wouldn't we raise questions about it? We would, indeed.

We are, in fact, simply raising questions. And, we are asking for documentation of negative outcomes, including, but not limited to, suicides of PHP participants.

1 like Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. Debbie Miller I agree wholeheartedly with you Dr. Miller. The PHP program in NC has saved north of 1,200 lives and careers and still counting. That program saved my life and I am grateful. I contribute my time to it for free and I have donated money to it every month for more than twenty years. I have seen miracles to numerous to count through the efforts on NC PHP. I am glad you have been witness to that as well!

1 like Like Reply

Dr. Pamela Wible | **Family Medicine** 6 days ago

@Dr. Debbie Miller Please share. I'd love to hear of the miracles. To date, I have primarily been exposed to the tragedies.

2 likes Like Reply

Dr. Anthony Gaither | **Family Medicine** 6 days ago

@Dr. Pamela Wible @Dr. Debbie Miller Here is one miracle story Dr. Wible. I was intervened on by my state PHP while I was in my first year of residency. I had become alcoholic. I tried to hide it from everyone around me but after a while it just isn't possible. I had tried to quit so many times on my own. Every day I promised I wouldn't drink and every day I did. It was a nightmare.

I came into work one day with stale alcohol on my breath. I signed a PHP contract but went home that night and drank again and every night until I came into work another day smelling of alcohol from the night before. My residency program director called PHP back. I was in violation of my training contract and my PHP contract. I could have been fired but they gave me the option to go to treatment. Coercion? Yes, absolutely, you bet and thank God. If I hadn't gone to treatment I would have lost my license, my career, all that I had worked so hard for. Why do you think the relapse rate is so low and the recovery rate is so high for doctors and airline pilots?

My sobriety date became 1-23-1990, the day I left for treatment. I have been sober since. Years later, I started a mobile free clinic in my town that sees 1000+ patients a month. All of the care is free, the labs are free and most meds are free. It is the second busiest free clinic in NC. I became family physician of the year in 2002 in NC. I became a fellow of the American Academy of Family Physicians. I have been privileged to help countless other physicians (and patients) on their road to sobriety, recovery and a fulfilling life. None of this would have happened were it not for the NC PHP.

2 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Pamela Wible @Dr. Debbie Miller Oh, "MIRACLES" Thanks!

Well, yes, so far I also have heard only the opposite, and even posts which frighten me from those considering suicide right now!

Do you have a miracle to share, Dr. Miller?

1 like Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Debbie Miller What is a mirical?

Like Reply

Dr. Michael Langan | **Internal Medicine** 7 days ago

Perhaps Dr. Gunderson can comment on the ethics and practices seen below . The documents show past FSPHP President Luis Sanchez and FSPHP Director of Operations Linda Bresnahan engaging in forensic fraud. The documentary evidence shows the process sequentially and how they performed the fraud each step of the way

and subsequently covered it up. The documents supporting the coverup were subsequently obtained and show two contradictory letters from Luis Sanchez showing he provided false information to a false agency. The documents are self-explanatory and the ethical, procedural and criminal violations are clear. I would like Dr. Gunderson to look at them and either support what they show or tell me what she is going to do about it. Forensic fraud should be met with zero tolerance. Please advise.

http://disruptedphysician.com/...

4 likes Like Reply

Dr. Kernan Manion | **Psychiatry/Mental Health** 7 days ago

@Dr. Michael Langan Increasingly it is appearing that the only way that this "federation" or any of its individual member programs is going to respond in through punitive litigation directed at it, the sponsoring medical society which spawned it, and the state medical board which gives cover to its illegal and reprehensible behavior.

When this scandal is finally exposed, I suspect that this will be seen as one of the darkest chapters in the history of American Medicine.

3 likes Like Reply

Dr. Gail Hirschfield | **Family Medicine** 6 days ago

@Dr. Kernan Manion @Dr. Michael Langan I am up for any plans which may require participation. How can I help? I am so sad after reading the tragic stories posted on other sites. So sad. I want to stop the insanity! The PHPs must be reformed.

2 likes Like Reply

Return to Article

LATEST IN PSYCHIATRY

Clozapine: FDA Acts to Address Neutropenia Risk

Long-Time NIMH Director Tom Insel Steps Down

Fish-Rich Diet May Significantly Reduce Depression Risk

Mentally Ill Ex-Prisoners More Apt to Be Violent

Military Misconduct Linked to Future Homelessness