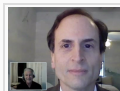


# Medscape PSYCHIATRY & MENTAL HEALTH ▾



**Bamboozled by Insurance Companies: Are Patients at Risk?**



**An Epilepsy Comorbidity to Watch Out For**



**Home-Visit Interventions to Reduce Intimate Partner Violence**



**Tech-Assisted Pain Self-management: Which Modality Works Best?**

[Return to Article](#)

## Physician Health Programs: More Harm Than Good?

Post as: Dr. Kernan Manion

[Post Comment](#)

Comments on Medscape are moderated and should be professional in tone and on topic. Please see our [Commenting Guide](#) for further information. We reserve the right to remove posts at our sole discretion.

84 comments

[Newest](#) | [Oldest](#)

**Dr. K M** | [Psychiatry/Mental Health](#)

7 hours ago

One physician who's terribly afraid of reprisal wrote me and said he really wanted to submit a comment but "My attitude now is that I am just soooo grateful to have a purpose and a job again, I don't want to upset the present status quo with any possible negative memories or negative thinking about the entire several year ordeal. I fear ruffling any feathers in the offices of the PHP, medical board, [field] monitors etc...I fear any criticism of the [actually] experienced process will be viewed as a "Relapse Red Flag" in thinking. ... [T]he truth is that I was over diagnosed and overly treated and permanently tattooed with many exaggerations to my personal problems. My case and many others were given the cookie cutter approach of 'You have a substance diagnosis and you are in denial', 'you must go to a 3 month inpatient rehab center and then a 1/2 way house' and maybe you get your license back in a year or two if you do what you are told, so drink the lemon-aid buddy and do and say what we think if you want to be a doctor again!" (brackets and emphasis mine)

Fair to say, this physician is so traumatized and so fearful of reprisal (being re-traumatized) that s/he cannot even speak for fear of being "outed" and then punished. This is not just PTSD, it's back alley bullying with threat of resumption of punishment.

If a psychiatric patient or a nursing home patient came to you and shared this with you in your consulting room, you'd be right to immediately contact the DHHS to open an investigation into patient abuse and endangerment. And you can bet that an investigation would be opened immediately. If found to be a pattern, the facility would likely be closed. The place would be nicknamed "Shutter Island" and become front page news.

The abuses reported here are abhorrent and antithetical to the fundamental principles of medical care.

Why are we not doing the same for our physician colleagues as we would for our patients in demanding a prompt and thorough investigation?

1 like [Like](#) [Reply](#)

**Darby Penney** | [Health Business/Administration](#)

10 hours ago

I found this article fascinating and disturbing. While I have great empathy for the doctors and other health professionals abused by the PHP system, what was described sounds pretty much like what happens to all people who get caught up in the mental health system. Perhaps this obvious injustice might alert physicians to the much broader problems with the mental health system.

### MOST POPULAR ARTICLES

According to PSYCHIATRISTS

1. Physician Health Programs: More Harm Than Good?
2. Omega-3 Treatment Shows Long-term Psychosis Prevention
3. Beans, Greens, and the Best Foods for the Brain
4. Caffeine Comeback for Patients with Arrhythmia
5. The Body and Mind Connection: The Latest Evidence

[VIEW MORE >](#)

4 likes [Unlike](#) [Reply](#)**Dr. I k** | Neonatal/Perinatal Medicine

1 day ago

We are put on a pedestal by the public and authorities when we physicians are also humans prone to make mistakes just like other educated people. It does not mean vast majority of the time, we are a threat to public but anytime you step away from the imaginary line that separates physicians who are "perfect" people from other people, you will be punished financially and much more than that psychologically, and guess what there is no going back, it is going to haunt you for the rest of your professional life. I strongly believe physicians when a mishap happens in life are treated way unfairly for the degree of the mishap than any other profession including lawyers, judges, politicians, presidents of USA and even priests... What is going to happen is eventually people with great potentials for becoming wonderful physicians will walk away or won't even come close to this art I call "medicine", and it will become a profession for people who will do it just for the financial gains of the job. I tell my daughter who is a very successful student and passionate person to not think twice but ten times before she is willing to live her life under a microscope by a governing body who claims to have the responsibility to protect the public from so called impaired physicians. When was the last last time anybody heard a physician hurt any patient intentionally or by being impaired? I can't even count more than a couple (one a medical student who should not even have graduated and would not be noticed by state licensing boards and second an oncologist again who would not be identified by state licensing boards) even though hundreds if not thousands of physicians have to go through cruel processes that are themselves more traumatic than their actual feelings of letting down their ideal, goals, patients and people who trusted them to be perfect... On the other hand I much more frequently see patients hurting from physicians who don't show the compassion to take care of them or educate themselves to provide good care and I see hospitals throwing things under the carpet to protect themselves and those physicians... In my opinion state medical boards are just people trying to cover themselves without any respect to the well-being of any physician who is identified unfairly/or not as impaired because of some rule that does not take into account that person's qualifications or personality... The time to change the way states approach "impaired" physicians have been long overdue and our own governing bodies who are supposed to be our advocates have failed us... It is an unspoken problem of the profession of medicine in this country, and I want to thank the people who bring this topic for further discussion... How many more physicians have to go bankrupt, leave the profession or go into major depression before this process improves?

7 likes [Unlike](#) [Reply](#)**Dr. harvey kohn** | Orthopaedic Surgery

1 day ago

It's incomprehensible to me that a state PHP would be supervised by the legal system with the state examining board offering no oversight Certainly this is reassuring that this situation is being corrected. Also shouldn't a physician accused of misconduct by an "anonymous source" be allowed due process w/r to a hearing before his peers?

5 likes [Unlike](#) [Reply](#)**Dr. s n** | Physician

2 days ago

As always, thank you for enlightening us, Dr. Cavenar. Thank you for sharing the details of your strong efforts. It is important for people to see that trying to enact change from the inside, though noble, is rarely successful and/or extremely slow.

\*\*That is why I strongly believe the fastest way to draw attention and force change is via HIGH-PROFILE national media attention. Does anybody have such contacts? We need to pool our stories.

4 likes [Unlike](#) [Reply](#)**Dr. s n** | Physician

2 days ago

Another option worth exploring is a NATIONAL class-action lawsuit. I'm wondering if the FSPHP would be the target?? Yes, lawsuits are brutal, but we ought to explore. If people are interested, I know a kind lawyer with class-action experience, but I make no promises.

5 likes [Unlike](#) [Reply](#)**Dr. Jesse Cavenar** | Psychiatry/Mental Health

2 days ago

Dr. K.M. raised the question "what needs to be done to bring this issue to fullest light and prompt change and accountability?" While I cannot answer the question, I would note that I filed an extensive twenty pages plus complaint with the NC Psychiatric Association (NCPA), which is a necessary precursor to filing an American Psychiatric Association (APA) complaint. Subsequently, I found that a colleague had also filed a complaint of over two hundred pages with the NCPA. Our complaints were both received on a Wednesday afternoon and on the following Monday, some 96 hours later, there was a conference call of the NCPA Ethics Committee and the finding was "no ethical violation" with either my complaint or my colleague's complaint. Later, I found that a complaint to the APA or to a state branch can be assigned to one individual to read, and that person can then report via

telephone to the rest of the committee. Thus, only one person--if one person--may have read a complaint prior to action being taken on the complaint. This is appalling and unbelievable. It appears to some observers to be a system designed to "bury" complaints rapidly and make them go away. An appeal to the APA Ethics Chair revealed that he had no concern about the action of the NCPA committee. I have been a member of the APA for fifty years, and I am incredulous.

I filed an extensive twenty pages plus complaint with the American Society of Addiction Medicine (ASAM) addressed to the then President and sent it to the headquarters of ASAM. After no response for months, I inquired only to be told that the President did not get mail at that address and the complaint could not be found. Another copy was sent to the President at his office address. The response was that ASAM had no code of ethical standards. The President was informed that indeed ASAM had a code of ethical standards, and I directed him to the ethical standards of the organization of which he was President on the Internet. This was apparently news to him, and his response was that these ethical standards were suggestions and could not be enforced by ASAM. He noted that ASAM had no investigative ability and directed me to the AMA, but I found that the AMA does not take complaints of ethical violations. Case closed.

I filed an extensive twenty pages plus complaint with the Federation of State Physicians Health Programs (FSPHP). I never received acknowledgement of receipt of the complaint, and never any other information. Case closed.

A complaint was filed with the North Carolina Medical Society (NCMS), and a colleague and I met with the President and Executive Director of that organization. There was extensive discussion of my complaints, and the decision was reached that since I was not a member of the NCMS I could not file a complaint against a member. Case closed.

Many different complaints were filed with the NC Medical Board (NCMB). The response I received was that the NCMB "voted to take no further action" on my complaints. There was never any statement that my complaints had been investigated and found to be without merit, or that my facts were in error, or any such statement. My requests to meet with the NCMB or President were all denied. Further, I was told that the decision of the NCMB was not appealable.

Subsequently, I filed another complaint with the NCMB which is allegedly being investigated. I have met with investigators from the NCMB for one and one half hours, and am aware that they are interviewing other people in regard to the complaints.

A complaint was filed with the NC Attorney General's office, only to be told that they don't investigate complaints concerning state agencies. (The AG apparently considers the PHP a state agency. I would not agree). Case closed.

Dr. K.M.'s question is the question of the hour, namely what can be done and what needs to be done. It seems apparent to me and my colleagues that professional societies, medical societies, medical boards and even the Board of Directors of at least one PHP have no interest in tackling the issues.

7 likes [Unlike](#) [Reply](#)

---

**Dr. Mark Ibsen MD** | [Emergency Medicine](#)

2 days ago

Something similar occurred for me in 2006 in montana. There is clearly a lack of due process in our state. I was accused of substance abuse by a soon to be ex-wife, in collusion with former medical partners. I was required to go to a psych eval across the country, cleared of the substance abuse issue, diagnosed with axis II ,

Given the opportunity to have a 10 week in patient treatment for a so called personality disorder.

When I returned home

The wife was gone

The furniture gone

The kids gone with her. It took 2 years to sort through all the repercussions.

The professional assistance program, operated by an mSW would not give me any relief.

I was definitely suicidal part of that time.

Sick

Sick system.

Kind of a Gulag experience. I wish it on no one except those who did it to me.

11 likes [Unlike](#) [Reply](#)

**Dr. K M** | Psychiatry/Mental Health

2 days ago

[@Dr. Mark Ibsen MD](#) I'm glad you had enough resiliency to survive. I hope you're back in practice and rebuilding your life. And I hope you've been able to reflect on this nightmare and take some positive action out of it. In fact, I think that's the challenge for all of us who've been mauled. How do I not live in bitterness; how do I regroup; what can I learn from this; what can I do to confront this injustice and change this awful system; what can I do to reach out to others who've been beaten up ....

[Like](#) [Reply](#)

**Dr. k s** | Emergency Medicine

3 days ago

We're fighting back Come over to SERMO and tell your story - we're organizing.

5 likes [Unlike](#) [Reply](#)

**Dr. D R** | Psychiatry/Mental Health

3 days ago

The PHP in Georgia is one such PHP that is coercive, micromanaged, shame based, lacking in empathy, and essentially under the control of one physician with an extremely Narcissistic and sociopathic personality. The harm and devastation (including suicides) caused by this PHP and its Director to professionals and their respective families is a deplorable travesty. The GA PHP is in dire need of an unbiased investigation by an organization who has the authority to intervene.

6 likes [Unlike](#) [Reply](#)

**Dr. Roy Blackburn** | Physician

3 days ago

[@Dr. D R](#)

1 like [Like](#) [Reply](#)

**Dr. K M** | Psychiatry/Mental Health

3 days ago

Many may not know that Drs. Wes Boyd and John Knight published an incisive article in 2012 "Ethical and Managerial Considerations Regarding PHPs" highlighting crucial concerns regarding the philosophy and operation of PHPs. They succinctly described the awesome nature of a PHP evaluation and its potential for abuse.

<http://www.jwesleyboyd.com/?p=280>

The commentary there also reveals another stream of horror stories.

Dr. Boyd indicated that he expects publication about this topic in a soon to be released issue of the AMA Journal of Ethics.

Discussions with several have raised the question "what needs to be done to bring this issue to fullest light and prompt change and accountability?" AMA / APA investigative task force? FSPHP investigative task force? File complaints to state medical board and compel investigation of state PHP's practices? FSMB complaint and investigation? Urge state audits like in NC (and perhaps soon beginning in another state)? Gather a group and go to Governor or Attorney General? Legislators? Compel state medical society investigation?

Where does one go when one has been mistreated by a PHP and put through the ringer with the authority of the Board? What does one do when one is told that they can't obtain their PHP record and neither the PHP nor Board offer any due process to evaluate these complaints?

5 likes [Unlike](#) [Reply](#)

**Dr. Michael Brog** | Psychiatry/Mental Health

4 days ago

As Lord Acton so famously said, "Power tends to corrupt, and absolute power corrupts absolutely." While Lord Acton never encountered any PHP's in his lifetime, it's fair to say he would not be surprised by the previous comments. Want a recipe for exploitation? Grant an organization absolute power over the lives of others, slip some profit motive into the mix, affix shame inducing labels upon its critics, ban structured oversight, banish opportunities for second opinions or independent evaluations, and see what happens. PHPs undoubtedly have helped many, have saved lives, have been served honorably by many dedicated professionals with the best of intentions. But we all know how the road to hell is paved, and the stories on this page are convincing and condemning to the extreme.

Whatever good these organizations do is besmirched by a system ripe for corruption. There is no rational or sane argument against the implementation of administrative oversight, due process, independent opinion options, open access to all financial arrangements with outside treatment centers, open access to costs for all mandated

treatments, clear criteria for mandated treatments, in-state treatment options, access to medical records etc. I've seen some good people helped, and some good people (patients, and personal friends) severely aggrieved and undoubtedly harmed by a system they experienced as overly punitive, controlling, shaming and exploitative. The North Carolina experience is instructive. They are changing not of their own initiative, but because they were audited. Other states would do well to follow suit. Independent audits are needed as a first step towards restoring confidence, it's just that simple. These outfits ought to be following some sort of national guidelines and standards just like the rest of us.

9 likes [Unlike](#) [Reply](#)

**Dr. karen miday** | [Psychiatry/Mental Health](#)

4 days ago

Does anyone know why California does not have a PHP? No impaired physicians there?

4 likes [Unlike](#) [Reply](#)

**C Z** | [Other Healthcare Provider](#)

4 days ago

[@Dr. karen miday](#) To the best of my recollection, California was audited several times to determine the efficacy of their PHP. Each audit produced the same results: that fewer than 1% of all physicians were self-reports because of much of what has been identified in this thread. Who would seek treatment when they run the risk of losing their medical license and the "minimum term" for a mental health issue is three (3) years and five (5) years for substance abuse?

7 likes [Unlike](#) [Reply](#)

**C Z** | [Other Healthcare Provider](#)

4 days ago

**Dr. Michael Myers** "Many of these same physicians, when well, look back at their attitude toward the PHP initially and can see that they no longer feel the same negativity about how they were evaluated, advised, and monitored." Really doctor? As a therapist who has been providing both mental health and substance abuse services to physicians for years, would you care to hear what those - who are no longer under the supervision of the PHP - have to say? Those who view their experience as helpful are in a small minority. The vast majority have used words like "Draconian," "Demeaning," "Punitive," "Cottage industry," "The darkest patch of my life" to describe their experience. Any physician who is foolish enough to question treatment recommendations is labeled as anything ranging from resistant or non-compliant to having an antisocial or narcissistic personality disorder. Any time my own recommendations to the PHP have been for a higher or more intense level of treatment, I have been complimented for being astute. However, I cannot recall a single time when I have recommended a less intensive treatment - or, heaven forbid, determined that the physician did not suffer from addiction - I was cautioned to not be "taken in" by their "manipulative behavior and dishonesty." For persons who do not have firsthand experience with this deeply flawed system, I suggest they watch "Good Night and Good Luck" as this system is as close to McCarthyism as one can get.

9 likes [Unlike](#) [Reply](#)

**Dr. karen miday** | [Psychiatry/Mental Health](#)

4 days ago

My son is literally a "dead duck." Shouldn't we at least demand a body count? How many physicians who are and/or have been monitored by the PHP's have died by suicide? The loss of licensure is a very real crisis, not to mention the humiliation of being yanked from one's residency or practice. Again, anyone with any mental or emotional vulnerability is likely not to fare well. Additionally, their treatment paradigm appears totally stuck in the abstinence only, 12 step, AA approach to addiction. Shouldn't they at least consider a "harm reduction" model in some cases. AA is a spiritual rather than evidence-based model. Strange to think that physicians, people of science, are mandated to what is essentially a religion. We talk repeatedly about practicing "evidence-based" medicine, yet, when it comes to our fellow physicians, we mandate them to a model that is 35 yrs old, and never scientifically studied. Worse yet, if they fail that treatment, they are mandated to return to the very same treatment. Where else in medicine do we do that? Isn't it possible that there is something wrong with the treating paradigm rather than those who are not helped by it.

This "blame the victim" mentality of substance use treatment must stop. Let's start by treating our fellow physicians with compassion and offer them treatment by physician specialists rather than by chemical dependency counselors whose main credentials is having been addicts themselves. And, please, let's not threaten loss of licensure in cases (most) where patients have never been put at risk. A relapse over the weekend, or while on vacation, is not the same as substance use in the hospital or office. In my son's mind, his relapse on vacation, at the very least, would mean 5 more years of monitoring (at his own expense), at worst, license suspension. He was not due to see the first patient of his fellowship for over a week.

His PHP essentially cut off his only hope of saving himself from this. He had made a plan, on his own, with his own private psychiatrist to address the issue. Why interfere with this? I am not jaded enough to believe that money was at the heart of this interference, and yet, this is how PHP's keep themselves in existence.

The system cannot be changed until we know, with complete transparency, how it operates. Sad to think that we will have to do this 50 times over to have any real answers. Shouldn't this be the work of the FSPHP? Let's call upon them to do this.

14 likes [Unlike](#) [Reply](#)**Dr. R B** | Physician

3 days ago

[@Dr. karen miday](#) Please broaden the scope of the body count to include physicians who have died due to abuse of power by state medical boards. Not only include suicides but also "accidental" deaths as one may find that the "accidental death" rate is above the general population. I know of one physician who had their license restricted, finally found a job working as a CNA and after three years of working as a CNA walked in front of a speeding car. All who knew him knew it was suicide. However, the official reported cause of death is "accidental".

6 likes [Unlike](#) [Reply](#)**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

My son is literally a "dead duck." Shouldn't we at least demand a body count? How many physicians who are and/or have been monitored by the PHP's have died by suicide? The loss of licensure is a very real crisis, not to mention the humiliation engendered by being yanked from one's residency

7 likes [Unlike](#) [Reply](#)**Dr. s n** | Physician

4 days ago

The corruption must end now! Thank God for this article. The situation is MUCH worse than people know. Many people across the country have had their entire LIVES ruined by Physician Health Programs (PHPs) and their collaborators. We need to band together and fight. We physicians are notorious for not banding together and protecting our rights. Dr. Michael Langan's website says it beautifully: "the need for revolt..."

Once you are referred to a PHP, you are a dead duck. You are not told why you are referred. You are not allowed to see the documentation. Literally ANYBODY can make a ridiculous allegation(s), and the PHP will take it as gospel. They have every (financial) incentive in the world to keep you in their grips. They do not allow you to get an independent second opinion. If you try to defend yourself or provide objective evidence or witnesses, you are labelled as cognitively impaired / in denial / defensive / disruptive / narcissistic, etc.

They further intimidate you by saying that if you resist, they will report you to the medical board. They even go out of the way to add false information to your file to justify their (out-of-state) referral.

Such centers are also corrupt. In fact, Pine Grove says that ~LESS THAN 5% of people who get referred there leave with a clean bill of health. The eval center will undoubtedly conjure up diagnoses, recommend unwarranted/arbitrary/absurd treatment which -- guess what -- they just so happen to offer. It costs a fortune and must be paid in cash. Even if you are Gandhi or Mother Theresa, they will most likely recommend long term monitoring by a PHP which is inhumane, but the PHP gets to charge you money so who cares about your basic rights. Why do you think PHPs force you to go to their hand-picked centers and nowhere else?

How many INNOCENT people's lives have been destroyed! Drs. Boyd and Cavenar are right.

I'm a (former) intern who had matched into an (excellent) ophtho residency, but my racist program director (PD) -- who has a history of psych problems and was also undergoing a divorce -- for my PGY1 Transitional Year in WA destroyed my ENTIRE career by making a malicious, absurd (substance abuse) referral to Washington PHP (WPHP).

I have never abused substances of any kind. I do not even USE substances of any kind. Neither my family nor I have any psych history whatsoever.

Without hesitation, WPHP obliged my PD and refused to even CONSIDER I was telling the truth. Even though all substance testing was negative and WPHP said to my face "You are a likable guy," they documented the complete opposite. They couldn't diagnose me with anything, but they were still hell bent on conjuring up some sort of psych diagnosis by forcing me to go to 1 of 3 obscure, out-of-state eval centers.

WPHP had already called the out-of-state people to make a tentative appointment for me BEFORE I ever stepped foot into WPHP. Regardless of what would happen at the "outside eval," WPHP said they'd be monitoring me and charging me money. PHPs and their collaborators/cronies need to be brought to justice.

I've been forced to fight ungodly painful, expensive legal battles for the past 4 years. Over the years, I've applied to ~400 jobs in MULTIPLE SECTORS, including outside of healthcare, but I can't even get interviews. WA Dept of Health issued PRESS RELEASES making horrible allegations about me. Press releases are at the top of Google

so when anybody or a potential employer Googles my name, the first things they see are press releases.

Trainees need extra protections! Even if, miraculously, a PHP clears a trainee in 2 days, your next residency program can rescind your spot if the PHP and/or your PGY1 program delays your reporting to your next program by EVEN ONE DAY. A trainee being referred to a PHP and/or labeled as XYZ is DISASTROUS BEYOND IMAGINATION. Residency programs don't want to touch you with a 10 ft pole – innocent or not. Getting even a trainee license is impossible. Trainees do not have the means to fight legal battles. If a trainee wins legal battle (can easily take 7+ years), residency programs still don't want you. Even if a trainee's name wasn't publicly smeared, without a PGY1, s/he would need a miracle to gain employment.

If anybody can help me in any way, I'd really appreciate it. If you are a trainee who is reading this, and you have been referred to a PHP, you should probably lawyer up right away regardless of how good or bad of a trainee you are.

Disability rights advocates and non profits, physicians need your help also! Under the pretense of "protecting the public," how can gov't organizations issue PRESS RELEASES accusing people with physical and/or mental health problems? [Physicians, see ADA "regarded as disabled" and "improper testing." Beware of statutes of limitations.]

There is no light at the end of the tunnel for me. My family's lives have also been shattered.

If anybody else was harmed by WPHP, we should band together. We should explore our options including a class action lawsuit. I heard WPHP drove at least one person to suicide. I doubt PHPs should even exist because they seem beyond saving. At the MINIMUM, PHPs need to be audited, etc., and there must be TRANSPARENCY and STRONG, lightning-fast checks & balances.

I don't know what defines a crime racket, but the current state of affairs sure seems like a diabolical one -- white collar crime. IMHO, the people involved probably belong in prison.

16 likes [Unlike](#) [Reply](#)

**Dr. k s** | Emergency Medicine

4 days ago

**@Dr. s n** Even non-trainees can exhaust their resources trying to fight the PHP. I had the full support of my own therapist, who was a professor of psychiatry, board-certified in addiction psychiatry, neurology, and psychiatry, to return to work. I had an independent evaluation by a forensic psychiatrist who trained at a top university and felt I was in no way impaired (I wasn't) but the PHP insisted that only one of their, as you aptly put it, "obscure treatment centers" could make an evaluation. I fought this battle for eight years. The PHP approved evaluations were a farce.

Among other things, I was given some Axis II diagnosis at one evaluation after an hour with a doctor who specialized in family medicine and directed the facility. I asked my own doctor of 5 years if he felt I had this personality disorder (narcissism - that's a favorite of these places.) He said absolutely not. In what world does a former addict turned addiction specialist get to slap derogatory labels on patients they don't even know?

The "psychological testing" performed at these places is frequently a series of largely discredited maneuvers, like Rorsach testing. I've taken the MMPI so many times and I answer the questions the same way, so imagine my surprise when the last time I took it, I was told my answers were invalid because of a lack of internal consistency? Of course, I was never allowed to see the report.

The Metro Atlanta Recovery Residences is another "approved facility." At that evaluation, which was supposed to last three days, I saw a psychologist, only later to find that he was not licensed to practice. He told me one thing during our interview and then, of course, wrote something consistent with what the PHP wanted. At that facility, at the end of three days, they had not been able to come up with a diagnosis so they insisted I stay additional time. The facility was horrendous. People were diagnosed with "love addiction." It was disgusting and shocking. When I refused to stay for additional days of evaluation, the PHP reported me to the board as "non-compliant." The board threatened revocation of my license unless I went for another evaluation. I did. BTW, many of these evaluations end up with the evaluatee placed in a confrontational situation. If you don't "admit you have a problem" you are, as you noted, "in denial." Or the assumption is that you are lying.

The last evaluation I had was at Vanderbilt University. I had been there an hour when I was interviewed by the director of that program, who told me right off the bat that "of course, you know you have to go away for three months. All doctors do." Whoever is saying otherwise is disingenuous. At this "special center with a special doctor program" I quickly learned that unless I played the game, I would not "pass." After undergoing "treatment" which cost nearly 50,000 dollars, So, in a very real sense, it was useless. How good can therapy be when you can't be candid about your doubts, particularly about the idea of "surrendering to a Higher Power."

The treatment that was supposed to be so uniquely geared to doctors wasn't very special - we were mainstreamed with a lot of heroin addicted kids and people who had been in and out of treatment centers 9 times and more. Doctors get to listen to the same lectures at least 3 times, sometimes 12 times, since the programs are run on a 28 day cycle for everyone else. The lectures are on a sixth grade level. Frankly, the 24 hour surveillance with cameras everywhere was degrading. All of the health care professionals were on edge, for fear something they said would inadvertently delay their release. People are encouraged to report "relapse behavior" by their peers, which can be something as innocuous as questioning the existence of god. It all had a chilling effect that destroys much of the potential for therapeutic benefit.

After discharge, I had to sign a contract to be monitored and drug tested 72 times annually. Probably the worst part was the forced participation in AA. I consciously left Christianity behind many years ago. I don't believe in a god who intervenes. There are many other options, but physicians are not allowed to choose. AA is not a good option for many people. What other "disease" do we treat with prayer? The PHP had to be informed every time I went out of town. I couldn't live with the cognitive dissonance I was experiencing through this forced participation in what is essentially a religious program. I'm happy for those people who have been able to solve their problems that way, but AA (and the PHP) is a setup for failure for many.

It is unbelievable that the use of lie detector tests in these places is tolerated. I know of one doctor who went to Pine Grove and ended up staying 6 months. He told me about the lie detector tests. I know another doctor who was diagnosed with sex addiction while in treatment and was forced to disclose his sexual history to a group. The diagnosis was made by a masters level counselor. It's not even in the DSM V, yet Pine Grove in particular has created a good cash flow from treating sex addiction.

The medical licensure board posted my name after my resignation. Since the Board has a .gov site, it ranks high in search results after many years. It has negatively impacted my career in a significant way. It was a non-disciplinary action, but the board vindictively published it and continues to do so.

When you become involved with the PHP, you have no due process or recourse. Doctors in this situation are extremely vulnerable. Part of this vulnerability comes from the assumption that an agency like the medical board and, subsequently, the PHP, must be right. Their appeal to authority is flawed. If you don't comply, you are immediately suspended or revoked and it becomes a public record that is highly visible. It's like a scarlet letter and initiating legal proceedings opens your entire life to scrutiny, including medical records, psychiatric history, marital counseling, etc. There is a huge psychological and emotional toll.

I was contacted by a journalist who is researching this topic and asked me if I could refer her to other doctors who were willing to discuss their PHP experiences, whether on or off the record. If you are willing to do this, let me know.

11 likes [Unlike](#) [Reply](#)

---

**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

Yes, Dr. K s, I would be willing to speak on my deceased son's behalf. So much of what you have said rings so true and captures much of my son's experience as related by him to me. Certainly true that those who make it through try to "play the game." When he tried, with legitimate psychiatric assistance, to make his own plan for treatment in a less restrictive, less costly, local, public inpatient setting, the PHP urged him to see them instead. They essentially undermined his attempt to seek the treatment he and his psychiatrist had arranged. He clearly was not in a state of mind to accept their interference. He should have been encouraged to immediately seek a place of safety. Although they have no real



accountability, their actions appear to have precipitated a suicidal crisis. My e-mail address is karenmiday@aol.com. Would be happy to hear from you and anyone else who has had a negative experience. My son cannot speak for himself, but I do hope that some of you will be brave enough to reveal yourselves and help me speak on his behalf, and in honor of his memory.

10 likes [Unlike](#) [Reply](#)

**Dr. s n** | Physician

3 days ago

[@Dr. k s](#) [@Dr. s n](#) Thanks for the reply and your kindness, Dr. KS. You are ABSOLUTELY right. I'm so very sorry to hear your story. Thanks for sharing and sharing the NAMES and details of other sham facilities.

I thought about sharing so many details, e.g. Pine Grove lost JCAHO accreditation, but was worried my post was already long. You are right about the eval centers. The personnel are very shady, (former?) addicts, unqualified, and the psych testing is a sham -- just like the whole process from start to finish. I got independent evals and passed EVERYTHING "with flying colors," but that didn't matter. I continue to learn a lot about the many sham processes and collaborators.

It is abundantly clear to me that the second you are referred to, or even self-report to a PHP, you -- impaired or not -- are a dead duck. Apparently, California figured that out.

I'd love to connect with your journalist contact. For the sake of everyone on this forum, do you think s/he can pool a number of our stories and draw national media attention? While I'm grateful for Medscape and Drs. Boyd, Langan, Cavenar, and everyone else, I'm thinking that the fastest way to force change is via high-profile national media attention. The PHP corruption, etc., is a NATIONAL epidemic. This story is worthy of front-page and headline news in the HIGHEST profile national media outlets.

3 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

3 days ago

[@Dr. k s](#) [@Dr. s n](#) If these facilities were treating the general public there would be an uproar!

6 likes [Unlike](#) [Reply](#)

**Dr. s n** | Physician

3 days ago

Indeed.

The public often doesn't care about physicians. That's why it is up to us to band together and fight. It's not too late to fight. Let's fight to protect the future generations; to honor our fallen brothers and sisters; and so much more.

6 likes [Unlike](#) [Reply](#)

**Dr. K M** | Psychiatry/Mental Health

2 days ago

[@Dr. s n](#) I understand the thrust of your comment but disagree with the general sense that the public doesn't care. The "public" are our collective patients. And many do care deeply about their physician's well-being. They will care more when they learn that their doc could be whisked away on false charges and they could be left without medical care. They should care because their confidential record could be unscrupulously apprehended by a state agency and all confidentiality could be lost.

What is important is that, while others likely do care - to whatever extent - it is our responsibility as physicians to confront this beast and fix this problem ourselves. Too many physicians (in general) get stuck in a victim mentality about all of the awful stresses being imposed. There ARE awful things happening. Writing our hands and cursing is not going to get us anywhere. (That said, there are also GOOD things happening in healthcare. And there are good things happening in re: confronting tyrannical boards and gestpo PHPs - this article and comment section for one!

3 likes [Like](#) [Reply](#)**Dr. s n** | Physician

3 days ago

Thanks for the reply and your kindness, Dr. KS. You are ABSOLUTELY right. I'm so very sorry to hear your story. Thanks for sharing and sharing the NAMES and details of other sham facilities.

I thought about sharing so many details, e.g. Pine Grove lost JCAHO accreditation, but was worried my post was already long. You are right about the eval centers. The personnel are very shady, (former?) addicts, unqualified, and the psych testing is a sham -- just like the whole process from start to finish. I got independent evals and passed EVERYTHING "with flying colors," but that didn't matter. I continue to learn a lot about the many sham processes and collaborators.

It is abundantly clear to me that the second you are referred to, or even self-report to a PHP, you -- impaired or not -- are a dead duck. Apparently, California figured that out.

I'd love to connect with your journalist contact. For the sake of everyone on this forum, do you think she can pool a number of our stories and draw high-profile national media attention? While I'm grateful for Medscape and Drs. Boyd, Langan, Cavenar, and everyone else, I'm thinking that the fastest way to force change is via high-profile national media attention. The PHP corruption, etc., is a NATIONAL epidemic. This story is worthy of front-page and headline news in the HIGHEST profile national media outlets. (Sorry if this post appears twice. Medscape not working.)

1 like [Like](#) [Reply](#)**Dr. Mark Ibsen MD** | Emergency Medicine

2 days ago

My story is as arcane as the rest. And nearly as destructive.

Still recovering 9 years later.

Markmusheribsen@gmail.com

1 like [Like](#) [Reply](#)**Dr. R B** | Physician

3 days ago

[@Dr. s n](#) It is too late for many. Many have already died and their families have been devastated. There is a ripple effect of this evil....shattered homes, with children.

4 likes [Like](#) [Reply](#)**Dr. R Oenbrink** | Family Medicine

4 days ago

I was put through the FL PRN 17 years ago for "Alcohol Dependence" that never was. I spent 4 months in a God-forsaken treatment plant that couldn't figure out what was wrong with me. I was voted most likely to relapse when I "chipped out" of that facility.

By God's grace I have 1 sobriety date and a diagnosis of Asperger's Syndrome that was completely missed.

Most recently I've spent 2 years out of practice due to the arrogance of the North Carolina Medical Board. A group which countermanded the treatment plant I was sent to for >\$20K out of pocket and despite the recommendation that I immediately return to practice.

The advocacy of the NCPHP? "Just do as the NCMB tells you to do".

Advocacy? I had no due process from the Board, no semblance of advocacy from the PHP or the FL PRN (the FBOME never knew of my issue, it was handled entirely through the FL PRN as I had self-referred.

When I attempted to contact the groups for clarification of one point or another, call-back's were promised. When they never happened. I complained. When I complained about lousy care, being ignored etc, I was told that I would relapse because I "didn't have good acceptance".

I would never wish a PHP on my worst enemy (coincidentally enough, the "professionals" of the NCMB & NCPHP).

These organizations are more professional thuggery than professional

RJ Oenbrink DO

Family Medicine, Addiction Medicine

1 like [Like](#) [Reply](#)**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

I am an Ohio licensed psychiatrist whose 29 y.o. physician son took his own life while being monitored by the

Missouri PHP. He was referred to the PHP by a colleague in 2009 and was sent to a treatment facility in Chicago (no facilities locally or in state were offered) for a 90 day residential treatment program prior to any psychiatric and/or addictionologist evaluation.

Following a relapse, while vacationing in Puerto Rico, he saw his private psychiatrist and arranged for inpatient treatment at a public local facility. (He contacted that facility from his psychiatrist's office.) When he called the PHP to inform them of his plan, they strongly advised against his treatment choice and encouraged him to instead come in to speak with them about other options. His calls to several members of the PHP were the last calls he made. He was found dead the next morning.

I talked with him the night prior to his visit to see his psychiatrist. He was panic-stricken at what he considered the likelihood that he would either lose his medical license and/or be mandated to another course of inpatient treatment. He was one week away from beginning an oncology fellowship at Washington University/Barnes Jewish.

His feelings about the PHP were anything but positive. He considered them a policing rather than a helping agency. Never once did they ask for any information from his treating psychiatrist. I know better than to blame any particular person or agency for my son's completed suicide. I do, however, believe that had the "professionals" at the Missouri PHP supported the plan made in consultation with his personal physician, he would still be alive today.

My son was a brilliant and compassionate physician who deserved the best evaluation and treatment of his depression, anxiety, and substance use disorders. Instead, he suffered fear, alienation, and humiliation at the hands of his PHP. The "therapy" group he was forced to attend, only reinforced his fears, as he heard stories about the loss of licensure as well as professional and personal esteem suffered by many in attendance.

We cannot expect physicians to turn for help if their medical license, and consequently all they have worked so hard to earn, are threatened based on input solely by the PHP and is "select" treatment centers.

We must shed light on this, or we will lose many more talented physicians to suicide.

PHP's cannot continue to act as both treating and policing agencies. This is an inherent conflict of interest.

My thanks, especially, to Michael Langen and his tireless effort to bring this issue to the light of day.

12 likes [Unlike](#) [Reply](#)

**Dr. s n** | Physician

4 days ago

[@Dr. karen miday](#) So very sorry for your loss

6 likes [Unlike](#) [Reply](#)

**Dr. k s** | Emergency Medicine

4 days ago

[@Dr. karen miday](#) Dr. Miday, Many of us have read your son's story. I am so sorry.

2 likes [Like](#) [Reply](#)

**Dr. R B** | Physician

3 days ago

[@Dr. karen miday](#) Your son was murdered via proxy by a corrupt system.

4 likes [Like](#) [Reply](#)

**Dr. Jesse Cavenar** | Psychiatry/Mental Health

4 days ago

I am compelled to comment on Dr. Michael Myers comments below. He states that many of the "unhappy campers" who took issue with the PHPs process were unhappy because they had untreated illness that affected their judgment and insight, and notes that "many of these physicians, when well, look back at their attitude toward the PHP initially and can see that they no longer feel the same negativity about how they were evaluated, advised and monitored".

Over the past six years, I have talked with a large and growing number of physicians who have completed their respective PHP assessment and compulsory treatment and are now free of the PHP. I have not encountered one person who no longer feels the same negativity about how they were evaluated, advised, or monitored. Instead, I have encountered a group of physicians who strongly believe they were misdiagnosed---and some believe intentionally misdiagnosed---who remain extremely bitter and even enraged about the treatment they received at the PHP. They have been traumatized by this process and rendered powerless. To write this off with the standard verbiage of many substance abuse specialists that these disgruntled physicians are just ill and still "in denial" is itself a conceptual blind-spot, its own form of denial if you will. Many of these physicians have come to my attention via their treating physicians who concur with the fact of their misdiagnosis. These physicians continue to believe they were misdiagnosed, treated disrespectfully and deprived throughout of their fundamental rights to due process and honest evaluation. They maintain that they were coerced and threatened if they did not fully comply with PHP's demands and that they were sent for unnecessary and extremely costly evaluation and/or inpatient treatment at inherently biased "preferred" programs. They continue to be enraged regarding these perceived

violations.

Many have told me that they cannot even come forward in a forum such as this for fear of retaliation by PHP and the Medical Board. In some cases, they have allegedly been threatened with being labeled as non-compliant or disruptive and "losing the endorsement" of the PHP in advocating for the restoration of their license. Some have allegedly been threatened with extension of their monitoring contract.

Dr. Phyllis Henderson notes below"...I would recommend that someone who thinks they have a mental or addiction problem consult privately rather than go to the PHP". My experience leads me to conclude there is much merit in her statement and I agree with her. Let me note that I was either Chairman or a member of the Impaired Providers Committee (later called the Professionals Health Committee) for some thirty years at major medical centers. Never did I refer a patient to the PHP. Instead, if I had a patient who needed treatment, I arranged for the patient what I and others believed was appropriate. Several times I cancelled my schedule for the day and drove a physician colleague to another city for immediate prearranged emergent hospitalization, or drove a physician patient for an emergency outpatient evaluation. Many times I arranged for hospitalization at world-class facilities in other states for physician patients.

I would not and will not refer a physician patient to a PHP when:

- 1) the physician patient cannot obtain a copy of his complete PHP medical record on request and is continually denied access to his own medical record, and prevented from obtaining timely independent consultation
- 2) the PHP clinical director and medical director refuse to respond to legitimate, reasonable correspondence from the patient and the patient's representative regarding their diagnosis of the physician patient and the clinical grounds on which the diagnosis was made
- 3) the PHP has a pattern of disregarding the findings of multiple substance abuse experts and instead makes its own diagnosis but refuses to discuss how that diagnosis was made
- 4) the PHP denies that it is conducting a clinical or forensic diagnostic psychiatric evaluation which carries immense weight and rather asserts that what they are doing when they evaluate a physician patient is "peer review", which somehow therefore justifies denying the physician a copy of one's medical record
- 5) a physician patient who is to go to a "preferred facility" for evaluation is allegedly told by a cleric person at that facility that he or she will be hospitalized for ninety days prior to the physician patient going to the facility for the "evaluation"

Given what I have witnessed, and other physicians have alleged, why would I ever refer a physician patient to such an organization as the PHP? Who needs it? I can assist my patient in obtaining quality care thru any number of high quality, first-rate evaluation and treatment facilities.

12 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. Jesse Cavenar](#) . Licensed professionals have NO civil rights in the U.S.

8 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. Jesse Cavenar](#) . PHP programs, CPEP programs are nothing more than legalized extortion and bullying.

9 likes [Unlike](#) [Reply](#)

**Dr. James Weber** | Pediatrics, General

5 days ago

Just like the "disruptive physician " label -----once applied , valid or not -----you are "toast " .

10 likes [Unlike](#) [Reply](#)

**Dr. Robert Sands** | Psychiatry/Mental Health

5 days ago

I believe the core problem is with the addiction paradigm itself, which can see "underlying pathology" that needs corrective intervention in intensive programs.This pathology may be sub diagnostic such as some anxiety based

on trauma or mood issues, quite separate from substance dependence or addiction. It is analogous to my years in psychoanalytic work where "character issues" deserved to be engaged under the idea of "personality reconstruction" or "character analysis". This approach was long ago abandoned for a variety of reasons, replaced by methods more symptom related and offering evidence based responses, leaving the "underlying" issues alone, unless raised by patients.

There is also the problem that the addiction paradigm interprets medically related symptoms that are of complex causation as deriving from substance withdrawal, even when such a conclusion is absurd given the substance use history and dose consumed. The addiction paradigm is a world unto itself and frequently antagonistic to alternative clinical interpretations. .

So physicians who have minor prescription drug use, (prescribed by their physician), are vulnerable to be "captured" by the "maybe this is dependence/addiction so we need a residential assessment" approach. Benzos are a class in disfavor with the addiction community, even if used in low dose for reasonable indications in low monitored doses.

The larger and non clinical problem is the legalistic structure of the PHP programs that exclude due process, leaving physicians powerless to rebut or question so they submit to the legally prescribed structure or loose their license. This must be corrected by lawyers or State Health Boards. This topic is very important and I am pleased to see it put forth so clearly. Perhaps a lawyer could weigh in on how some oversight and due process might be achieved. Via a Health Board?? Legal Bar?? what path??

10 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. Robert Sands](#) . Dr. Sands. Physicians are being referred to these programs who have no addiction or alcohol issues. It is also being done on a strictly punitive basis. I know a physician, who is not an alcoholic, is not known to be an alcoholic by anyone in the community or her family, who was randomly accused by the Oregon Medical Board, as though some quota of allegations needed to be fulfilled for that year, for being an alcoholic. No patient or patient's family complained against her. The complaint apparently was generated by the Oregon Medical Board. The Gestapo Nazi Oregon Medical Board then forced this physician to pay about 8000\$ to go to an inpatient alcohol treatment center of their choice (no possible corruption there, eh?) at which point after three days the attending in this facility said "we don't know why you are here, you are not an alcoholic." This physician had no elevated LFT's or any stigmata of alcoho use, had no history of DUI, etc.

And there are countless other stories of how these tyrants and sophists are being paid to destroy the lives and families of many decent, law abiding physicians. The system wreaks of corruption.

1 like [Like](#) [Reply](#)

**Dr. Phyllis Henderson** | Psychiatry/Mental Health

5 days ago

Such horror stories. I am a recovering alcoholic for whom the monitoring and board process was very helpful, but I was aware of punitive elements. I worked both in California and Washington first as a client and then as a facilitator. I can see that addiction medicine suffers from its own grandiosity and circular reasoning. As stated, we need a balance of transparency and approachability with protection of the public. After reading these stories I would recommend that someone who thinks they have a mental or addiction problem consult privately rather than go to the PHP. One could add contingency contracting with a trusted colleague or therapist that if improvement is not noted that further steps would be considered.

Addiction is a disorder that is hard to admit you have, but we want to have a safe place to get well. No one wants to be a drunk or addicted physician. I would be dead if I had perceived that it was possible to have the outcomes described in Iowa and North Carolina.

5 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. Phyllis Henderson](#) . Times have changed since your treatment. I have no addiction/alcohol issues yet I was treated like a criminal. Let me clarify that. A criminal has more civil rights than a licensed physician. Also, a criminal when found guilty is given free housing, free food, free medical care and free dental care. Whereas a middle aged physician with a restricted license (for doing nothing wrong) is left without any means of survival except begging. The liability setting...i.e. too many attorneys chasing to few bucks...is making the employment of recovered physicians to high risk.

7 likes [Unlike](#) [Reply](#)

**Dr. Daniel Anderson** | Physician

5 days ago

I no longer practice medicine as a result of self-reporting to a PHP. I sought help from the Iowa PHP in 2005 for professional burnout. This triggered what would ultimately become a very expensive and dehumanizing ordeal that

caused me to leave medicine altogether in 2010.

Fortunately, I have never suffered from a psychiatric condition, including addiction. I had practiced medicine for 16 years with zero disciplinary actions and zero malpractice suits. Once in the PHP system, however, I was rubber-stamped as needing 5 years of counseling, abstinence, and drug-testing by people I had never even met. When I refused to comply, on the grounds that the recommended plan did not fit my circumstances and would be of little or no help to me, the matter was turned over to the Iowa Board of Medicine. They sent an Investigator out with a urine cup and a pad to take my story. I happily provided both, thinking I would be exonerated.

I didn't hear from the Board again for about 6 months, at which time their mode of communication to me was a letter from the Iowa Department of Justice threatening suspension of my medical license, along with a \$5,000 civil penalty for being non-compliant. Outraged, I hired a lawyer. He charged me \$3,000 to tell me that I would need a \$30,000 "war chest" to fight for my innocence. He also told me that I would probably lose, because the Iowa Board of Medicine was not subject to the same due process and constitutional compliance that courts were, that they essentially "owned" my license and could yank it whenever they felt like it. Already having spent about \$10,000, I decided to comply with a 5-year monitoring contract at my own additional expense, which I did for 2 years before leaving medicine altogether.

Even though I fully complied with all of the Board's requirements, and paid my \$5,000 fine for disagreeing with the Iowa PHP, I ended up with an unflattering permanent entry in the National Practitioner Data Bank. Also, there were press releases that damaged my reputation, and insurance companies dropped me until my 5-year probation was over.

I realize that there are many physicians in great need of counseling and treatment for depression and substance abuse, and that some of these physicians endanger their patients. This justifies a need for PHPs. That said, I echo the concerns of other contributors here that PHPs desperately need better implementation and oversight. They should have balanced membership as well, not drawing disproportionately from psychiatry and the legal profession.

I would advise anyone unlucky enough to get in the jaws of today's PHP to hire the best lawyer you can find immediately, and to agree to nothing without legal counsel. PHPs operate under the guise of public safety, but I believe they are poorly implemented and dangerously unchecked. My experience with a PHP taught me to fear them as a robotic bureaucracy with little more than a superficial regard for due process or for the well-being of their clients.

13 likes [Unlike](#) [Reply](#)

**Dr. K M** | Psychiatry/Mental Health

5 days ago

**@Dr. Daniel Anderson** I am so sorry that you were treated so abusively. Truly a Kafkaesque nightmare. I'm not sure that any lawyer can be effective in an administrative justice system that empowers boards and PHPs to flaunt their abuse of authority and due process so blatantly and provide utterly no recourse to the physician. Rather, the legal profession itself needs to call out and take a vigorous stand against such anti-constitutional abuse.

What then is the answer (asking rhetorically)? It seems clear that oversight and accountability are so grossly absent that some medical boards and PHPs have become governments unto themselves, deaf to multiple physicians' urgent concerns and impervious to consideration of any reasonable modification to their approach. Those are characteristics which define despots.

One can understand why the recently filed Michigan class action lawsuit against both the board and PHP portends to have such power. In that suit, both the board and PHP are being sued collectively and in their personal capacities. Perhaps that might be the only way.

On a different note, what did you do after you left medicine? Was there anybody there to help you negotiate this ordeal? Perhaps we can find a way to connect offline.

Thank you for sharing your story, and I hope you are finding some healing.

4 likes [Unlike](#) [Reply](#)

**Dr. Daniel Anderson** | Physician

5 days ago

**@Dr. K M @Dr. Daniel Anderson** I asked for help. What I got was excommunication. I was surprised at the impersonal nature of the PHP, who never once asked to meet with me in person. I was dismayed by the inability of the PHP to offer any real help. They initially advised me to see a psychiatrist, without being able to recommend any specific one with experience relevant to my situation. That psychiatrist felt I had no treatable condition and agreed with my taking time away from practice.

I enjoyed my respite; I explored other practice opportunities, as well as non-clinical career options. After several months I decided to return to practice in the same town but with a more limited engagement, protecting myself from burnout.

Colleagues, administrators, associates, and patients distanced themselves from me, as if whatever was wrong with me might be contagious. Then, after hearing nothing from the PHP for months, they suddenly demanded that I travel 300 miles for a 2-day evaluation, despite my clean bill from psychiatry. That program required \$5,000 in cash up front and turned out to be one of the poorest decisions I made. I had hoped, naively, for help. I thought they might at least allay any concerns colleagues had about me. Despite normal physical, psychiatric, blood, and urine testing, the best they could do is recommend that I should be monitored. It was as if they only had 2 categories of patients: doctors with drug problems and doctors who denied it. So now this "official" communication from a respected institution created a cloud of suspicion from which there was no escape.

Again, I have never had a drug or alcohol problem and never tested positive for anything, including results from random SS-like raids on my medical practice, where Board Investigators went into my bathroom to watch me pee. Yet the PHP still demanded that I enter into a 5-year monitoring contract with extensive boiler-plate recommendations, including daily drug testing and AA. AA?? It was ridiculous. So I refused. That's when the whole thing went public and I really became a pariah.

Kafka indeed. Fortunately, my metamorphosis was not into a giant insect but instead into CEO of a software company. I am grieved that many of us are not so lucky, and I feel strongly that the system needs change.

8 likes [Unlike](#) [Reply](#)

---

**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

I am glad that you are alive, healthy, and successful. My physician son was not so lucky. My husband and I actually encouraged him to consider leaving medicine after his experience with the Missouri PHP became so negative. He lived in mortal fear of his license being yanked. It is sad to think that had he chosen any other profession he would likely still be alive.

6 likes [Unlike](#) [Reply](#)

---

**Dr. R B** | Physician

4 days ago

[@Dr. karen miday](#) These and such stories must be told to all young and naive students with any intent of entering into this previously noble but now destroyed profession.

7 likes [Unlike](#) [Reply](#)

---

**Dr. k s** | Emergency Medicine

4 days ago

[@Dr. Daniel Anderson](#) [@Dr. K M](#) Dr. Anderson,

The capricious demands made by your PHP and board are typical. Everything you note is absolutely consistent with every doctor I've met who has had any interaction with the PHP.

One of my former attendings was referred for evaluation of stress or burnout, after his promotion to associate dean of the medical school. The PHP director, a family practitioner whose qualification was his addiction and membership in AA, insisted Dr. M travel to an approved evaluation in Lawrence, Kansas. There, he was informed that he would have to attend outpatient therapy at one of these facilities for a period of three months. They would not allow him to undergo therapy at home, although we have a whole state full of qualified and licensed professionals. Dr. M was deeply ashamed. As you pointed out, leaving practice for several months immediately places a physician under suspicion. Dr. M was staying in a motel in Lawrence and he became so distraught that he killed himself just before Christmas, while in treatment. He shot himself in the mouth and left behind a wife and children. There was never any question of substance abuse.

My neighbor was a respected cardiologist who was experiencing some marital problems and subsequent depression. He was afraid to see a doctor for treatment of the depression and ended up killing himself one Sunday morning. He also left behind three sons.

Dr. Midday's story was tragic. Before I made the decision to move forward with my life and leave the PHP behind, I was considering suicide by car.

3 likes [Like](#) [Reply](#)

**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

Dr K s, Are relatives of the physicians who died by suicide willing to talk about their loved one's experience with the PHP? I would so much appreciate you putting them in touch with me (karenmiday@aol.com) The association of their deaths with involvement with a PHP needsto be made public. The PHP's clearly do not want to talk about this. The Missouri PHP made no attempt to conduct any kind of reievw of my son's death and was not required to make an incident report to any regulatory agency. This is shameful.

2 likes [Like](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. K M @Dr. Daniel Anderson](#) . Unfortunately, much of what is the driving force behind the expansion of the Totalitarian Administrative state is too many attorneys seeking too few bucks. Notice how many executive directors who actually run the state medical boards are becoming more and more attorneys who are appointed, without term limits no less, to these high paying positions.

3 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. Daniel Anderson](#) . And what I hear from you Dr. Anderson is that another decent human being has left medicine to the abuse by these monsters. It is the Totalitarian Administrative State. It is growing in both its scope and the depravity of its abuse. If the Red Army landed on U.S. shores, I am sure that Americans would shoot them and fight back. This increasingly insidious, stealth nation within the U.S. is a clear and present domestic danger to the Liberty that was once revered in this country. The first sign of decay is when an attorney is appointed to run the medical board. Funny, I know of no state bar associations that are run by a physician (unless that physician is also a JD). Regarding the Totalitarian Administrative State, no one elects them, no one can legally get rid of them and they do not have to answer, beyond mere lip service, to the public or the lawmakers. These individuals, interestingly enough, right the laws that grant them impunity. Remember, everything Hitler did was legal. It was immoral and unethical but all legal. And that is what we are facing today. Authority based primarily upon power and not reason. It is discretionary. It is abusive. It will smash any professional who dare questions the actions of these tyrants. It absolutely amazes me that such behavior is legal and institutionalized in the U.S. Basically, you can do anything you want to someone as long as it is legal...it doesn't matter if it is unethical or immoral....it doesn't matter if the kangaroo court proceedings of the medical board inquisitions are done in private and would not meet standards that are upheld in civil and criminal courts. It doesn't matter if you didn't do anything wrong. It doesn't matter if none of your patients or families never complained against you. They rule. They write the rules. They earn a living and you are the food.

1 like [Like](#) [Reply](#)

**Dr. Jesse Cavenar** | Psychiatry/Mental Health

6 days ago

I was pleased to see Ms. Anderson's piece calling attention to the previously unaddressed problems that have emerged with multiple physicians expressing immense dissatisfaction with their evaluation and handling by PHPs.

I am a certified psychoanalyst and board-certified psychiatrist who was the "doctor's doctor" at Duke for some thirty years. Subsequently, I was the Senior Medical Review Officer for the U.S. Army Substance Abuse Program, Europe, for eleven years. I believe I have some knowledge about which I speak.

In my attempts over the course of several years to assist a young colleague who was accused of alcohol abuse, I obtained a power of attorney for him and attempted to talk with personnel at the NCPHP who had conducted a diagnostic evaluation on the basis of an anonymous complaint of the man smelling of alcohol. His challenge of the complaint and recounting his professional behavior and absence of a substance abuse problem was overtly rejected. I pointed out to NCPHP personnel in writing that this man did not meet the DSM diagnostic criteria for alcohol abuse--or anything else, for that matter--and that five substance abuse specialists had all stated that this man did not meet the DSM diagnostic criteria for alcohol abuse. The young colleague had requested a blood alcohol or Breathalyzer to prove his innocence; that had been denied. All of his colleagues at the hospital where



he worked stated he had never smelled of alcohol, and his girl friend and parents stated that he had no alcohol problem. Yet, NCPHP personnel stated that the diagnosis was alcohol abuse and threatened to report him to the NC Medical Board (NCMB) if he did not sign a contract with the NCPHP for monitoring.

NCPHP personnel refused to meet with me, or to answer my correspondence with them, despite my power of attorney and releases from the patient.

The accused physician asked NCPHP personnel in writing to be told in writing why and on what basis he was being detained in the NCPHP upon threat of report to the NCMB, when in fact he did not meet the diagnostic criteria for the alleged alcohol abuse. NCPHP personnel refused to respond to his request.

NCPHP personnel refused then and for a prolonged period subsequently to give the physician patient a copy of his own record and refused me a copy of the patient's record, even with the power of attorney that I held.

I posed the question to both the NCPHP and NCMB: "How does one make a diagnosis of a disorder when the patient has none of the required diagnostic signs or symptoms of that disorder?" Not surprisingly, no one would answer that question. My insistence on diagnostic integrity and program accountability was ignored and I, as a reasonable and knowledgeable medical professional in the very same field, was repeatedly shunned.

Over the next several years, I spoke with many other physicians who believed that they had been subject to diagnostic abuse and inappropriate multi-day evaluation, and prolonged treatment and invasive monitoring based on what appeared to them to be incorrect diagnoses. Some of the physicians believed that the diagnoses were contrived and unsupportable.

Convinced that I had an ethical responsibility to confront this, I filed a lengthy complaint with the NCMB, alleging violations of constitutional rights, federal statutes, state statutes, and ethical standards of various professional organizations. To my dismay, I received a response that the NCMB "voted to take no further action" on my complaints. Such was an oxymoron, as no "action" had been taken, so no "further" action was impossible. Never was I told that my complaints were not valid, or they had been investigated and not substantiated. In my opinion, I was simply given the "bums rush" with the hope I would go away. Recently, I was informed that the NCMB as well as an additional licensing board has opened bona fide investigations into certain of those complaints.

I have been a practicing physician for fifty-two years, have an exemplary record and reputation and have never been in any difficulty with a PHP or medical board. I have been shocked as to what I have observed and learned over these past six years. I will go on record as stating that my encounters with the NCPHP are the most outrageous, egregious and unbelievable series of events I have experienced in my years of practice.

For any physician, getting ensnared in NCPHP, especially on an alleged incorrect diagnosis, is a Kafkaesque nightmare. How have we come to this point where a state-funded diagnostic psychiatric program can allegedly routinely engage in a pattern of such reckless diagnostic inaccuracy and yet affected physicians are rendered powerless and their professional societies ignore such alleged flagrant abuse?

Have PHPs become unstoppable organizations that can wreck physicians' careers? Why has there been no oversight and accountability? Do PHPs and Medical Boards want to look "tough"?

This alleged abusive behavior must be confronted and this alleged out-of-control unaccountable pattern of alleged psychiatric misdiagnosis and mandatory referral to private treatment facilities halted. I strongly believe that organized medicine and psychiatry must bring their authority to halt this alleged pattern and urgently work to restore a program that operates with professional integrity and compassion in its appropriate outreach to physicians with real mental health and substance abuse issues.

It seems clear that at present no one is watching the regulators and their state psychiatric evaluators. And that is very dangerous. Physicians and other medical professionals, and their respective patients, are allegedly being harmed. And it must stop.

21 likes [Unlike](#) [Reply](#)

**Dr. R B** | Physician

4 days ago

[@Dr. Jesse Cavenar](#) . The witch hunts are on. And boy, do the witch hunters like and need their

jobs...to be productive...no matter how many innocent lives and families are destroyed.

7 likes [Unlike](#) [Reply](#)

**Dr. s n** | Physician

4 days ago

[@Dr. Jesse Cavenar](#) Thank you for your efforts. You are a hero.

5 likes [Unlike](#) [Reply](#)

**Dr. Michael Myers** | Psychiatry/Mental Health

6 days ago

I am quoted by Ms Anderson, referring to the PHP of NY state, with the statement ".....there have also been 'a lot of unhappy campers' who took issue with the program's process". What is missing is the context of that statement. What I intended is that much of this unhappiness is due to untreated illness in the physician that affects judgment and insight. Many of these same physicians, when well, look back at their attitude toward the PHP initially and can see that they no longer feel the same negativity about how they were evaluated, advised, and monitored. Thank you.

4 likes [Like](#) [Reply](#)

**Dr. Eliza Blackwell** | Internal Medicine

5 days ago

Dr Michael Myers--Would you

Please disclose your relationship to the state PHPs and FSPHP? The article does not mention this conflict of interest. You are a longstanding supporter, advocate and some might argue apologist for physical health programs. There is also a financial conflict of interest.

Your retraction here is interesting. It does not comport with reality on any level. It is implausible as anyone here knows this scenario you describe is ludicrous.

9 likes [Unlike](#) [Reply](#)

**Dr. B W** | Neurology

3 days ago

Actually whar Dr Myers said happens a lot. I have seen it many times over. I might just add "feel less negatively." The problem is the addict and the innocent act similarly early on. The PHPers, primarily familiar with addicts, assume all are guilty. It's a tough situation. Lives can be ruined by this but the PHPers charter is "to protect the public" so guess what happens, addict or not. I have no answer. I dont want to see anyone treated unfairly nor do I want an intoxicated provider.

2 likes [Like](#) [Reply](#)

**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

Unless they, like my son, die by suicide first. It seems most reasonable to assume that anyone with a legitimate psychiatric illness might be especially vulnerable to the threat of loss of licensure and hard-won career. My son certainly was. In fact, he was panic-stricken. He had heard too many horror stories by other physicians in the treatment settings he was mandated to. Why not allow physicians the same options available to our patients. Certainly, they should be allowed - no, in fact, encouraged - to seek an independent psychiatric or addiction specialist evaluation. The treating physician can then, if necessary, be called upon by the Medical Board for an opinion and treatment recommendation.

My son trusted his private psychiatrist. They were, in fact, working well together on his "issues." Too bad the Missouri PHP seemed to have no real interest in this and no real interest in input from my son's doctor.

Mike, I know your heart is in the right place, but the reality is that all PHP's are not the same. The Clinical Director of my son's PHP was an RN. Still not certain what credentials he had to make treatment recommendations for my son (residential treatment in Chicago) prior to an evaluation. The absurdity of this should be apparent.

My hope is that you will join this effort to require that PHP's have some real transparency and accountability. I strongly suspect that my son is not their first victim.

7 likes [Unlike](#) [Reply](#)

**Dr. john robertson** | Psychiatry/Mental Health

6 days ago

Amen! As a board certified addiction psychiatrist I've witnessed these abuses for years. Unfortunately these programs are usually lorded over by well-intentioned previously addicted physicians from specialties outside of psychiatry who have no business practicing psychiatry. Any disagreement of the findings by the alleged impaired physician is treated as denial requiring cult-like intervention. Consideration of less invasive intervention such as outpatient psychiatric treatment are rarely considered.

24 likes [Unlike](#) [Reply](#)**Dr. Eliza Blackwell** | Internal Medicine

6 days ago

Precisely, and they have duped state medical boards ( and FSMB) into believing they are the only "experts" and that anyone outside the shell game cannot be trusted as they 1. Don't have the "knowledge" they have and 2. Are part of the "conspiracy of silence" protecting impaired colleagues. Although some are recovery zealots the 12-step is more frequently used as a facade to 1, get ""like-minded" MDs licenses back ( they blame any and all behavior on drugs and alcohol and take no personal responsibility and 2. Call doctors who don't agree with their draconian abide "non-compliant." It sculpture of fear and threats wrapped in a patina of "recovery."

17 likes [Unlike](#) [Reply](#)**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

Would really love for the American Psychiatric Association to take up this issue. It seems that many PHP's (Missouri, for one) have no psychiatric oversight or consultation. This is a very sad state of affairs. Organized psychiatry should take more interest in how physicians with psychiatric conditions are treated.

6 likes [Like](#) [Reply](#)**Dr. Pamela Wible** | Family Medicine

3 days ago

[@Dr. karen miday](#) Why do you suspect the APA has not done that?

2 likes [Like](#) [Reply](#)**Dr. R B** | Physician

3 days ago

[@Dr. Pamela Wible](#) [@Dr. karen miday](#) Fear of another more powerful authority that is not based on reason.

2 likes [Like](#) [Reply](#)**Dr. James Weber** | Pediatrics, General

7 days ago

Simply put -----admit a problem , seek help for your problem -----then pay for it for the rest of your life [ career ] . Much like the branding of men who were accused of deserting in the old west !

13 likes [Unlike](#) [Reply](#)**Lee Rivers** | Other Healthcare Provider

7 days ago

Now you know how many of your patients feel. Not pleasant, is it?

6 likes [Like](#) [Reply](#)**Dr. James Weber** | Pediatrics, General

7 days ago

[@Lee Rivers](#) Inane and inappropriate comment !

8 likes [Like](#) [Reply](#)**Aren Aaron** | Other Healthcare Provider

5 days ago

[@Dr. James Weber](#) [@Lee Rivers](#) I must beg to differ. The article describes experiences, burdens and struggles extremely comparable to those contended with especially by low-income patients with chronic illness and access only to extremely limited healthcare. The similarity is, in fact, astounding, if one reads patient literature as well as professional medical literature.

I would suggest that it's a basis for patients and practitioners to recognize common ground and join in the effort for better quality healthcare for everyone, so that segregated care for physicians ceases to be desired or needed by physicians and thereby ceases to provide opportunity for abuses.

6 likes [Like](#) [Reply](#)**Dr. Eliza Blackwell** | Internal Medicine

7 days ago

Yes it is blanket prejudices like this that keep injustices such as this afloat. If you are going to make a comment address the substantive points directly. As with any other population most doctors are kind. Decent and well intentioned ands injustice to anyone is an injustice to everyone. Those

witches/savages/hippies deserve it! Is that your thinking?

5 likes [Like](#) [Reply](#)

---

**Aren Aaron** | Other Healthcare Provider

5 days ago

[@Dr. Eliza Blackwell](#) Injustice to any group is indeed injustice to tall. Please read my reply to Dr. Weber just above. (Though I must admit your reference to witches/savages/hippies is a bit puzzling.)

[Like](#) [Reply](#)

---

**Dr. Eliza Blackwell** | Internal Medicine

5 days ago

Excellent comment- you hit the nail on the head. Doctors are I different from anyone else but this same group had duped politicians, boards and the public into this false belief. Time to shut this nonsense down.

3 likes [Like](#) [Reply](#)

---

**Micah Price** | Psychologist

6 days ago

[@Lee Rivers](#) Being a healthcare provider would suggest you would want to improve the healthcare system and provide the best care possible to patients. Do you think you achieved it with that statement? Just curious

2 likes [Like](#) [Reply](#)

---

**Aren Aaron** | Other Healthcare Provider

5 days ago

[@Micah Price](#) [@Lee Rivers](#) Lee Rivers' comment appears to be a valid criticism of the article's viewpoint, and such criticism is indeed necessary for improving healthcare for all. Please have a look at my reply at Dr. Weber's response, if you would. Thank you.

2 likes [Like](#) [Reply](#)

---

**Micah Price** | Psychologist

5 days ago

[@Aren Aaron](#) [@Micah Price](#) [@Lee Rivers](#) Do you feel that the way it was stated was received by others as a valid critique of disparities in healthcare (which I agree exist) or a jab at others?

3 likes [Like](#) [Reply](#)

---

**Dr. Jessica W** | Psychiatry/Mental Health

7 days ago

As a psychiatrist specializing in physician-in-training mental health, I completely agree with Dr. Manion's comments. These programs drive physicians deeper into secrecy for fear of being trapped in a no win situation with a PHP. Though my state's PHP was comparatively fair and reasonable, residents who had sought treatment on their own and had established relationships with a psychiatrist and therapist, then in good faith reported having a mental illness on their license renewal, were still forced to enter the PHP or risk losing their licenses in a public hearing before the board of medicine. Most of these residents had depression well-managed with meds and therapy and had never been a danger to patients.

25% of residents develop a major depressive episode during residency. How can we expect our residents to take good care of their mental health, if they experience shame and an invasion of privacy for admitting to seeking help? Meetings with the PHP were overwhelmingly perceived as adversarial by residents, who reported they were asked very personal questions which I can see no reason for. The culture of medicine requires a system to encourage physicians to seek mental health care when needed. The current PHP system in most states needs a massive overhaul to help physicians, instead of shame and persecute those with psychiatric and substance abuse problems.

26 likes [Unlike](#) [Reply](#)

**Micah Price** | Psychologist

6 days ago

[@Dr. Jessica W](#) Amen!

Being a medical psychologist (and hopefully soon med student) and working alongside of/training physicians, students, and residents both in and outside of the hospital environment quite a few are afraid to seek help. Partly because of the culture of medicine itself but also because of the fear over career ruining negative consequences. Most docs I know do not start off with addiction issues, but those that do develop unhealthy patterns over time often as a way of self-medicating.

What many physicians don't realize is that if they seek help early and are not a danger to themselves or others (also not a decision that is made lightly), independent psychologists are not going to report them to anyone. I don't know of any state that requires immediate reporting of a medical practitioner seeking mental help, can't say there aren't but don't know of any. Cash pay also means that no one would know except for the physician and psychologist. We need to promote a culture of preventative care in medicine, as blind punishment only makes systemic problems worse.

8 likes [Unlike](#) [Reply](#)**Dr. K M** | Psychiatry/Mental Health

5 days ago

[@Micah Price](#) [@Dr. Jessica W](#) I know of no state or federal law requiring mandatory reporting of any person to his /her employer or professional board. If you believe otherwise, I would suggest you best put such into your treatment agreement regarding exceptions to patient confidentiality.

And I would argue that, unless there were a clear danger to your physician patient or one of their patients from that person's illness, then reporting that to anyone is not only a major breach of confidentiality but a violation of one's professional ethics.

In the absence of such protections of inviolate confidentiality, why would any person place their trust in a therapist?

This principle is the same as the priest's / minister's / rabbi's commitment to absolute confidentiality in the confessional. And some have died to maintain that oath. It is certainly one of the durable oaths carried forward from the Hippocratic tradition.

2 likes [Unlike](#) [Reply](#)**Dr. Pamela Wible** | Family Medicine

3 days ago

[@Dr. Jessica W](#) And if we continue to shame and publicly humiliate our doctors, how are we to care for patients? Is this the standard of care that we hope to perpetuate on our most vulnerable?

1 like [Like](#) [Reply](#)**Dr. Jorge Ramirez** | Physician

7 days ago

Related discussion ([doc2doc.bmj.com](http://doc2doc.bmj.com)):

It is time to break the silence on physician suicide.

[http://doc2doc.bmj.com/forums/off-duty\\_news-media\\_time-break-silence-physician-suicide](http://doc2doc.bmj.com/forums/off-duty_news-media_time-break-silence-physician-suicide)11 likes [Unlike](#) [Reply](#)**Dr. Kernan Manion** | Psychiatry/Mental Health

7 days ago

I appreciate this preliminary examination of PHPs that Medscape has undertaken. As serious as the concerns are, I believe the real picture is even more grave.

Please know that I write this with some trepidation as I am one who has gotten ensnared in a labyrinth of abuses of process and dishonest assessment by a PHP (acting in conjunction with the board) and, as many have expressed elsewhere, fear retaliation as I attempt to extricate myself and return to practice. But, unwise as it may be, I feel that I must speak about these issues as it is the only way that this abusive system will be confronted and corrected. I hope that others who have felt mistreated by their PHP will feel empowered to come forward.

The article begs the question of what exactly is the nature of the "assessments" that PHP's perform. In fact, they conduct Board-ordered evaluations of physicians for concerns about alleged substance abuse and mental illness. By necessity, these are diagnostic psychiatric evaluations, even if they are only preliminary screening consultations. In that they are compulsory "fitness for duty" evaluations conducted at the behest of a state medical board, they are essentially involuntary forensic psychiatric evaluations done under threat of loss of one's license

for non-compliance. However, in certain cases, the Board has ordered the physician to a PHP without offering any rationale and the physician has been told he will lose his license if he doesn't promptly comply. This certainly has all of the feel of government abuse of psychiatry by a state agency. But, in this case, we have psychiatry's willing complicity.

Worse, PHPs have repeatedly claimed that the "assessments" it conducts are not diagnostic evaluations but instead are "peer review" and that the physician has no right to see the alleged peer review finding. However, peer review standards were articulated under the Health Care Quality Improvement Act (HCQIA) which spelled out explicit parameters for legitimate peer review. One of course is the right to have the concerns causing the peer review to be undertaken to be explicitly stated to the reviewed physician. Another is the right of the physician to receive the report of the peer review process and to contest its findings. It would certainly appear that PHPs alleging such "peer review" standing in their non-release of their record have been in overt violation of HCQIA.

Operating as 501c3 educational public charities, with no established criteria, oversight or accountability for the quality and career-altering implications of the diagnostic evaluations they perform, they conduct specialized diagnostic procedures by order by the Board. These types of diagnostic psychiatric evaluations are rightfully in the exclusive domain of medical practice. Yet curiously, PHPs carry no malpractice insurance and are afforded full state immunity for their non-overseen and potentially reckless evaluations through their exclusive association with the state medical board. (In North Carolina, the medical board was supposed to have overseen it, along with the medical society. They didn't, as documented by the auditor.) By this arrangement, they are inherently a biased entity, and this bias is made worse by the physician having virtually no recourse to either contest the referral to the PHP in the first place (e.g. having been referred on highly suspect grounds) or to contest the substance of the evaluation and recommendations themselves.

For those interested in reading the NC State Auditor's narrative report on NCPHP, you can obtain it here: <http://www.ncauditor.net/EPWeb/Reports/performance/per-2013-8141.pdf>

To suggest that the auditor did not find evidence of wrongdoing is distinctly incorrect. In the preceding decade, the auditor found that 1,140 NC physicians were denied due process in being refused access to their NCPHP evaluation and "recommendations" of mandatory submission to inherently biased evaluations and treatment and therefore being denied reasonable and timely right to contest such and seek second opinion. They were compelled to comply with NCPHP's infallible findings and the ensuing Board orders for extended evaluation, prolonged treatment at its "preferred programs" and prolonged "monitoring" - often for 5 years duration. (One might rightfully ask where was each physician's counsel in this pervasive abuse of process, but that might best be explored in a subsequent comment.) When one realizes that PHPs are now pushing for mandatory assessment and "monitoring" of physicians and other healthcare professionals who are taking prescribed psychotropics for everyday emotional syndromes (like anxiety, depression and ADHD), and for docs who are alleged to be "disruptive" or who are "burning out," one ought to be alarmed about the immense potential for abuse, especially in the context of systematic denial of due process, absence of oversight and utterly no legal accountability.

I am not opposed to PHPs' mission. The original vision was right on target and there is definitely a need for such a specialized and compassionate resource. However, its mission and implementation have become hijacked and in some cases it has taken on a gestapo identity for its sibling regulatory agency.

To return to its original vision, its role must be delineated, its entire range of activities overseen and it must be held legally accountable for ensuring utmost professionalism in the integrity of its evaluations as the adverse consequences of its erroneous diagnoses and recommendations, backed by threat of severe practice restriction and even loss of career in all states, can be catastrophic and irreversible.

33 likes [Like](#) [Reply](#)

**Dr. karen miday** | Psychiatry/Mental Health

4 days ago

Interesting that you mention "government abuse of psychiatry" in your thoughtful (and, I believe, right on) commentary. I only wish that a legitimate psychiatric evaluation of my now deceased son had been conducted by the Missouri PHP. In 2009 he was mandated to a 90 day, highly restrictive (no leave without supervision) program without any such evaluation being conducted. I do not doubt that the final triggering event of his suicide in 2012 was fear of being pulled from his fellowship training for a "repeat course" at a similar unit. His plan to attend a local inpatient program was discouraged by the PHP. Had they been legitimate clinicians (which they are not) they would have encouraged him to follow his psychiatrist's advice and to seek a place of safety.

Interestingly enough, when asked by my husband what sort of review would be conducted following his death, we were told that nothing of the sort was planned, that there was no protocol for such. In 30 years as a practicing psychiatrist, I have yet to work for any legitimate mental health agency that did not require a thorough review of a patient suicide.

Let's join together to demand both transparency and accountability by the state PHP's. Why not ask the Federation of PHP's for some basic data? How many physicians are being monitored in each state. What are the demographics? Age, gender, race? What specialties do they represent? What are the diagnoses they are being treated for? How many suicides have occurred under their watch?

How does California manage without a PHP? Why don't they have one? What happens to impaired physicians in California? I suspect that such basic data would shine some light on the operation of the various PHP's. And, let's not forget, the financial incentives to keep physicians under their watch. There are conflicts of interest galore.

6 likes [Unlike](#) [Reply](#)

**Dr. Pamela Wible** | Family Medicine

3 days ago

[@Dr. karen miday](#) Excellent initiatives that should be pursued immediately before we lose any more of our colleagues.

[Like](#) [Reply](#)

**Dr. J M** | Physician

7 days ago

So if this is how they treat physicians, imagine how they treat the poor, court-ordered people. The one size fits all, let's make money mentality has to go. Where did compassion go?

30 likes [Like](#) [Reply](#)

**R P** | Other Healthcare Provider

6 days ago

[@Dr. J M](#) My thoughts exactly, having worked in both the substance abuse and mental health treatment fields. In addition, I have witnessed similar treatment for teachers in similar circumstances. It would seem that the mental health and substance abuse fields are riddled with presuppositions and rigid protocols that fail to take individual circumstances into consideration. However, you may get similar complaints from certain patients, i.e., chronic pain patients or those with mental health issues, concerning the medical delivery system as well. In other words, these physicians may be experiencing the same or similar treatment as their own patients with compromising diagnoses.

10 likes [Unlike](#) [Reply](#)

[Return to Article](#)

#### LATEST IN PSYCHIATRY

[Refusing Medicaid Expansion Cuts Mental Health Services](#)

[Omega-3 Treatment Shows Long-term Psychosis Prevention](#)

[Dissociation Shown to Have Key Role in OCD](#)

[Pediatric Mental Health Visits to ED Soar](#)

[Dementia Drugs Linked to Serious Weight Loss](#)

[About Medscape](#) [Privacy Policy](#) [Terms of Use](#) [WebMD](#) [Medscape France](#) [Medscape Deutschland](#) [MedicineNet](#) [eMedicineHealth](#) [RxList](#) [WebMD Corporate](#) [Help](#)

All material on this website is protected by copyright, Copyright © 1994-2015 by WebMD LLC. This website also contains material copyrighted by 3rd parties.

[f](#) [t](#) [g+](#) [in](#) [MORE](#)