

Approved February 2020

Physician Impairment

Revised February 2020,
October 2013,
October 2006

Reaffirmed September 1999

Revised April 1994

Originally approved
September 1990

The American College of Emergency Physicians (ACEP) recognizes the need for mental and physical health and well-being among emergency physicians, while assuring patient safety.

Personal health problems including physical or mental illness, injury, aging, burnout, circadian rhythm disruption, substance use disorders, and other conditions can detract from physician performance, and may interfere with a physician's ability to engage safely in patient care. Personal and professional stressors not rising to the level of health problems may also hinder a physician's ability to function effectively in the workplace.

The existence of a health problem in a physician is NOT synonymous with occupational impairment. Because of their training and dedication, most physicians with appropriately managed personal health problems and other stressors are able to function safely and effectively in the workplace.

"Physician impairment", on the other hand, exists when a physician becomes unable to practice medicine with reasonable skill and safety because of personal health problems or other stressors. In most physicians, impairment is a self-limited state that is amenable to intervention, assistance, recovery, and/or resolution.

ACEP endorses the following principles:

- Emergency physician groups, employers, and residency programs should support physician wellness, facilitate physician resiliency, assist with physician burnout prevention, promote early recognition of and non-punitive mechanisms for reporting potential physician impairment, and offer early intervention and treatment or other forms of assistance to help prevent or resolve physician impairment.
- A physician who seeks treatment and assumes the role of patient is entitled to the same rights under state and federal law as any other patient. A physician-patient is owed the same ethical duties owed to any other patient under healthcare professional codes of medical ethics.
- Voluntarily withdrawing from practice while impaired, receiving treatment for a potentially impairing personal health problem, or requesting a federally required accommodation for a disability should not result in retaliation or professional disciplinary action for a physician.

- A currently impaired physician should proactively and voluntarily refrain from the practice of medicine. If a physician is suspected of continuing to practice medicine while currently impaired, colleagues should intervene to ensure that the physician withdraws from practice and is offered assistance until no longer impaired. A currently impaired physician who refuses to voluntarily withdraw from practice may be required by licensing and credentialing bodies to involuntarily refrain from the practice of medicine until found to be no longer impaired. If such action is taken, the physician should be afforded both adequate procedural due process and clearly delineated substantive due process protections.
- Licensing and credentialing bodies that inquire about the physical or mental health of applicants and licensees should be encouraged to use the following language: “Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or adversely affects your ability to practice medicine in a competent, ethical and professional manner?”¹
- Licensing and credentialing bodies should not ask applicants and licensees about their past history of diagnosis or treatment for mental disorders, substance use disorders, physical disorders, and/or disabilities, focusing instead of current impairment. Licensing and credentialing bodies should provide “safe haven” non-reporting for physician seeking to obtain, renew, or regain licensure who are either currently undergoing treatment or are in stable long-term recovery from those disorders, and who are able to practice medicine with reasonable skills and safety with provision of reasonable accommodations for disabilities when needed.²
- Licensing and credentialing bodies should develop written policies that ensure a fair, reasonable, and confidential assessment of any physician who is reasonably suspected of being currently impaired.
 - o Such policies should conform to all state and federal laws and regulations pertaining to disability discrimination, health care privacy, patient rights, and physician health and potential impairment.
 - o Such policies should include provisions regarding the return to practice of a previously impaired emergency physician who is licensed and has recovered the ability to practice medicine with reasonable skills and safety.
 - o Such policies should delineate mechanisms for compliance with state and federal laws and regulations requiring reasonable accommodations for otherwise qualified physicians with disabilities.

¹ Adapted from: Federation of State Medical Board, April 2018, “Physician Wellness and Burnout”. Retrieved from <http://www.fsmb.org/siteassets/advocacy/policies/policy-on-wellness-and-burnout.pdf>

² Jones JTR, North CS, Vogel-Scibilia S, Myers MF, Owen RR. Medical Licensure Questions About Mental Illness and Compliance with the Americans With Disabilities Act. *The journal of the American Academy of Psychiatry and the Law.* 2018;46(4):458-471.