“A covenant of Trust”

Driven by the clearly incompetent practice of one of its members, the South Africa Society of Anaesthetists had to face the stark reality of having to curtail the practice of members who were physically or mentally impaired. The task was a sensitive and unpleasant one, for who likes not just to sit in judgement of a colleague’s practice, but also to curtail it? Nevertheless SASA set about drawing up a protocol for the management of the “Sick Doctor” as a professional obligation to society and the preservation of the covenant of trust that is embodied in the doctor-patient relationship. That was over a decade ago; the process was subsequently refined and developed with the assistance of other professional bodies to the point where the Medical and Dental Board now has a Health Committee which deals with doctors who are impaired.

Before the institution of the health Committee, control of professional standards used a punitive approach in that a disciplinary process dealt with transgressions. The Health Committee now takes a supportive approach, endeavouring to return an individual to family and practice where ever possible. Moreover, an obligation has been placed on the profession as a whole to report cases of impairment to the Health Committee as one of Council’s gazetted Ethical Rules, impairment being defined as “a mental or physical condition, or abuse of, or dependence on chemical substances, which affects the competence, attitudes, judgement or performance”. Registered doctors are now required to not only report their own impairment, but impairment in colleagues. Whistle blowing is an act from which most shy away. Now we are not just ethically obliged to do so where there is strong evidence of impairment impacting on professional duties, but are compelled to do so.

Drug dependence amongst anaesthesiologists is a particularly thorny problem with a bleak prognosis. In the USA anaesthesiologists make up about 3.5% of the medical population, yet they account for 10-13% of those in treatment programmes. Because we work in relative isolation and have easy access to many habit-forming drugs, procurement is simple matter. Most of us personally know or are aware of a colleague who has or had a drug addiction problem and we are correctly somewhat pessimistic about the future of such a person in our speciality. Yet what we may not know is that there are some amongst us who have overcome their disability and against the odds, are now practising again at the highest professional level. So never mind the legal obligation to report a colleague, we owe it to him or her. Should you become aware of impairment in a colleague, the Society is prepared to assist you with the process of reporting in a confidential and sensitive manner.

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