



## **THE ABILITY OF PHYSICIANS TO PRACTICE MEDICINE WITH A DIAGNOSIS OF AN ILLNESS AND/OR A RESTRICTED LICENSE**

### **Introduction**

Physicians with physical or mental illness, including psychoactive substance use disorders, often come to the attention of state medical licensing boards. These boards are likely to allow the physician to practice medicine only under specific conditions that are stipulated in a binding agreement between the board and the physician. These agreements often result in license and practice restrictions. This American Academy of Addiction Psychiatry (AAAP) position statement addresses the ability to practice medicine with a restricted license.

### **Statement**

Physicians who are able to practice medicine with requisite skill and safety to patients should not be excluded from important medical activities solely because they have medical licenses that have been restricted due to some aspect of physical or mental illness (including addiction disorders). Decisions as to whether such physicians should be permitted to practice specific areas of medicine should be made on a case by case basis in which all of the facts and circumstances are considered, rather than categorically on the basis of the license restriction alone.

When deciding individual cases, the decision maker(s) should consider the opinions of appropriate professionals, including experts in the field of physician health who assess and treat physicians, as well as recognized Physician Health Programs. Fitness for duty evaluations should also be utilized.

(See attached Guidelines for Psychiatric “Fitness for Duty” Evaluations of Physicians, American Psychiatric Association [APA] Council on Psychiatry and Law and Corresponding Committee on Physician Health, Illness, and Impairment, APA Resource Document, June 2004.)

### **Background**

AAAP is concerned about physicians with addictions and/or other psychiatric disorders as well as those who experience other medical conditions. Physicians deemed competent to practice medicine and who are not impaired by illness, and who practice in a professional manner, should not be excluded from professional activities solely on the basis that they are experiencing an illness or have come to the attention of a medical licensing board.

In many states, simply being diagnosed with a substance use disorder constitutes professional misconduct and may result in exclusion from certain professional activities. In other cases, a physician may commit an act of professional misconduct due to his/her illness, misconduct that would otherwise be preventable through successful treatment.

AAAP is also concerned about the inflexible and restrictive policies of certifying, accrediting, and credentialing agencies. These agencies often apply these policies to physicians who have been otherwise determined to be capable of practicing medicine with skill and safety, but who have restrictions placed on their medical licenses. Such entities may restrict physicians from activities that are essential to working successfully as a physician. These activities may include practicing at a hospital, participating in a provider panel, being accredited by an agency, or sitting for a certifying examination.

Restrictive policies, though intended to protect patients, institutions, or the integrity of the profession, may unnecessarily and inequitably exclude physicians who have suffered from psychiatric and/or medical illness but are not impaired in their ability to practice.

Given the range of illnesses and circumstances, the decision as to whether a physician should be permitted to undertake professional activities needs to be made on a case by case basis in which all information and circumstances are considered. It is also valuable to seek input from professional experts who know the most about the physician, his/her illness, as well as the field of physician health and impairment.

Physicians in training, including residents and medical students, should also be afforded the opportunity for identification and treatment of a substance use disorder or other illness and monitoring for recovery from these illnesses. Institutions and training programs should assist trainees in accessing proper care. When the resident or medical student is in recovery from illness, he or she should not be limited in professional activities or discharged from the training program.

This position statement does not apply to physicians whose professional misconduct is not attributable to physical or mental illness.

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*This statement by the American Academy of Addiction Psychiatry is not intended to serve as a standard of medical care or treatment, nor does it necessarily reflect the views of individual AAAP members. This statement is not intended for use in making judgments about appropriate methods of care, treatment, or procedures, medical malpractice, disability determination, competency, or any other medical or legal matters.*