

Call For Hospitals To Establish Drug, Alcohol Tests For Physicians

To improve patient safety, hospitals should randomly test physicians for drug and alcohol use in much the same way other major industries in the United States do to protect their customers. The recommendation comes from two Johns Hopkins physicians and patient safety experts in a commentary published online recently in *The Journal of the American Medical Association*.

In addition, the experts say, medical institutions should take a cue from other high-risk industries, like airlines, railways and nuclear power plants, and mandate that doctors be tested for drug or alcohol impairment immediately following an unexpected patient death or other significant event.

"Patients might be better protected from preventable harm. Physicians and employers may experience reduced absenteeism, unintentional adverse events, injuries, and turnover, and early identification of a debilitating problem," write authors Julius Cuong Pham, M.D., Ph.D., an emergency medicine physician at The Johns Hopkins Hospital, and Peter J. Pronovost, M.D., Ph.D., director of the Johns Hopkins Armstrong Institute for Patient Safety and Quality. Gregory E. Skipper, M.D., of the drug and alcohol treatment center Promises, in Santa Monica, CA. also contributed.

Pham, Pronovost and Skipper note that "mandatory alcohol-drug testing for clinicians involved with unexpected deaths or sentinel events is not conducted in medicine," even though physicians are as susceptible to alcohol, narcotic and sedative [addiction](#) as the general public. (A sentinel event is an incident which results in death or serious physical harm.)

The authors recommend in their commentary that hospitals take a number of steps as a model to address this overlooked patient safety issue. They are:

- Mandatory physical examination, drug testing or both, before a medical staff appointment to a hospital. This already occurs in some hospitals and has been successful in other industries.
- A program of random alcohol-drug testing.
- A policy for routine drug-alcohol testing for all physicians involved with a sentinel event leading to patient death.
- Establishment of testing standards by a national hospital regulatory or accrediting body. The steps could be limited to hospitals and their affiliated physicians at this time, since hospitals have the infrastructure to conduct adverse event analysis and drug testing, note the authors. Hospitals also have the governing bylaws to guide physician conduct and an existing national accrediting body, The Joint Commission, the authors add.

In cases in which a physician is found to be impaired, a hospital could "suspend or revoke privileges and, in some cases, report this to the state licensing board," the authors write. Impaired physicians would undergo treatment and routine monitoring as a condition for continued licensure and hospital privileges.

"Patients and their family members have a right to be protected from impaired physicians," argue the authors in the *JAMA* commentary. "In other high-risk industries, this right is supported by regulations and surveillance. Shouldn't medicine be the same? A robust system to identify impaired physicians may enhance the professionalism that peer review seeks to protect."

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