

Emotional Health and the Dentist

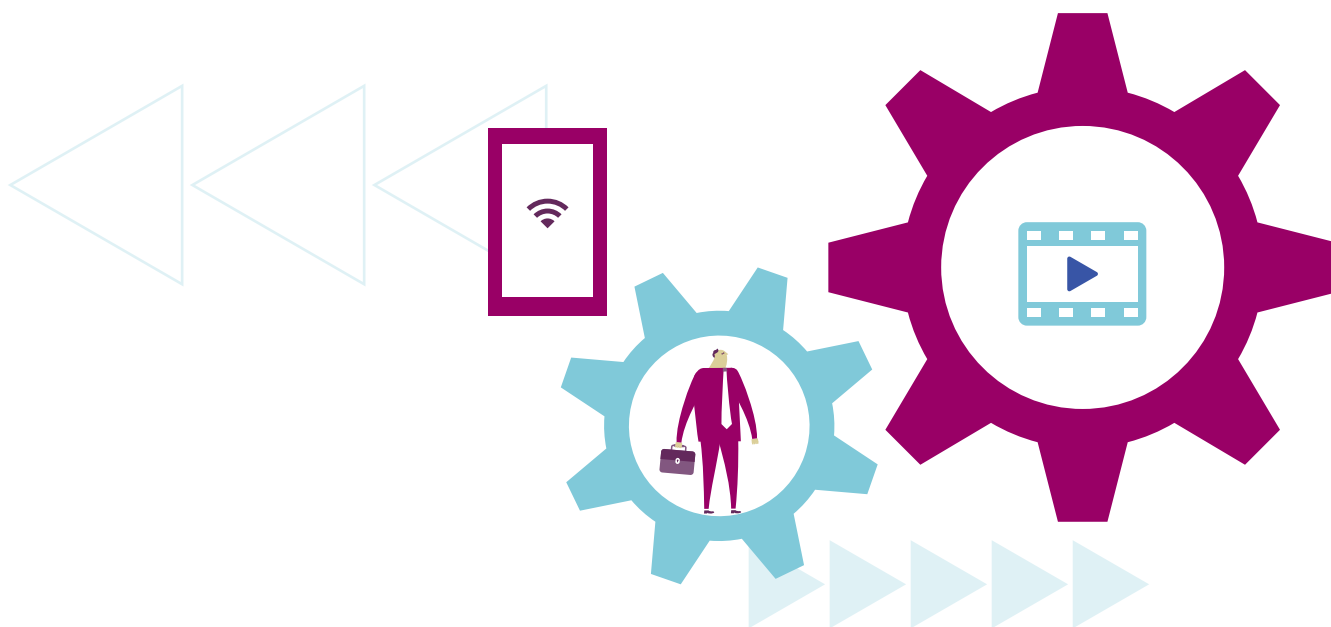
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Ensuring Continued Trust

ARTICLE 1



In the 21st century, we are constantly assailed by news, advertisements and warnings about our physical health. One moment we read news reports asserting that cold water fish will save us from heart disease. Later in the same month, we are told to decrease fish in our diet due to concerns about mercury. We worry about diet and exercise, the medications we take, and the results of our latest biopsy. Medicine has helped us live longer, but as we age, our species becomes more and more preoccupied with our physical health.

But what about the other side of the coin - our emotional health? How well do we understand emotional health and psychological wellness, this other aspect of being human?

For the majority of us, the answer is “not very well.” Like the news about our physical health, information about emotional well-being is everywhere.

Despite its omnipresence, our understanding of emotional health is deeply contradictory and confusing. Most of us acknowledge that we should pay attention to our emotional needs. We also accept the concept that our emotional well-being is deeply intertwined with our physical health, each affecting the other.

Couples who are emotionally connected in their relationships enjoy better physical health, for example. Individuals who have severe, long-standing depression

often develop cognitive difficulties as their depression worsens. Patients who develop cancer have a better prognosis if they remain realistic and at the same time upbeat.

Despite the plethora of confusing information about emotional wellness, its central tenets are simple. Emotional health is produced by three key factors.

ONE

The first factor comes from the quality of our relationships. People who experience emotional well-being have multiple, rich interpersonal bonds that connect them to their family, friends and community.

TWO

The second factor is balance. Emotionally healthy individuals have a wide variety of work, hobbies, play, exercise and spiritual pursuits. Each of these elements interacts with the others creating the full spectrum of a healthy life.

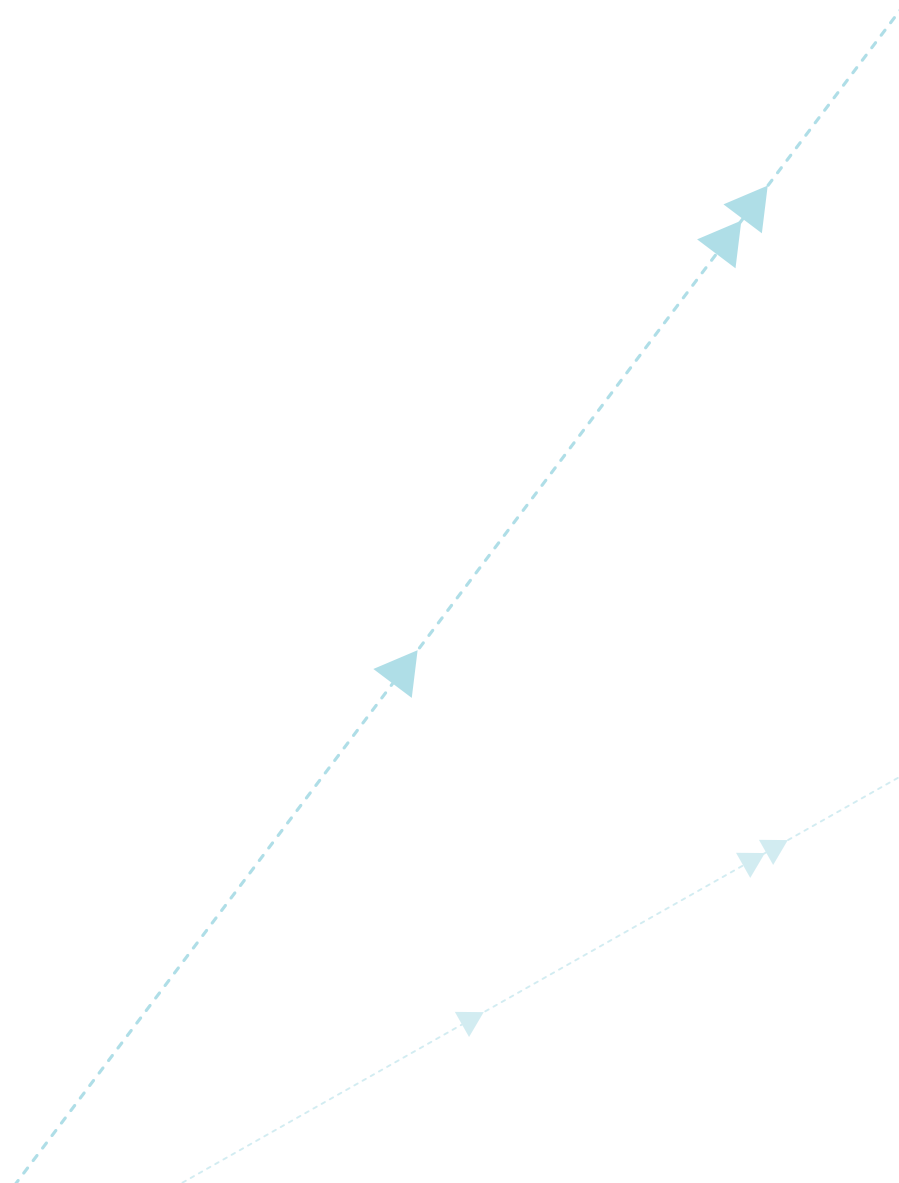
THREE

The third, and possibly the most important factor, is how we view our lives and our place in them. Our lives are best if we are not constantly at odds with it. People who are fully engaged in their lives and yet can approach each challenge with flexibility and an open heart quickly find peace at each twist and turn.

As we enter the caring professions, we dedicate our lives to a higher calling. We focus on the needs of others over our own. We spend our professional day listening to and caring for others. We listen to our patients' concerns and attempt to address each one with a satisfactory outcome.

Along the way, however, many of us lose sight of our needs. Our practice becomes busy and pressure mounts. We find ourselves troubleshooting the practice and its complexities, while continuing to provide quality care. At the end of our professional day, we return home to our families. They too have their needs. Who has the time or energy for self-care?

When we enter professional training, the pressures are high. There is an enormous amount of technical learning, a natural training competition and the pressure to succeed. Medical and dental training places a high-value on technical and intellectual expertise. Training programs provide no education on emotional intelligence and balance. We dismiss our emotional needs as less important than intellectual rigour. Some of us become intellectual snobs, believing that our well-honed intellectual training supersedes our emotional self, rendering it unimportant.





To illustrate these issues in this article series, we will follow the life of Noah Marshall, a 47-year-old dentist with a general practice in a moderate-sized Canadian town. Noah grew up in a nuclear family comprising a father, mother, two sisters and a live-in grandparent.

From an early age, his family and schools recognized his drive and solid intellectual skills. Noah's home life was troubled. His father drank excessively during his early childhood, sometimes disappearing for a day or two in an alcoholic binge. When he was home and not drinking, his hard-working father ruled over his children with an iron fist. He encouraged his son's schooling so Noah could "make a better life for himself."

In high school, Noah worked several jobs in order to save for his future. He articulated into an excellent university, made good grades and entered a prestigious dental faculty.

In dental school, Noah met Jeanne, his future wife. Noah's professors encouraged him to consider an academic career. Noah and Jeanne planned for such a future and married during his fourth year of dental school. Their immediate pregnancy altered that plan. They agreed that it might be best for their family to move closer to Jeanne's large family in another province. Noah was secretly upset about the changes in plan, but he agreed to the wisdom of an extended network of support for their fledgling family. When Noah completed his training, he found a position in a general dentistry practice in Jeanne's hometown.

ARTICLE 2



In our first article, we discussed the importance of emotional health for all of us who work in the medical community. As a group, medical professionals set aside our own needs during training and our careers, focusing on the health of our patients. To illustrate the difficulties inherent in maintaining emotional health, I introduced you to Noah Marshall, a fictional, bright, energetic dentist with a general practice in a moderate-sized Canadian town. Noah trained at a prestigious dental program and there met and married his wife who soon became pregnant. Noah changed course from an academic career to begin their family and life together close to her supportive family. Jeanne is pregnant and Noah has just completed his training.

After the move to their new home, Noah dove into his practice with enthusiasm and excitement. He brought new techniques and approaches in the art and practice of dentistry from his recent training. As a new associate in a practice with an aging partner, his ideas were met with some skepticism and resistance. This frustrated him at times. That said, he did understand the value of proving himself in a new situation and bit his tongue.

At home, Jeanne's pregnancy was troubled by gestational diabetes. She was tired and overwhelmed despite the support of her family. Noah, with the demands of his new practice and Jeanne, with the complications of her pregnancy, each experienced their first taste of dissatisfaction with the other. Jeanne soon delivered their daughter, Rachel, and all began anew. They reconnected in the joy fashioned from the first year of Rachel's life.

With limited time for recreation and a determination to remain healthy for his wife and daughter, Noah took up running. In the dark early morning hours before his family was out of bed, Noah discovered the solitary pleasure of a morning jog. Slowly the length of his daily run increased. In his youth, Noah focused primarily on academics and never had time for sports. He was pleasantly surprised at the benefits his running regime had on his attitude toward life and his work stamina. By the time his daughter was three, Noah's runs were averaging 5 to 10 kilometres per day.

One winter morning, Noah set out for his run in the cold dark winter air. Starting out, he felt especially strong and planned to add a bit of distance that day. Six kilometres into the run, Noah slipped and fell twisting his ankle in the dawn light. The fall injured his hip and bruised his face. After brushing himself off and checking for broken bones, he began the long trek

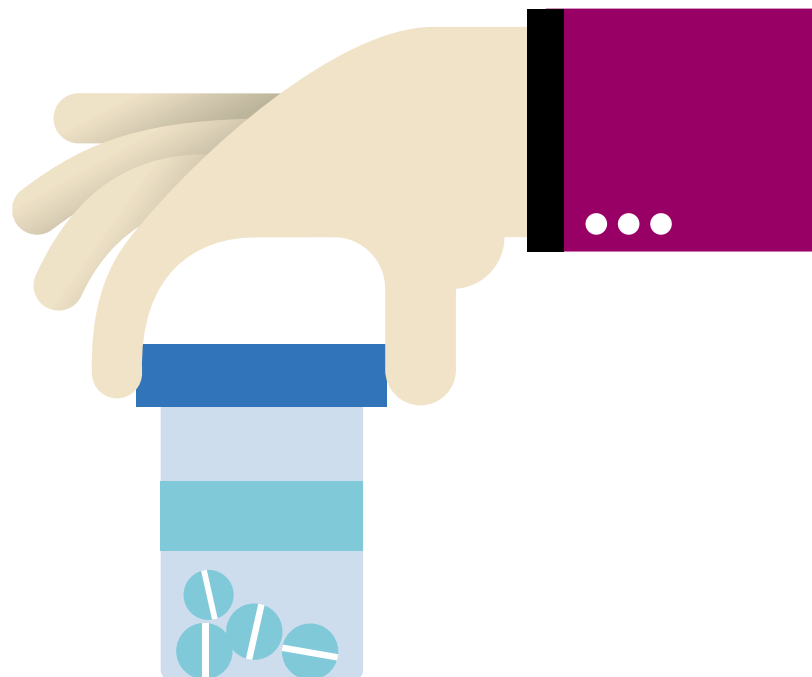
home. His walk was barely a hobble at first, protecting a painful right ankle with a hitch in his stride. When the pain subsided, he jogged slowly with an asymmetric cadence the rest of the way home. Arriving home, he realized the pain had worsened. He wrapped his ankle in an elastic bandage. With no time to spare he hobbled off to the office to see his first patient.

During his busy day of practice, the pain increased. In a fit of desperation, he took several hydrocodone tablets from the practice's dispensing stock. Somehow the day got better. His energy returned, he was able to work for the remainder of his day. In fact, Noah noticed that he felt better than normal. He had a surfeit of psychological energy. His work seemed smooth and efficient; he engaged with his patients with empathy and support.

At the end of his work day, he returned home to Jeanne. His pain had returned. Jeanne called for an appointment with their family physician the next day. After several x-rays and a thorough examination, Noah was diagnosed with a level III sprain of his right ankle. His hip and facial contusions were swollen and beefy. His physician placed him in an immobilizer for his ankle and prescribed hydrocodone for his ongoing pain. He instructed Noah not to run for eight weeks. Secretly, Noah was relieved. Although he could no longer count on the peace and centering that came from his morning jog, he knew he could function with the pain relief provided by the hydrocodone.

For the next several days, Noah worked hard as he hobbled about the office. He took the medication regularly and as prescribed, two tablets every four to six hours. The sense of well-being continued. Within a week, his hydrocodone supply was exhausted. Telling himself that his pain should be better, he continued his busy schedule, an exploding workload from the expanding dental practice. He felt tired and a bit irritable, but wrote it off to residual pain and his inability to go on his daily run.

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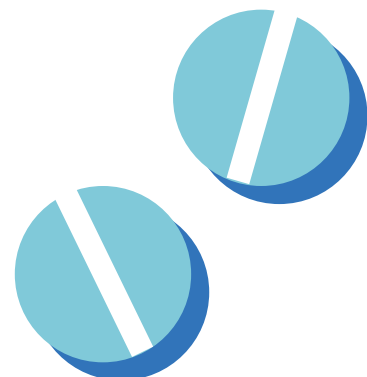


Months passed and life returned to normal. His daughter Rachel grew into a healthy, curious and very active toddler. Jeanne became pregnant again. Noah, having worked at the practice for three years with great success, began negotiations to purchase the practice from his aging partner. Despite its success, Noah felt an increasing dissatisfaction with the grind and repetition of his work. Noah's running, once so important to him, slipped in its frequency and intensity. Citing his busy schedule, he stopped running in local and province-wide races.

Late one afternoon after an especially busy day, Noah found himself in an argument with a dissatisfied and angry patient, who complained of poor workmanship and continuing pain from an especially difficult bridge and crown procedure. The patient shouted "...and these pills are doing nothing to help the pain!" slamming the bottle down on the procedure tray. After a thorough examination of the workmanship involved in the procedure, Noah was satisfied that nothing was amiss. The patient was unsatisfied and eventually stormed out of the office after making vague accusations and threats. Always priding himself in the quality of his work, Noah felt bitter and deflated. He asked his staff to give him a few moments alone in the exam room.

Suddenly, as if they just appeared in front of his eyes, he saw the half-full bottle of hydrocodone. Without a thought, he opened the bottle and swallowed two tablets. Pocketing the remainder, he stood up and went to see the last patient of the day.

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ARTICLE 3



In our first two articles, we discussed the importance of emotional health for all of us who work in the medical community. As a group, health care professionals set aside our own needs during training and our careers, focusing on the health of our patients. We introduced you to Noah Marshall, a fictional, bright, energetic dentist early in his career. With a good education under his belt, Noah began work as an associate in a general practice in a moderate-sized Canadian town near his wife's family. After an injury, he was given a short course of hydrocodone. He felt pain relief, but it also provided him with a calm, focused energy. When we last left him, he had an especially disconcerting interaction with a patient. Feeling defeated and angry, he impulsively swallowed two hydrocodone tablets.

After swallowing the pills, Noah felt a pang of guilt. Somewhere inside his head, a voice warned him that what he did was wrong. He stood up quickly as if to push away the voice, impulsively grabbing the bottle from the procedure tray. He told himself he would never do it again and went about his workday. After about a half an hour, his vexation was replaced by the now familiar warm sensations from the hydrocodone. He felt the return of the energy he had noticed from the hydrocodone in the past. He was back in control of his life. The painful interchange with the disgruntled patient faded into the background.

Closing up the office at the end of the day, he cautiously placed the bottle containing the remainder of hydrocodone in his desk. As he shoved the bottle to the back into his drawer, he felt the return of a twinge of guilt. He decided he would discuss the entire event with his wife Jeanne when he arrived home. But this was not meant to be. Walking into the house at the end of the

day, he recognized his wife's frazzled face. The children were ill and Jeanne had just arrived home from the pediatrician. Both children were running fevers. They were irritable and persistently difficult in that special way of toddlers. Noah jumped to the task at hand, controlling fevers and comforting distress.

The next morning, Noah arrived at work only to find an over scheduled day. He dove right in, trying to push back fears of a hostile encounter with a dissatisfied patient. Noah prided himself in his absolute control over his feelings, but today he was haunted by memories: sitting on a couch in his boyhood home undergoing repeated reprimand by his chronically unsatisfied, raging father. Nonetheless, the morning proceeded without incident. While taking a few minutes for a quick lunch, his hand idly toyed with the lid of his secreted hydrocodone. He stood up, twisted open the cap and popped two tablets into his mouth, then launched forward to the next, waiting patient.

After several weeks, the medication ran out. Noah noticed intermittent abdominal cramping and cold sweats for days after the last pill. He told himself he would never do this again and moved on with his life.

Once started, this pattern repeated itself. Noah methodically consumed the rest of the hydrocodone. He developed 'rules' for himself about using the drug. He would only take it twice per day, two at a time. After several weeks, the medication ran out. Noah noticed intermittent abdominal cramping and cold sweats for days after the last pill. He told himself he would never do this again and moved on with his life.

To reinforce his conviction, Noah committed to a healthy lifestyle. He recommitted to his running. He revised his work schedule with the office staff, setting aside time for his morning jog. Soon he was back in the groove. His distance increased. The patient altercation and the memory of the pilfered bottle of hydrocodone faded into the past. His relationship with his partner and his wife returned to normal. However, his commitment would not hold.

On one especially cold spring morning run, Noah felt a twinge of pain in his previously injured ankle. The pain came and went; he slowed his pace. One minute sharp, the next minute dull, his ankle disrupted the serenity of his solitary run. Hobbling into the house, he sighed to his wife about his pain. Jeanne once again called their primary-care physician (PCP) for an appointment. Noah was reluctant, "Was the pain that bad? Did it really warrant another set of x-rays?" Noah's PCP examined his ankle and diagnosed a light reinjury strain. As the visit was winding down, a question from nowhere popped out of Noah's mouth: "Could you give me something for the pain?" His physician was skeptical, probing "Is the pain really that bad?" Noah asserted that it was, standing all day long with his throbbing ankle would be next to impossible without medication. Reluctantly, his PCP wrote a prescription for 20 hydrocodone. Noah left the office surprised by a strange, mischievous glee.

Not surprisingly, Noah fell back into the previous pattern of hydrocodone use. He told himself it was for his ankle pain, that he needed the medication for work after the injury.



Not surprisingly, Noah fell back into the previous pattern of hydrocodone use. He told himself it was for his ankle pain, that he needed the medication for work after the injury. Soon the hydrocodone ran out. Noah made the next dangerous transition in his evolving addiction disorder. Arriving at his practice early one morning, he realized that he had no more tablets. He picked up the phone and called in a hydrocodone prescription under his wife's name. Trudging off to the pharmacy, he had a sinking feeling in his stomach.

Once he crossed several of his own ethical boundaries, Noah's addiction took off. He found many ways of obtaining his now cherished substance. Through office stock, prescriptions for others and medications returned by patients, his supply increased. Unfortunately, so did his consumption. Noah's initial rules about limiting his consumption to four tablets per day inched up at first and later, took off. Noah began hiding bottles in his desk, in back closets at the office and in the garage at home. Maintaining his supply, at first important, was soon essential.

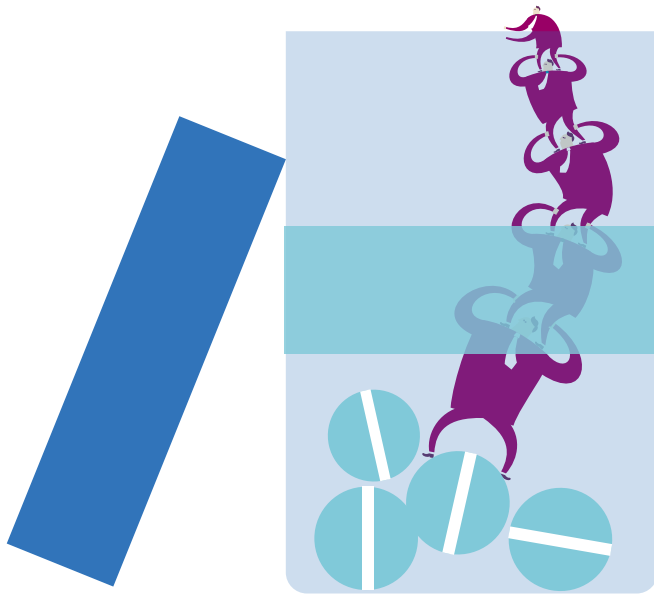
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Once cheerful and engaged with his staff and patients, Noah's moods cycled from ebullient to morose. Front office staff were used to hearing patients compliment Dr. Marshall about his compassion and skill. Now, their comments warned of his brusque indifference. Noah was taciturn and withdrawn at home. Jeanne would repeatedly ask what was troubling him; Noah would grumble about his workload, ungrateful patients or his partner. Jeanne became more concerned, but could not put her finger on the source of her husband's malcontent. She began blaming herself for her husband's unhappiness and tried to read clues from his demeanour about how she should change.

The Marshall's children were growing up fast and by now were active and inquisitive. They roamed about the house creating all sorts of toddler mischief. Jeanne sat at the kitchen table one afternoon, pencil in hand, preparing her shopping list. Much to her surprise, in danced their four-year-old with a bottle of hydrocodone in her hand, shaking and dancing to the rattling noise the pills made while she flapped her arms. Jeanne quickly grabbed the pills. Her fear regarding the danger to her toddler was slowly replaced by a different dawning realization and dread.



ARTICLE 4



Jeanne ran to her daughter and snatched the bottle of pills from Julie's hand. In a moment of frustration, she exclaimed "Where did you get these?" Julie ran from the room crying. Jeanne snatched the pills and went to console her daughter, apologizing for her misplaced anger and fear. She put the pills in a kitchen cabinet, up and away from inquisitive hands. In the busyness of a young mother's day, the bottle of pills was forgotten.

Returning from the grocery store later that day, Jeanne recalled the morning crisis. She went to the kitchen cabinet to investigate her daughter's dangerous discovery. To Jeanne's chagrin, the bottle was half-filled with hydrocodone. The label identified Dr. Noah Marshall as the prescriber to an unknown patient. Jeanne's first thought was "Why would these be in my house?" As her thoughts about this odd circumstance begin to fade they were replaced by a low, rumbling subterranean dread. She couldn't quite put her finger on what she felt but sensed an inchoate intuition: something was terribly wrong.

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Noah arrived home at the end of the day looking tired and defeated. As he walked in the door, Jeanne's first thought was "This has been his consistent demeanour for quite some time." Angry, confused and unsure, she walked up to Noah. The bottle made a loud crack as she slapped it onto the counter. "I discovered your daughter rattling these as she pranced about the house today." Noah's eyes opened wide. He stammered "Where did she find those?" Unaccustomed to argument, the couple fell into a halting, back-and-forth squabble. Noah contended that he accidentally put the pills in his pocket when a patient mistakenly left them in a treatment room. Jeanne returned again and again to questioning Noah about the pills. As the disagreement continued, her real fear percolated to the surface. "Are you taking these?" In a quick retort, Noah said, "What kind of a person do you think I am?" He grabbed the bottle and stormed out of the kitchen. No further words passed between them until a perfunctory "good night" as they climbed into bed.

After a restless night, Jeanne awoke the next morning even more worried about Noah. She wanted to believe this was all a mistake, but something told her otherwise. Her thoughts were ill-formed but persistent. Could it be that Noah's bad moods and behaviour changes were related to pills? She reminded herself that she had never known Noah to lie to her - but even this did not assuage her concern. Jeanne searched on the internet, but found little to convince her one way or another. She reminded herself that Noah was a good man; of late he seemed moody, distant and erratic. She pushed the thought of Noah abusing pain pills out of her mind.

Noah left the house the next morning feeling low and mean. He tried to cover up his guilt by a hollow indignation at his wife's confrontation. He arrived in the office to a full schedule. With a sigh, he put on his clinic coat while swallowing three hydrocodone pills. Several days passed and the conflict at home cooled. Work kept getting busier or so it seemed to Noah. Unfortunately, his guilt served only to fuel his hydrocodone use. He struggled to keep up with his body's increasing hunger for the drug. At first, the pills paradoxically gave him energy. Now, Noah was barely able to drag himself through his day. One day, in a moment of desperation, he pilfered Adderall from the purse of a dental assistant.

Noah's partner, Edward, began having concerns as well. Edward hired Noah because he was a conscientious dentist and a meticulous technician. Years of experience convinced him that Noah would have an easy manner with his patients, putting them at ease. Recently however, Edward noted that Noah's performance in each of these areas had deteriorated. He attempted to write it off to the stress of a busy practice and young children at home. This conclusion was about to be shattered.

Unfortunately, his guilt served only to fuel his hydrocodone use. He struggled to keep up with his body's increasing hunger for the drug.

Late one afternoon Edward received a call from a good friend in town, the local pharmacist. He told the senior partner that Noah had been filling an inordinate number of prescriptions for his wife Jeanne. Each of the prescriptions was for 60 tablets of 10 mg hydrocodone. Edward attempted faint excuses for the prescriptions. The pharmacist sighed and closed the conversation by letting Edward know that he had reported his concerns to the dental regulatory college. In a clipped voice, Edward affirmed he would "get to the bottom of this." Later that day when Noah was finishing up his paperwork, his senior partner walked in and said, "We need to talk."

The pharmacist sighed and closed the conversation by letting Edward know that he had reported his concerns to the dental regulatory college.

Edward began by acknowledging Noah's skills and his past rapport with patients. He told Noah about his increasing concern about his behaviour. Noah attempted to jump in and Edward firmly raised his outstretched hand: Stop. Edward described his conversation with the pharmacist. Once again, Noah attempted to interject with a thin string of excuses and again, Edward gestured for him to stop. Noah's response was at times heated and other times supplicating. The conversation came to a halt when Edward stated, "The pharmacist has already called the College." As they both stood up to leave, the senior partner put his hand on Noah's shoulder and softly said, "Go home and talk with your wife."

Noah dragged himself home carrying his body into the kitchen. Edward had called Jeanne while Noah was driving home. They sat at the kitchen table. For the first time in years, Noah cried as he told her about his years of deceit. Although she was shocked, in some strange way, Jeanne saw things falling into place and felt hopeful. They put the children to bed and, for the first time in many years, held each other close through the night.

The next morning, Jeanne sat with Noah while he called the College. A College staff person appeared on the line immediately. He admitted to writing the hydrocodone prescriptions for his own use. He was surprised to hear the staff person ask if he was selling hydrocodone. They explained that an investigation would likely commence. Yes, he needed to do something about his problem immediately. No, they could not assure him that he would not have licence issues.

They both were chagrined when they learned that Noah had to travel to a treatment program near Toronto that specialized in the care of health care professionals. The initial part of treatment would last several months. Noah tried to find every pill he had hidden about the house. Fearing withdrawal, Noah called the treatment centre for advice. The centre instructed Jeanne to dole out a few pills on a regimented schedule until he arrived in the centre. The next morning, Noah kissed his wife and daughter goodbye and left for addiction treatment. Their toddler, Julie, sensing something was wrong, held onto his coat as he tried to pull away.

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ARTICLE 5



In our first four articles, we discussed the importance of emotional health for those of us in the medical community. As a group, medical professionals set aside our own needs during training and our careers, focusing on the health of our patients. We introduced you to Noah Marshall, a fictional, bright, energetic dentist early in his career. He started using hydrocodone after an injury and discovered a peaceful energy when he took the drug. He slowly increased its use until he became dependent. His wife, Jeanne, confronted him to no avail. His practice partner finds out about his use after a local pharmacist reports Noah to the College. The College informs Noah that he must obtain treatment. Noah and his wife band together in this crisis, pack his bags and get Noah to the airport.

Noah felt out of place the minute he signed in for treatment. All his life, he had concentrated on science. The people in treatment seemed like they were from a different planet. The admissions counsellor effusively said, "I am so glad you made it here!" To himself Noah thought, "I guess it's good that someone is glad." He was admitted to the detoxification unit where a physician listened to his history and completed a physical. The physician wanted to start Noah on medications to help with his opioid withdrawal, but Noah refused. "I'll be fine."

But he wasn't. Several hours after his arrival, Noah felt abdominal cramps, chills and sweats. When he said something to the nurse, she chuckled, "That's just narcotic withdrawal. Are you sure you don't want some medication?" Noah refused, gritting his teeth. He would do anything to avoid the obvious truth: he was physiologically dependent on hydrocodone. Restless, he wandered about the small detoxification wing of the centre. As he walked, he compared himself to the other patients he saw there. "Well, he is in alcohol withdrawal, shaking and confused. And she is obviously a street

drug abuser, not like me." He slept poorly with vivid dreams that awakened him from fragmented sleep. By morning he was awash in a sea of dread.

After several days, the physician declared him fit to move over to the treatment side of the centre. He packed up his belongings and sat on the bed waiting to be escorted to the other side of the building. Much to his surprise, a 28-year-old tattooed man ambled into his room. "Noah Marshall?" he asked. When Noah replied in the affirmative, the young man laughed. "I'm Jeff, your new roommate! Let me grab your things. What are you here for?" Noah softly replied, "I took too many hydrocodone medications." Jeff laughed again, saying, "Don't we all!" He slapped Noah on the back and carried his suitcase out the door.

This was the beginning of a difficult time for Noah. He sat in groups listening to the other patients tell their stories of hurt, loss and out of control alcohol and drug use for days on end. On the surface, he tried to remain attentive, but to himself he kept saying, "I am not like those drug addicts! They took street drugs! And those

sad alcoholics, all sickly and shaking. I am not like that at all." His roommate Jeff was in some ways the most difficult. Jeff had been injecting heroin for five years, almost to the point of homelessness. "If it wasn't for my aunt, I'd still be out there scamming to get more dope." Noah found himself liking Jeff's frank and easygoing nature, but went to sleep those first nights being thankful he wasn't Jeff. Noah wrote to his wife, telling Jeanne he was at a centre with "all kinds of people, but no one like me."

After two weeks of minor assignments, it came time for Noah to present his addiction history to his group. The therapist nodded her head to Noah and he began. "I have been taking a high dose of the medication hydrocodone for four years." He heard a giggle from across the room, but continued. "I never took illegal drugs and all of my medications were valid prescriptions." He went on to describe how he obtained his "medications" emphasizing that he was never out of control and carefully sidestepping how he pilfered drugs from his patients. When he finished the therapist said: "Feedback?" An intense flurry of questions came at him. "Why did you continue taking medications when the pain went away? How can you say these were valid prescriptions when you wrote them for your wife but took them yourself? It sounds like you stole drugs from your patients...right?" And a cryptic comment from one patient: "Medications treat illness, addicts take drugs." Even his easygoing roommate, Jeff, was blunt with him, saying: "Sounds like you and me are a lot alike. Doing crimes to get high."

Noah left the session feeling defeated and misunderstood. He went back to his room and flopped on his bed, wondering how his life had veered so far off track. That night, he lay in bed unable to sleep a wink. The walls closed in on him. In desperation, he woke Jeff up asking him to talk. Jeff turned on the bedside light and, to Noah's surprise, was eager to help. "I get kind of lonely here too," he said. Noah asked why the group was so tough on him. Jeff did not answer, instead he said, "You don't seem like the kind of guy that has done anything wrong your entire life, much less drug felonies, right?" "No, never!" Noah exclaimed. "So why would you do so many despicable things to get your pills?" Jeff asked.

Noah put his hand to his chin, thought for a moment and quietly replied, "After a while, I needed them." "Right. You had to have it. Just like I had to have my heroin. I am a dope fiend," Jeff explained. Noah sat thinking for a while, looking paler by the minute. "Do you think I am like you?" To this Jeff replied, "Well not *just* like me. You ruined your career and your marriage. I could never get it together to get any of those things so I could go on to trash them later." Jeff erupted into laughter at his cleverness, which tickled Noah into laughter as well. The dam broke and the roommates shared their souls on into the night.

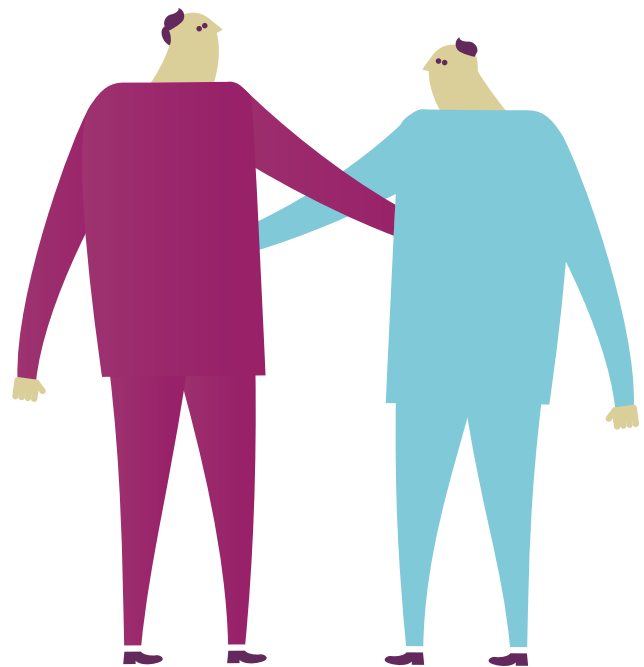


The next day, Noah went back into groups and asked them to repeat yesterday's feedback. "Gently," he implored. The group worked through his rationalizations, minimizations and denial of his illness. In contrast to the previous day, Noah felt less confused than he had in a long time. More pain, maybe, but less confused. More importantly, he recognized that he had friends in the centre, friends who cared enough to help him see himself for what he had truly become. Over the ensuing weeks, Noah continued to explore how his addiction illness subtly, but pervasively, changed his thoughts, beliefs, behaviours and values. He came to recognize how he had been lying to himself. He learned his compulsive and somewhat perfectionistic tendencies helped him be a good dentist, but also fuelled his addiction. He learned about self-help groups and how a recovering addict uses them to keep their illness at bay.

More importantly, he recognized that he had friends in the centre, friends who cared enough to help him see himself for what he had truly become.

Noah discovered that he never was very comfortable with his feelings. His family never talked about them and as a young boy, he felt defective if he was overcome by any strong emotion. A picture of his wife Jeanne and their two young children sat on the bedside table he shared with Jeff. The picture triggered many conversations about the importance of his family. Strangely enough, Jeff's recovery commitment increased the more Noah talked about his family and his addiction disorder. An unexpected and unconventional bond developed between the two roommates. The days moved faster and faster as Noah realized how much work he had to do to maintain his nascent hard-won peace.

After many weeks in treatment, the team of staff at the centre let Noah know that it was time to begin work on his continuing care plan. Noah sat down with a counsellor who outlined the plan. "Almost anyone can remain in recovery here," she said. "The real work begins after you return home." The staff understood the importance of recovery for health care professionals, "You stay drug-free for yourself and to ensure that you practise safe dentistry. It is a matter of public safety." The continuing care plan included the name of a sponsor who is a dentist with long-term recovery in Noah's home town. Noah will continue random drug screens for five years. "They seem inconvenient at first, but you get used to them," the continuing care counsellor affirms. The plan states that Noah must attend 12-Step support group meetings. He will also start couples therapy with his wife. Looking over the plan with a worried look on his face, Noah said, "It seems like a lot!" "It is a lot, but necessary to ensure your illness remains in remission," the counsellor replied. A solemn Noah agreed.



ARTICLE 6



In the previous five articles, we discussed the importance of emotional health for all of us in the medical community. As a group, medical professionals set aside our needs during our training and careers, focusing on the health of our patients. We introduced you to Noah Marshall, a fictional, bright, energetic dentist early in his career. Noah started using hydrocodone after an injury. He discovered the drug gave him a peaceful energy. Over years, he slowly increased his abuse of hydrocodone. His wife, Jeanne, discovered the pills and confronted him. This, unfortunately, went nowhere. It was not until a pharmacist informed the regulatory college about his prescribing habits that Noah wound up in treatment. In treatment, Noah was initially reluctant and dismissive. Slowly his thinking and mood improved. He learned that addiction is a primary disease and an occupational hazard in dentists.

In two days, Noah would be returning home from many weeks in treatment. When he first arrived, it seemed like treatment would never end. Now that he was near its completion, he was experiencing an odd sensation, almost wishing it would not end so soon. At first, he thought this notion absurd, but why shouldn't he feel this way?

He started running again. He had time to think about his life and reestablish what was important to him. He had developed a strange new set of friends—closer than any he had back home, with the exception of his wife. And most importantly, the hydrocodone had stopped tugging at him, the seemingly inescapable cravings had decreased to almost nothing. Oddly enough, he was set free.

Noah said his goodbyes to his fellow patients and the centre's staff. When riding to the airport, his mind wandered back to his home life. Would Edward, his practice partner, accept him back? What would his patients say? Would Jeanne ever forgive him? Would the College allow him to return to work? These

questions accompanied him on his taxi ride, through the airport and onto the plane.

Jeanne and his two children met him at the airport. The children climbed all over him as he re-experienced the wonder of parenthood. Jeanne was happy, but more reserved. On the ride home, Noah talked incessantly about his odd journey through addiction treatment.

Jeanne and Noah fell into a comfortable routine. Noah called his sponsor immediately and they started attending 12-Step meetings together. Noah's sponsor pushed him to continue written assignments. Noah gathered pen and paper and began work on his steps. He met with Edward, his dental practice partner, to review his continuing care plan. Noah tried to assure Edward, saying, "The plan will keep both you and me safe." Edward was skeptical, wanting to believe he would not be betrayed, but remained uneasy nonetheless.

Jeanne was skeptical too. She tried and failed to keep her distrust to herself. When they arrived in their first couple's therapy session, the therapist surprised

them both when she said, “Voice your disbelief and fears directly, Jeanne. If you hold them inside, you will never reconnect with Noah.” This led to a torrent of feelings from Jeanne. Her betrayal, her worries that Noah would wind up in jail and she and the children would be hopeless, and her fears for his life. Noah tried to talk Jeanne out of her fears, but the therapist interceded. “Just listen to her. These thoughts are what any loving spouse would experience.” Needless to say, the first session opened up the floodgates on the next phase of Noah and Jeanne’s journey of rebuilding their relationship. They continued in couple’s therapy for quite some time, building a new foundation on the ashes of Noah’s past lies and Jeanne’s uncertainty for the future.

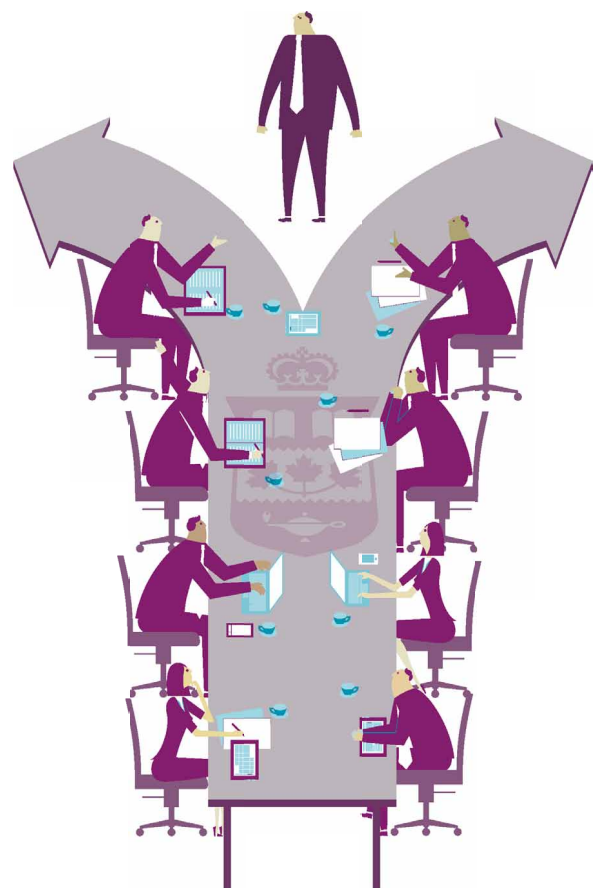
As if this was not enough, after three weeks Noah was informed that he had an interview with the College. He travelled there by car, palms sweaty and heart racing continuously on the drive to the city. He felt a sinking feeling similar to the sensations he experienced when his partner confronted him about his illegal prescriptions and drug use. Walking into the room, he remembered his treatment centre counsellor’s advice: “Tell the truth, don’t try to dress your addiction up or hide your past. Talk about your recovery with conviction and just a tinge of pride.”

“Well Dr. Marshall, we have some concerns to discuss with you,” the committee chairman began. “I assume you would like me to tell you about my addiction,” Noah replied. “Yes, and anything else you think is important to help us make our decision about your future in dentistry and whether it is safe for you to practise.”

With this ominous opening, Noah described in detail how he started taking hydrocodone for an appropriate orthopedic injury. After several gulps from the water glass in front of him, he went on to describe in detail the deceptive, dishonest and illegal behaviours he eventually fell into to feed his addiction disorder. He became tearful, he now understood that he jeopardized his patients and the practice of dentistry by his behaviour. This moment in the interview proved to be a deeper and darker hole of despair than he had ever imagined. He paused for a bit. The room was silent. Finally, remembering the coaching he heard

in treatment, he stated, “Although I am not proud of my behaviours while addicted, I learned about the seriousness of my illness. I was serious about getting better while in primary treatment and am committed to adhere to the proven treatment continuing care plan I signed before discharge.”

The committee reviewed a copy of the plan they obtained from the treatment centre. They asked him about his sponsor, meetings, therapy, marriage and his partner’s understanding of his illness. Then the committee asked him to leave so they could deliberate. Noah walked out, drained and nervous of the outcome. After 20 minutes, they asked him back in. The committee told Noah that, following recommendations from his treatment providers, he would be able to return to his dental practice, but that his continued licensure was based upon support from his sponsor and his practice partner, Edward, as well as monitoring by the College.



Noah mumbled “thank you” several times and turned to go. When he reached the door of the conference room, he turned around and said, “I will not let you down. I am serious about my recovery. I know if I relapse, I make it harder for the next man or woman who you see with addiction and I do not take that lightly.”

A few days later, Noah and Edward received official paperwork for them to sign that would allow Noah to return to work. At the recommendation of his treatment providers, Noah started back to practise slowly. His first several days in the office were best described as surreal. The staff in the office were happy to see him. Edward was relieved, as he had been working extra hard maintaining the practice while Noah was away. On his second day back, as he walked into the treatment room the patient in the chair said, “Haven’t seen you for a while,” and asked, “Have you been away?” Noah attempted a non-committal confirmation, to which the patient said, “I know you don’t want to tell me doc, but I bet you were on one of those exotic fishing trips. That’s where I would have gone!”

The months passed as Jeanne and Noah mended their broken relationship. The children grew up quickly. The practice thrived and Noah never took for granted that he had been given the privilege to practise dentistry again. Noah settled into a rhythm of 12-Step meeting attendance, meeting with his sponsor and going off to provide drug screens when called. The counsellor was right; all of the tasks of recovery become easier in time.

A year or so after returning, Noah went to the treatment room to see a new patient. There in the chair was the pharmacist who had called the College about him 16 months earlier. Noah hesitated as he walked into the room. Uncertain, he introduced himself to his new patient. The pharmacist explained his dental crisis, obviously in pain. Noah hesitated. He said “You do know who I am don’t you?” to which the pharmacist replied “Yes, you are the best darn dentist, I know. Now fix my teeth!”

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Dr. Earley has been an Addiction Medicine Physician for over 25 years. Over his career, he has treated all types of addictive disorders and specializes in the assessment and treatment of health care professionals. As a therapist, he works with patients already in recovery, providing long-term therapy for those who suffer from this disease. His professional expertise extends to advocacy for professionals before agencies and licensing boards.

Dr. Earley is the Medical Director of the Georgia Professionals Health Program, Inc., the Physicians Health Program (PHP) for the state of Georgia in the United States. He is also a consultant to numerous treatment agencies regarding treatment effectiveness and staff development.

Dr. Earley speaks nationally and internationally on topics of addiction, its treatment and addiction among health care professionals. He is the author of numerous books and articles on addiction and its treatment, including *The Cocaine Recovery Book*. He is one of the authors of the American Society of Addiction Medicine (ASAM) Textbook: *Principles of Addiction Medicine*, including the chapter: "Physician Health Programs and Addiction among Physicians." His work was featured in the documentary series on addiction entitled *Close to Home* by Bill Moyers. He has championed recovery in two appearances on the Oprah Winfrey show. Dr. Earley is a Fellow of ASAM and has been on the board of ASAM for over 10 years in several capacities. He has also served as the Medical Director of two nationally acclaimed addiction programs specializing in the care of addicted health care professionals.

NOTE FROM THE AUTHOR:

Thank you for taking the time to read this series. Although Noah is fictional, he is a composite of the hundreds of health care professionals I have evaluated or treated over my 29-year career. Remember, addiction is a common, chronic disease that afflicts 10 per cent of human beings in their lifetime. It is a common occupational hazard among dental professionals. Addiction is treatable and the prognosis for a sustained recovery is extremely good for medical personnel. More information is available at www.paulearley.net.