



Emotional Health and the Dentist

TWO IN A SERIES OF SIX ARTICLES

by Paul H. Earley, M.D., FASAM

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.

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.

Stay tuned for installment three, where we will follow Noah over the next several years. As you might imagine, things are about to change.

CDRAF AND CDA JOINT PROJECT

The development and distribution of this article is a joint project with the Canadian Dental Regulatory Authorities Federation (CDRAF) and the Canadian Dental Association (CDA). The goal of the project is to raise awareness of dentists in Canada about addiction disease and the opportunities for treatment and recovery. Dr. Earley was a keynote speaker at the national symposium collaboratively organized by CDRAF and CDA held in Toronto in October 2011 to profile addiction for the organizations' leadership.

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Dr. Earley has been an Addiction Medicine Physician for more than 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 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.