



Emotional Health and the Dentist

THREE IN A SERIES OF SIX ARTICLES

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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 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.

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. 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.

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.

Stay tuned for installment four, where Noah's life unwinds, for better or worse.

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.