Re: Pham JC, Pronovost PJ, Skipper GE. Identification of Physician Impairment. JAMA 2013;309(20):2101-2. Available at <http://jama.jamanetwork.com/article.aspx?articleid=1682565>

To the Editor, JAMA:

Pham et al's goal of identifying physician impairment to improve patient safety is laudable, yet cannot be achieved through random, pre-employment, not-for-cause, and possibly even sentinel event-based drug and alcohol testing, the latter of which will miss alcoholics in withdrawal and, when occurring after the event, may produce false-negative results.

The explosive growth of such testing in industry and health care has been fueled by popular misconceptions surrounding substance use and abuse, junk science, and business interests (Institute for a Drug-Free Workplace, pharmaceutical firms, and drug-testing companies) and by the PR campaigns of a multibillion-dollar industry, whose entrepreneurial interest lies in magnifying the severity of workplace drug-related problems and extolling the benefits of drug testing as a solution (1,2). Pre-employment and random drug testing to find one otherwise hidden drug abuser is estimated to cost between $700 000 and $1.5 million for the U.S. government’s program (3). No solid data show that such testing deters drug use (3).

Alcohol, narcotic, and sedative addition are not as common among physicians as among the general population (1). They authors of the one study cited as a successful program stated, “We cannot conclude from our data whether there has been a decrease in the incidence of abuse”(4).

The National Academy of Sciences concluded that frequently-cited estimates of lost productivity and impaired performance from drug use are based on flawed data (5). Drug tests are subject to sabotage and to false-positive and false-negative results (1). Testing damages workplace morale, reduces productivity, and hinders recruitment of skilled workers (1). No employer has been held legally liable for not having a drug-testing program; however, employers have incurred substantial legal costs defending their programs against wrongful dismissal claims (1). Most existing hospital drug testing policies are vague on procedural details and confidentiality. Substantial numbers of practicing physicians, residency program directors, and medical students oppose such testing (1). The Canadian Human Rights Commission recently disallowed pre-employment and random drug testing of public employees on the grounds that such policies are human rights violations under the Canadian Human Rights Act.

To improve patient safety and enhance quality of care, the medical profession should improve substance abuse education and training and encourage error reporting and analysis. Impairment testing (memory, vision, reflexes, and coordination) could uncover substance abuse, along with physical disabilities, mental illness, and sleep deprivation. Those found impaired or incompetent should be disciplined appropriately and referred for treatment (1).

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