**ADDICTION**

**Can a physician be disciplined for personal misuse of alcohol or drugs?**

Yes.[[1]](#footnote-1) A physician’s current misuse of alcohol, controlled substances or legend drugs is considered unprofessional conduct. See **UNPROFESSIONAL CONDUCT.**

However, license holders voluntarily participating in an approved program without being referred by the Medical Quality Assurance Commission (MQAC) shall not be subject to disciplinary action[[2]](#footnote-2) for their substance abuse, and shall not have their participation made known to the MQAC, if they meet the requirements set forth in law, and those of the program in which they are participating.[[3]](#footnote-3)

**Does a physician have an obligation to report another physician’s drug or alcohol problem to the Department of Health?**

Since 2007,[[4]](#footnote-4) all professions licensed by the Washington State Department of Health must report anyone else licensed by the Department of Health if there is actual knowledge of (i) any conviction, determination, or finding that that the other practitioner has committed an act of that constitutes unprofessional conduct; or (ii) the other practitioner may not be able to practice with reasonable skill and safety due to a mental or physical condition.[[5]](#footnote-5) Provided there is no patient harm or sexual misconduct, reports of an inability to practice with reasonable skill and safety due to a mental or physical condition may be submitted to one of the approved impaired practitioner or voluntary substance abuse programs or to the Department of Health.[[6]](#footnote-6)

The MQAC may impose disciplinary sanctions, including license suspension or revocation, on any physician who fails to make a required report.[[7]](#footnote-7) See **MEDICAL DISCIPLINE.**

**What is the Washington Physician’s Health Program?**

The Washington Physicians Health Program (WPHP) began in 1986 as the Washington Monitored Treatment Program (WMTP), founded by concerned members of the Washington State Medical Association (WSMA).[[8]](#footnote-8) Under the provisions of the above laws, the WPHP is able to provide a confidential conduit for healthcare practitioners so that they can get the help they need for their mental or physical condition.[[9]](#footnote-9) WPHP provides these services as a therapeutic alternative to discipline.

The Washington Physician’s Health Program is a program administered by a committee of physicians who have expertise in the treatment of alcoholism, drug abuse, and mental illness.

The committee may receive and evaluate reports of physician drug or alcohol abuse or mental illness from any source, intervene in verified cases, refer physicians for treatment[[10]](#footnote-10), and monitor the impaired physician’s condition.

The committee will report a physician to the Medical Quality Assurance Commission (MQAC) if the committee believes the physician is an imminent danger to the public because of drug or alcohol abuse or mental illness.

The committee will also report a physician to the MQAC if the physician refuses to cooperate with the committee, if the physician refuses to submit to treatment, or if the physician’s drug or alcohol abuse or mental illness is not substantially alleviated by treatment and the physician, in the opinion of the committee, is unable to practice medicine with reasonable skill and safety.[[11]](#footnote-11)

**May a physician who prescribes potentially addictive drugs be liable if the patient becomes addicted?**

Yes[[12]](#footnote-12). If a patient becomes addicted to prescription drugs, the physician may be liable to the patient if the physician negligently prescribed the drugs or failed to warn of the addictive nature of the drugs.

**May a physician prescribe drugs for himself or herself?**

It is unprofessional conduct for a physician to self-prescribe controlled substances or to misuse controlled substances or legend drugs**.**[[13]](#footnote-13)See **CONTROLLED SUBSTANCES; LEGEND DRUGS;** and **UNPROFESSIONAL CONDUCT.**

**May a physician prescribe drugs for the physician’s family members?**

Washington law does not specifically prohibit a physician from prescribing drugs for the physician’s family members. Caution should be exercised, however, to keep thorough medical records and to avoid manipulation by family members**.** See **CONTROLLED SUBSTANCES and LEGEND DRUGS.**

1. RCW 18.130.180(23). [↑](#footnote-ref-1)
2. RCW 18.130.160. [↑](#footnote-ref-2)
3. RCW 18.130.175. [↑](#footnote-ref-3)
4. Washington Physicians Health Program;

   <http://www.wphp.org/downloads/Mandatory%20Reporting%20of%20Potentially%20Impaired%20Physicians.pdf>. [↑](#footnote-ref-4)
5. RCW 18.130.070(1); WAC 246-16-235. [↑](#footnote-ref-5)
6. WAC 246-16-220(1)(b). [↑](#footnote-ref-6)
7. RCW 18.130.180(11). [↑](#footnote-ref-7)
8. WPHP, *2011 Annual Report*, *available at*: <http://www.wphp.org/downloads/WPHP%202011%20Annual%20Report.pdf>, at 4. [↑](#footnote-ref-8)
9. Washington Physicians’ Health Program <http://www.wphp.org>. [↑](#footnote-ref-9)
10. RCW 18.71.310. [↑](#footnote-ref-10)
11. RCW 18.130.175(3). [↑](#footnote-ref-11)
12. *Caughell v. Group Health*; 124 Wn.2d 217 (1994) held that a 20 year history of negligent prescription of psychoactive medications constituted a single cause of action, not restricted by statute of limitations. [↑](#footnote-ref-12)
13. RCW § 18.130.180 (2010 c 9 § 5) regulates unprofessional conduct. [↑](#footnote-ref-13)