

PHYSICIANS' HEALTH PROGRAMS

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Emergency Calls Only

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“Lifers”

He was excited. He was gracious. He knew all the right things to say. I was concerned . . .

Thus was the setting of a recent participant completing his initial five-year agreement. Despite entreaties by several staff members, he was very clear about not participating in a long-term monitoring agreement. I imagine there were several reasons driving his decision, both conscious and subconscious. I can't help but think that a part of it was our recent “hassling” when we suspected there might be a breach in his sobriety. No doubt there's a feeling of satisfaction having “graduated the program” as well as moving beyond the parent-child relationship that sometimes develops between the PHP and participants. I'm sure he is feeling that he won't have to put up with “crap” anymore. I hope my concerns are misguided. I hope he does well. I hope no one (and that includes him) gets hurt if he relapses.

It's always hard for me to understand why someone who has done well in five years of monitored recovery would not want to re-enroll in the long-term monitoring program. Sure, screening always seems an inconvenience; but geez, four times a year? Add four phone calls to the PHP and that's pretty much the long-term agreement.

Consider the benefits. Long-term monitoring provides an ongoing level of direct accountability. Accountability is considered one of the major elements that make PHP monitoring programs so successful.

It permits the PHP to provide up-to-date advocacy. If you haven't noticed, applications et. al. are asking more and more sensitive questions these days under the guise of risk management. The long-term agreement allows a participant to continue to provide assistance to new enrollees in the form of peer and toxicology monitoring; thusly, ongoing participation with the PHP. It mirrors my worldview of professional monitoring, accountability in the beginning and passing on the help at the back end . . . sort of like those steps.

And, there is yet another benefit to long-term monitoring that may actually be the most important of all. Ongoing monitoring at whatever level serves as an acknowledgment of the chronic nature of addictive disease and the need for chronic treatment. I believe that it is the loss of this idea, this philosophy, which leads to those disastrous relapses in folks with many years of sobriety.

Addiction is a lifelong disease, with potentially terrible consequences, that responds remarkably well to treatment, as long as one accepts the treatment.

I do hope he will be all right.



John Martyniuk, PhD, MD
Medical Director

“It mirrors my worldview of professional monitoring, accountability in the beginning and passing on the help at the back end . . . sort of like those steps.”

A Personal Story

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The PHP is a program of



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I can recall with astonishing clarity the longest hour of my life. On my thirty-minute drive to the appointment on January 10, 2006, I was certain I'd be fine as long as they didn't force a polygraph on me. After all, I had done my homework! I'd read through and devoured several reputable online medical resources that assured me of the poor correlation between the odor of alcohol on a person's breath and the actual B.A.C. Surely the impending evaluation being forced on me was no more than a minor nuisance. Yet I deeply resented the fiends I was about to face because in my scrambled mind, they were my bitter enemies. No worries though! I had all my ducks in a row. (My interviewers, Greg Gable and Bob Wolf, had other ideas.) As it later played out, like so many of the thoughts careening through my mind that day, these were totally clueless.

Ten minutes into the appointment, I was struggling to outfox these slick pros. By twenty minutes I was sitting sideways and deeply slumped in my chair, legs and arms crossed, staring at the floor. Though no electrodes were connected to my person, I had miserably failed my polygraph test. Yet by the end of the hour, I actually believed I'd had them fooled! I was baffled and silently enraged when they introduced me to the PHP office staff on my way out. Why on earth would I ever care, much less need, to know these idiots? I had signed release forms for them to gather "collateral data." They would surely be useless to these Gestapo! Who would ever claim, much less prove, that I was an alcoholic? Such was the anger and befuddlement flooding my mind that day.

What I'd failed to notice was how genuine and caring they had been to me. Greg had gently encouraged

me several times to scour the recesses of my memory for inaccuracies in the story I'd related. Perhaps that soul-searching would enable me to recall that I had consumed more alcohol during the wee hours of that fateful morning several weeks earlier than I'd just reported. (At 7:15 that same fateful morning, a patient had the gall to allege that she smelled alcohol on my breath.) Bob had firmly yet compassionately pointed out to me some troubling pieces of my history. I left my "longest hour" feeling the antithesis of the smug relief I had so arrogantly expected.

The next five days were absolute hell for me. All day Wednesday, people at work were all looking at me strangely. An unmarked police car was parked at the end of my circle when I drove home on Thursday afternoon. If I slept a wink on Friday or Saturday nights, I failed to notice. Sunday morning, I tasted the bitter hypocrisy of leading a program about a mission project at church. By the time my part of the presentation was over, I was finished. I was finally tired of running. The tiniest voice told me it was time to accept my need for help. I had that "moment of clarity" that my new friends in Alcoholics Anonymous would soon tell me about. At least one of my thoughts five days earlier had been accurate: Greg and Bob wouldn't need the collateral data forms. I called the two work associates whom I'd repeatedly lied to and came clean with them. The next morning when PHP opened, I called Greg and finally told him the truth. Rather than the castigation I had expected, he calmly asked me (!) whether I would consider going to Marworth for rehabilitation. (It was as though he knew that I'd been lying!) Though the question made my blood run cold, I knew deep in my gut that Greg knew what I needed.

Eight days later when a detox bed became available at Marworth, I was in it. Even as I walked through those foreboding doors, I felt a presence that told me two things: "My child, do what these people tell you to do, and be completely honest." Thus began what in retrospect was clearly the best nine weeks of my life. Thus began my liberation from the ravages of my addictions, and in a broader sense my own sick mind. Thus began a fresh, new life that has proven to be light years beyond my wildest hopes and dreams. Thus began my painstakingly slow understanding that I had no better friends and advocates on the planet than the staff of the Physicians' Health Programs.



"At 7:15 that same fateful morning, a patient had the gall to allege that she smelled alcohol on my breath."

Just under three months after my longest hour, I returned to the offices of the PHP a new man. I was profoundly grateful to ask the staff their names again, this time determined to remember them. I signed a five-year monitoring and advocacy contract that



has proven immensely valuable to me. When it expires, I plan to sign another. Now I understand the staunch support the PHP offers me, and I no longer regard them with the enmity I had so recently. I understand how incredibly fortunate I was to have PHP in my corner in 2006, rather than having the fangs of the State Board of Medicine or plaintiff's counsel clutching my glutei.

Almost four years into my sobriety, I regard the Physicians' Health Programs of The Foundation of the Pennsylvania Medical Society with deep gratitude. I consider their compassionate professionals to be an integral part of a fabulous recovery support network they themselves helped me to fashion. As recently as two months ago, they provided me with a referral to a therapist who has helped my wife and me enormously with a troubling family issue. I enjoy immeasurably healthier relationships in both my professional and personal lives. My life is an ever-expanding arena of new interests and pursuits - in stark contrast to the constricting, descending and relentless spiral it had been so recently. The great majority (though not all) of my restlessness, irritability and discontent has now been replaced by serenity, joy and freedom. I now hold as my deepest personal truth the fact nothing in my life matters more than my recovery. Make no mistake; to call the journey of recovery an arduous trek is an understatement! But an equally glaring understatement is that the gifts of recovery outweigh its struggles by ten thousand fold.

Finally, my most fervent hope today is that every one of my fellow physicians suffering from impairment of any kind would manage to break through the twin monsters of denial and fear and seek the help of the PHP. In so doing, it is absolutely certain that you will have the golden opportunity to discover the same unbridled joy of recovery that I have. Indeed if this story helps even a single professional colleague to find recovery, all the brutal pain of my old life of addiction will have been completely worthwhile.

Anonymous
November 3, 2009

MY Gift

YES, I will support the PHP/Foundation with my gift of \$_____.

PLEASE DESIGNATE MY GIFT FOR (check one):

- Physicians' Health Programs
 ___ General Fund ___ PHP Endowment
 - Annual Fund/General Operating Support
 - Medical Student Loans
 - Medical Student Scholarships
 - Tribute gift in memory honor of _____.
- Please send acknowledgment to:

Name _____
 Address _____
 City/State/ZIP _____

METHOD OF PAYMENT

- Check** (payable to The Foundation of the Pennsylvania Medical Society)
- Credit Card** (or donate on our Web site at www.foundationpamedsoc.org)
 - VISA 
 - MasterCard 
 - Discover 
 - American Express 

Card # _____
 Expiration Date _____
 Signature _____

- Recurring Gift** (*we will send form*)
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Please invoice me quarterly.
- I would like to learn more about planned giving opportunities.
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ADDRESS CORRECTION REQUESTED



Success is not final, failure is not fatal: it is the courage to continue that counts." - Winston Churchill

Congratulations!

Congratulations to Dr. Martyniuk on his appointment to Fellow status in the American Psychiatric Association. The honor of Fellow reflects his dedication to the work of the APA and the profession of psychiatry. Dr. Martyniuk will be honored at a convocation ceremony during the APA annual meeting in New Orleans in May. We congratulate John on this achievement.

YES, THERE IS A DISCOUNT!

The 2010 invoices were sent out on December 30, 2009. Amazingly we got everything updated (the computer, the database, etc.) and we were able to say "Yes, it was done on time!"

Whoops – While in the rush to go to print, I didn't notice that the discounts and donation options were not spelled out. Somehow, it got attached to an old billing invoice. Let me clarify.

Yes – you are allowed a 50% discount in your monitoring fees if you are an active monitor.

Yes – you can discount one month/quarter fees for paying your entire fee by March 31, 2010.

Yes – you can pay the full amount and ask that the overpayment be considered a donation to the PHP Endowment or the PHP Physician Assistance Fund. **THANK YOU TO EVERYONE WHO CONSIDERS THIS.**

I do apologize for this error and what can I say . . . my foot surgery and recovery at home somehow affected my brain and my ability to think clearly. Sorry.

Shirley