



## NEWS FROM THE PENNSYLVANIA PHYSICIANS' HEALTH PROGRAM

### *When the Healer Needs Healing:* **A PHYSICIAN'S JOURNEY FROM ADDICTION TO RECOVERY**

*Steven Allen, DO, serves as vice chair to the PHP Advisory Committee. This article reprinted with permission from MCMS Physician magazine.*

There are few communities immune from the national public health crisis of opioid abuse and addiction. A national spotlight shines bright on an epidemic public health officials call the worst drug crisis in American history, killing more than 33,000 people in 2015.

That spotlight shines even closer to home for Steven Allen, DO, an interventional radiologist and veinous medicine specialist in Huntingdon Valley. Dr. Allen, who has practiced medicine for almost 30 years, shared his story of opioid addiction and his road to recovery at the Montgomery County Medical Society (MCMS) Annual Membership Dinner in June at Penn Inn, Gwynedd.

*"Addiction is terrifying and I am thankful I had a safe place to turn to get help."*

With the help of the Physicians' Health Program (PHP) of the Foundation of the Pennsylvania Medical Society, Dr. Allen has been in recovery for almost 6 years.

"My story is not unique and what happened to me can happen to anybody," said Dr. Allen, who finds that sharing his story helps him to stay strong in recovery. "I was a pretty straight forward guy who was involved in my profession, my community and my family. Unfortunately, at the time, I became overwhelmed with my situation that involved my health and family and plenty people can relate to this."

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## Disability Insurance as a Tool for Restoring Physician Wellness

*Mark F. Seltzer, Esq.*

While the majority of disability insurance cases our firm handles are for physicians and medical professionals that are disabled as a result of addiction, there seems to be a trend of an increasing number of doctors that are suffering from the effects of "burnout" and/or have become dissatisfied professionally. In fact, this is a very hot topic among the various members of the Federation of State Physician Health Programs.

Today's practice of medicine is totally different and has substantially changed when compared to that of even 10 or 20 years ago. Many physicians explain and complain that they are now working much harder to make the same or less money than they were years ago. They have been literally practicing under a "microscope" and in a "glass house." They have become the perpetual target by less than optimal treatment results. They have become a victim in business buyouts, mergers and acquisitions. They are often required to see greater amounts of patients in less time. Charting and record

keeping has drastically changed. It has become more difficult to develop the traditional physician-patient relationships and to instill trust and confidence in patients relative to a physician's treatment and care. All of these factors have caused what appears to be a significant increase in not only a physician's overall professional dissatisfaction, but also in physician burnout and related medical conditions. The traditionally honored profession of medicine is no longer so honored.



*Mark F. Seltzer, Esq.*

The assessment, treatment and monitoring of "impaired" physicians is a complex endeavor that is often made even more complicated by competing legal demands. Although many physicians carry disability insurance that is designed to cover them in the event they cannot practice their specialty, changes in the insurance marketplace have made it increasingly difficult to "prove" disability. At the same time, medical

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# PHP UPDATE

Published semi-annually by the Physicians' Health Program.  
**PHP UPDATE**

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# EXECUTIVE DIRECTOR MESSAGE



Heather A. Wilson, MSW, CFRE

## Volunteers are the heart of what we do

The spirit of volunteerism and compassion for others is prominently displayed as we all watch the many examples of strangers helping strangers in the aftermath of Hurricanes Harvey and Irma. Wikipedia defines volunteering is an altruistic activity where an individual or group provides services for no financial gain *"to benefit another person, group or organization."* Physicians are often called upon to volunteer overseas, in rural and urban clinics and when disasters such as hurricanes leave gaping disruptions in the delivery of medical care to communities. They selflessly give of their time and unparalleled expertise to better the human condition of another without expectation of repayment, and, many times, without even receiving a sincere expression of appreciation.

It is here, that I want to stop and take a minute to sincerely thank all of the physicians who have given of their time to advance our service lines at the Foundation including Student Financial Services, LifeGuard and the Physicians' Health Program (PHP). To those who read and score multiple scholarship applications to ensure that our scholarship recipients are the best of the best; to those who assist with providing a proctorship for a physician returning to work after an extended absence; to those who confidentially serve as a peer monitor for a colleague in recovery, to those who quarterly lead our organization from the board room ... all of you have our deepest appreciation for your gift of time, compassion, and expertise.

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*There is one need at the Foundation that remains unmet. We continually need additional toxicology testing sites for physicians within our PHP program.*

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involved, please - call the PHP at 717-558-7819. Opening your doors as a toxicology testing resource to your fellow physician is an altruistic act with impact that goes beyond measure. Thank you for your thoughtful consideration.

There is one need at the Foundation that remains unmet. We continually need additional toxicology testing sites for physicians within our PHP program. The rural areas are incredibly sparse in resources for those who need to complete testing. Some of our physicians drive over an hour one-way to reach a testing site. The process for your office to become a toxicology testing site is easy and the training is simple. The benefit of confidential assistance within a close proximity to your fellow physician is tremendous. It isn't a volunteer job frocked with many accolades, but it is one of the most meaningful acts of assistance you can provide to a physician colleague within the Commonwealth. To find out how to get

Be well,

Heather A. Wilson, MSW, CFRE  
Executive Director, The Foundation;  
Deputy Executive Vice President,  
Pennsylvania Medical Society

## OUR MISSION

The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.



*Medical Director Jon Shapiro, MD, DABAM, presents information about PHP programs.*

*Want to schedule a presentation?*

*Go to [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org) under "Educational Opportunities."*

# Disability Insurance as a Tool for Restoring Physician Wellness

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licensing boards are placing requirements that are more stringent on impaired physicians looking to preserve or restore their license to practice, with PHPs caught in the middle of protecting the public, protecting a participant's license, and assisting impaired physicians in monitoring appropriate treatment.

Physicians who are suffering from burnout, mental illness and/or addiction can use their disability insurance as a tool in their own treatment and to help restore their health. Certainly, professional dissatisfaction, in and of itself, is not a disabling medical condition. Nor will "burnout" on its face be accepted by a disability insurance company as compensable. Rather, the underlying medical symptoms and conditions that are driven by "burnout" must be documented and established. When suffering from burnout, physicians may experience a myriad of health problems, cognitive difficulties, insomnia, depression, anxiety, substance use disorders, fatigue, difficulty with personal relationships, and disruptive and performance-related issues at work.

These conditions, when suffered by a physician, become even more magnified at work because they will not only affect themselves and their colleagues, but most importantly they may impact their patients. It is often important and necessary for physicians to step away from work and focus on taking care of themselves when suffering from burnout and stress. Disability insurance, for physicians, often provides total disability coverage for the inability to perform the material and substantial duties of one's own specialty and residual/partial disability coverage when one must reduce their duties or the amount of time working.

Receipt of total disability will allow a physician to focus on restoring their health and/or recovery without the distractions of the financial issues that often plague one's inability to work. When a physician is well enough to return to work in their specialty, policies most often provide residual/partial disability benefits which allow a gradual or restricted return to work, where there is a loss of income. Also, residual benefits can be received at the onset of a physician's partial disability if that reduction of work activity is medically needed. To that extent, a physician can receive partial benefits while continuing to work on a restricted part-time basis in their specialty while simultaneously recovering medically and increasing their level

of professional functioning. In addition, a physician can continue to receive total disability benefits if their disabling medical condition continues to restrict or limit their ability to perform the material and substantial duties of their specialty while being retrained and thereafter performing their duties in a new specialty going forward.

Physicians must be familiar with their policies, whether they be group policies through their employment or individual policies which they have purchased themselves. Many do not understand what their disability insurance policies obligate them to satisfy contractually in order to obtain the benefits necessary to restore their health. Once physicians become ill, it is important to understand how they can use their disability insurance to focus on treatment and recovery to improve their health, restore their wellness, and return to work, whether that be on a full- or part-time basis, or even in another specialty.

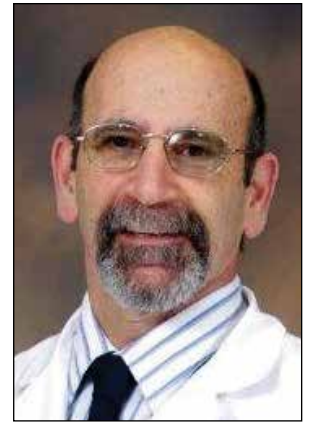
*The law firm of Seltzer & Associates is national boutique practice representing physicians, health care practitioners, and professionals in all aspects of disability insurance claims and cases. The firm is located at 1515 Market Street, Suite 1100, Philadelphia, PA, 19102. Mr. Seltzer can be reached at 215-735-4222 or 888-699-4222. Please access our website at [www.seltzerlegal.com](http://www.seltzerlegal.com)*



# MEDICAL DIRECTOR MESSAGE

Jon Shapiro, MD, DABAM

## Practice Self Care to Prevent Illness, Burnout



Jon Shapiro, MD, DABAM

Today I went home early from the office. I was feeling achy and flu-ish with a scratchy throat and I was tired from sleeping poorly last night. I know I sound like a NyQuil ad, but that's not the point. Some of our greatest gains in public health come from simple hygiene practices. Dr. John Snow (no relation to the Game of Thrones character) noted a coincidence of cholera outbreaks where the public water wells were closest to latrines in London. The ensuing improvement in the quality of drinking water saved countless lives.

All of our anesthetic improvements and obstetrical techniques pale in comparison to the institution of hand washing. Puerperal fever had ravished clinics contributing to the devastating burden of maternal and infant death. Although strep infections still plague us, the vast majority of women can expect to survive childbirth in the modern world.

Which brings us back to my half day in the office. Having been indoctrinated to the idea that physicians are both impervious to disease and irreplaceable, I have grown accustomed to slogging through the flu, coughing through the conference and needlessly exposing my co-workers to my own undoubtedly contagious ailment. Going to work sick contributes to the spread of respiratory and other illnesses most notable through the influenza season. So when you are sick, stay home and rest. If you are a bit workaholic, then work from home. Next time I'll skip that half day of being half sick at work.

## Retired Reading Neurosurgeon Advocates for Recovery in New Role



Raymond C. Truex Jr., MD,  
FAANS, FACS

Raymond C. Truex Jr., MD, a neurosurgeon at Reading Health System, says telling a surgeon he can't operate anymore is like telling an artist he can't paint anymore. "Last week I successfully removed a pituitary tumor from a patient and I thought to myself that the precision involved is quite a thing of beauty to me. The human body is its own canvas," he says.

Dr. Truex will start a new chapter after his retirement from surgery. "I decided long ago that I want to go out on top because I don't want to cause injury. I don't want to find that my skill level is not the same. I'm taking my cue from Mike Schmidt," says Dr. Truex. The Phillies home run king and greatest third baseman of all time retired abruptly in May 1989 before his Hall of Fame skills deteriorated, he says.

As with any life change, there is an element of mourning as physicians so closely identify with their personal role in life of caring for people and being leaders, he says. But, there are also advantages. "It is somewhat liberating — as a surgeon, I have been on call every fourth night for 50 years!"

Dr. Truex was honored with the 50 Years in Practice award at a recent Berks County Medical Society (BCMS) event. He also accepted the Compass Award presented to a physician whose career and contributions embody the four points of the Society's 2017 Compass (Professionalism, Collegiality, Education, and Advocacy).

This summer, Dr. Truex accepted a leadership role with PAMED's nonprofit affiliate, the Foundation of the Pennsylvania Medical Society. He joined the Physicians' Health Program (PHP) as a part-time medical director. He has been the Foundation's longest tenured trustee and served as chair of the Board of Trustees for more than a decade. A leader in the Foundation's PHP committee, he serves as a sounding board and a compassionate advocate for physicians with addiction entering into a life in recovery.

"Dr. Truex never predicted that he would have the opportunity to assist as a medical director for the PHP, but his passion for helping physicians who suffer with addiction and his reputation for empathy and respect have created a legacy of enduring influence that intersects with this current opportunity," says Foundation Executive Director Heather Wilson, MSW, CFRE. "With a keen ear, innovative mind, and a compassionate heart, Dr. Truex has guided the Foundation's programs and has served as an inspiration of the impact of the PHP," she says.

"It's been a privilege to be a doctor and care for people throughout my life. I'm looking forward to using my skills in a non-surgical way," says Dr. Truex.

"This new opportunity is like coming home. Halfway through my career I was affected by the disease of addiction. I know what it's like to feel scared and helpless. I know what it's like to be ashamed and have thoughts of suicide. The PHP has been a constant in my life. I've been a part of it when it was brand new. I watched it evolve, grow, and thrive. I have a big advantage in this role: I can tell participants, 'I know firsthand how you feel.'"

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# LifeGuard CME Offerings

Register at [www.LifeGuardProgram.com](http://www.LifeGuardProgram.com)

## Controlled Substance & Opioid Prescribing Educational Program

**PHILADELPHIA**  
**DEC. 7-8, 2017**  
CME: 25.5\*



LifeGuard offers a comprehensive two-day program led by Penn Medicine faculty, that covers prescribing issues identified by state boards of medicine for physicians who want to become more comfortable with the guidelines. We also offer practice monitoring and sessions for remediation when prescribing practices are called into question. We will assess your personal prescribing habits through chart review and provide strategies for improvement in documentation. Sessions include an overview of CDC and state guidelines. The program includes case-based discussions completed in a small group format, combined with skills training through the use of standardized patients.

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This course is a three-day educational program aimed at enhancing medication prescribing behaviors. This program is a collaborative effort between LifeGuard and KSTAR, in concert with Rangel School of Pharmacy at the Texas A&M Health Science Center. Specifically designed for physicians, physician assistants, nurse practitioners, podiatrists, pharmacists, pharmacy assistants, nurses, and anyone who prescribes, has contact with medications, or wants to increase their knowledge of pharmacology and optimal prescribing practices. The course will examine this important topic from legal, regulatory, biomedical, clinical, patient, and patient safety perspectives.

## Communications (Coming Soon)

**\*Live Presentation:** Controlled Substance and Opioid Prescribing Educational Program - The Pennsylvania Medical Society designates this live activity for a maximum of 16.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Pre-course Enduring Materials: The Pennsylvania Medical Society designates these enduring materials for a maximum of 9.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activities.

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### \*\*Pharmacology & Prescribing Course:

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The Pennsylvania Medical Society designates this live activity for a maximum of 21.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The planning committee members and faculty do not have any relevant financial relationships to disclose.

Find out more at [www.LifeGuardProgram.com](http://www.LifeGuardProgram.com)

# MEDICAL DIRECTOR MESSAGE

By Raymond Truex Jr., MD, FAANS, FACS

## Gainful Employment After Treatment

So that no one is unduly alarmed to see me as the author of this editorial, let me introduce myself and unequivocally state that Dr. Jon Shapiro is alive and well. It has been my privilege to join him at the Physicians' Health Program as a co-medical director. I am a recently retired neurosurgeon from Reading, Pa., and qualify as a long term participant in the PHP.

Given the general shortage of physicians, most doctors do not experience any problems obtaining gainful employment, and usually end up with the job of their choice. However, when problems of addiction become insinuated in a physician's life, his or her professional profile can become less attractive to a prospective employer. In such cases, it may actually become difficult for a physician in early recovery to find any job, much less the job they wanted.

This was indeed a problem for me some years ago when I completed my inpatient treatment for alcoholism and chemical dependency; I could not find a job in my surgical subspecialty, and indeed, even if I had been able to locate one, the PHP recommended that I spend a year or two away from the operating room to solidify my recovery, to establish a recovery network in a new locale, and to avoid the stress involved in performing complex and risky surgical procedures.

After a significant time out of work, my family's financial needs were mounting, so it became imperative for me to find employment, maybe not the job, but any job. This was one of the major obstacles placed before me in early recovery, so based on personal experience, I am offering a few suggestions to doctors who find themselves in this employment bind.

**NETWORK.** Attend a Caduceus Meeting where recovering physicians gather. These meeting places offer a sympathetic ear and a potential knowledge of local employers who have an understanding of recovery and a willingness to "take a chance" on a newly recovering physician. Further, you might check in with a case manager at PHP, who may know of other recovering physicians in your specialty around the state, and may be willing to make those contacts for you.

**PLAY TO YOUR STRENGTH.** By now, you know something about the principles of recovery, and are starting to live it yourself. This is actually an asset in the field of addiction medicine. As you have experienced the problem first hand, it gives you an element of credibility with many patients who are entering the rehabilitation process. And, you may have a strong personal interest in this field, because of your own experiences. If you consider this as an option, understand that a rehabilitation facility will usually want a physician applicant to have at least one year of personal recovery, according to one recovering physician in the addiction field.

**BE HUMBLE AND HONEST.** Always keep in mind that you are no longer in the driver's seat in a job interview; you come into the interview at a disadvantage, as you should be prepared

to reveal your participation in the PHP to a prospective employer. I would not offer this fact during the initial part of the interview, but rather first try to build some rapport with the interviewer and offer some solid personal experience and expertise to support your qualification for the job. Only after having established that, should you tell the interviewer that you are in recovery. Be absolutely truthful in answering any additional questions that he/she may ask, knowing that your admission may prompt further inquiries into your past.

**BE WILLING.** At first, you may not find a job that you feel fits your profile to perfection. Be willing to explore other opportunities that you would not have originally considered.

For example, one PHP participant told me that he applied for a job as a physician in a prison, his main purpose being to use the interview as a trial run, to see how his recovery status was received by the prospective employer. To his surprise, his recovery was not perceived as a negative, and he was offered the job, which he took. After several years working in a prison, he has discovered that he really enjoys the job, which gives him professional fulfillment, flexibility, and the opportunity for balance in his life.

Another PHP participant in early sobriety is considering legal field alternatives, such as doing IME's or review of medico-legal cases for a law firm, and he has logged on to DOC, or dropoutclub.com, which is a website specializing in identifying alternative jobs for physicians or scientists who wish to consider alternative careers.

**VOLUNTEER.** If despite your best efforts, you are unable to secure gainful employment, consider volunteering for a church or charitable cause. By doing so, you will establish a track record of reliability, honesty, and sobriety, and this activity will provide some purpose in your life. The contacts that you make may lead to other job opportunities, or at the least, establish a solid history that can be the basis for future employment recommendations.

Stay sober, and good things will happen. Although addiction may close some doors for you, if you are serious about your recovery, and follow good orderly direction, your Higher Power will open new doors for you, and provide new opportunities that you might have never originally considered. Looking back over my life in retrospect, the path I have followed in recovery was far different than the one I originally planned for myself. So stay open to new career pathways, explore new options, stay humble, establish a record of reliability, capability, and sobriety, and do not be afraid to follow a new pathway to wherever your recovery may lead you.



Raymond C. Truex Jr., MD,  
FAANS, FACS

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*We offer scholarships and low-interest rate loans to our future physicians. Medical students are graduating with upwards of \$250,000 in debt, and, with your help, the Foundation has invested nearly \$20 million in the education of physicians.*

**Wellness**

*Every day at least 450 physicians suffering from addiction, mental health and behavioral concerns are supported by the Physicians' Health Program. Your gifts help the PHP restore careers and confidence by helping more than 4,300 physicians seek and receive the recovery care that enables them to safely return to work and lead a healthier and sober life.*

**Excellence**

*LifeGuard respectfully provides a path for physicians who are re-entering medicine or who are in need of clinical skills remediation. Your support of LifeGuard provides physicians a pathway and a trusted resource when there are clinical or cognitive concerns.*

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Manager, Hospital & Annual Giving Relationships Lori Storm at [lstorm@pamedsoc.org](mailto:lstorm@pamedsoc.org) or (717) 558-7861.

## A PHYSICIAN'S JOURNEY FROM ADDICTION

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During those very challenging times, Dr. Allen said he used opioids and then alcohol to mask the pain. In 2013, he was faced with the death of his son who was a heroin addict. He said he suspects his son knew he was dealing with similar issues.

"I am grateful to the PHP program and the medical society," he said. "Addiction is terrifying and I am thankful I had a safe place to turn to get help."

According to the Centers for Disease Control and Prevention (CDC), more people died from drug overdoses in 2014 than in any year on record, and the majority of drug overdose deaths (more than six out of ten) involved an opioid. Ninety-one Americans die every day from an opioid overdose.

As a physician, Dr. Allen knows all too well that prescription opioid medications serve an effective role in pain management. However, a growing abuse of these drugs has reached epidemic proportions in Pennsylvania. Pennsylvania physicians are fortunate to have PHP in time of crisis.

PHP provides support and advocacy to physicians struggling with addiction or mental challenges. It is funded by grants and contributions from physicians, hospitals, and others interested in physician health issues. Starting as a volunteer-based impaired physician program in 1970, it is now one of the largest and most fully developed physicians' health programs in the country.

## Retired Reading Neurosurgeon

Continued from page 4

Dr. Truex is one of the program's success stories. After saving lives as a surgeon, his new legacy will be saving lives through recovery. "I'm grateful that I know how to overcome the demon of addiction. I know that I can help people realize that recovery is possible and physicians can be successful in their careers and quite possibly be better doctors than they were before."

PHP Medical Director Jon Shapiro, MD, DABAM, says, "Dr. Truex's career in neurosurgery required extreme dedication, long hours, and hard work. As a member and former chairman of the board, he has been a great asset to the Foundation of the Medical Society of Pennsylvania for years. We are delighted that he has

included the PHP in his new career directions following his 'retirement.' He brings great passion and experience to the table, and we're frankly delighted to have him on board."

PHP Program Director Kendra Parry, MS, CADC, CIP, CCSM, says, "The PHP is tremendously excited to have Dr. Truex join our staff as medical director. Over the years, Dr. Truex has been extremely supportive of the PHP and our participants. The work of the program requires compassion and fortitude. He's a great asset to those we serve."

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