An Impaired Colleague
School of Medicine Case - Transition to Residency – Professionalism, Ethics & Law

Lately, an intern has noticed a change in a second year resident’s behavior. The resident previously was always very meticulous in caring for patients, ever aware of details for each patient, a model for fellow residents. However, 3 weeks ago some noted a “chink in the armor” with the resident not showing up for rounds on time, not being clear about important patient information and seeming to be detached, flat. The intern has tried to ask the resident how things are going, the resident saying “Doing fine” with no further elaboration.

1. What is the intern’s responsibility in this situation and what should the intern do?

2. How common is physician impairment?

3. How does impairment affect a health care organization?

In the next week, the resident didn’t show up for several teaching sessions and provided a note to the Program Director from a physician to excuse the absences. The intern saw the resident writing the note himself, unknown to the PD.

4. Now what should the intern do?

The intern observes the resident presenting in a “Morbidity and Mortality” conference where unexpected outcomes and/or medical errors are reviewed in a group setting. The resident presents the case in great detail, however, omits the intern’s observation that the resident had made a significant medication dosage error that led to the patient’s prolonged hospitalization.

5. Should the intern speak out in the conference about the resident’s responsibility?

As the PD was planning to meet with the resident, he was discovered dead at home of a self-inflicted gunshot wound.

6. Reflections/Comments?