Doctors and the BOTTLE

Some personal accounts of DOCTORS RECOVERING FROM ALCOHOLISM
## Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Author/Source</th>
<th>Publication Date</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Doctors’ Group – The First Five Years</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Aims, History, Meetings</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Contacts, Families</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Finance, General Medical Council, U.S.A. Groups</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Total Abstinence</td>
<td></td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Annual Meeting, Other Links, Treatment Centres</td>
<td></td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Useful Addresses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors with a Drinking Problem</td>
<td>N.N. Glatt The Lancet</td>
<td>January 1975</td>
<td>6</td>
</tr>
<tr>
<td>I am an alcoholic</td>
<td>Gareth Lloyd</td>
<td>B.M.J. 18 September 1982</td>
<td>7</td>
</tr>
<tr>
<td>Doctor who beat a drinking problem</td>
<td>S. China Morning Post (Hong Kong)</td>
<td>28 December 1982</td>
<td>8</td>
</tr>
<tr>
<td>It's a sickness, Doctor, isn't it?</td>
<td>N.N. Glatt General Practitioner</td>
<td>20 February 1981</td>
<td>9</td>
</tr>
<tr>
<td>New light at the end of a bottle</td>
<td>Philip Goodrich Doctor</td>
<td>Sept. 1981</td>
<td>10</td>
</tr>
<tr>
<td>Battle against the bottle</td>
<td>anon General Practitioner</td>
<td>Feb. 1981</td>
<td>11</td>
</tr>
<tr>
<td>Pull out all those props</td>
<td>anon On Call</td>
<td>Dec. 1979</td>
<td>12</td>
</tr>
<tr>
<td>Daze of wine &amp; roses</td>
<td>Leslie Watkins Pulse</td>
<td>Dec. 1978</td>
<td>12</td>
</tr>
<tr>
<td>When the drinking had to stop</td>
<td>anon Pulse</td>
<td>Sept. 1978</td>
<td>14</td>
</tr>
<tr>
<td>Docs on the Rocks</td>
<td>R. Gibbon Sunday Sun</td>
<td>12 Nov. 1978</td>
<td>15</td>
</tr>
<tr>
<td>When a doctor has a drinking problem</td>
<td>Vivien Choo Medical News</td>
<td>29 April 1976</td>
<td>16</td>
</tr>
<tr>
<td>Hitting the bottle</td>
<td>J. Charles General Practitioner</td>
<td>2 Nov. 1979</td>
<td>17</td>
</tr>
<tr>
<td>Doctor in AA</td>
<td>S.H. Share (AA)</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Brit. Doctors’ Group – Recent Activities</td>
<td></td>
<td></td>
<td>19</td>
</tr>
</tbody>
</table>

THE FIRST FIVE YEARS

AIMS:
The primary aim of the Doctors' Groups is to help recovering alcoholic doctors and dentists to sustain their own sobriety and to help others to achieve sobriety.

With this help available we hope that doctors and dentists will be encouraged to seek help at an early stage in their illness.

HISTORY:
The London Group started in a small way in 1973 when two general practitioners began to meet regularly to discuss problems in their recovery from alcoholism. Some months later a few known recovering alcoholic doctors were invited to join the Group and, rather to the surprise of the founder members, these newcomers continued to attend regularly. We also discovered that doctors were willing to travel long distances, some from the north of England, to attend these Saturday evening meetings. This early experience showed that not only was there a need for the London group, but also for regional groups. Throughout the next years the group gradually grew and in 1977 dental surgeons, who appeared to have much in common with the doctors in recovery, were invited to attend. A Family Group for the relations and friends of alcoholics was also started. Now, rarely does a month go by without two or more enquiries being made either by a drinking doctor, his spouse or professional partner. In fact, in the past five years we have had over 200 contacts in Great Britain and Eire. It has become possible to establish regular meetings not only in London but also in the North-East, the South-West England and in Ireland.

THE GROUP

The London Group meets in a central London Hotel on the last Saturday of each month. The meeting lasts three hours and is followed by an informal meal. At the meeting there is a free-flowing discussion with an emphasis on personal problems in recovery some of which may have a special relevance to our particular professional problems, but sometimes special topics may be selected for discussion.

We would emphasize that our meetings are in no way abstract scientific discussions about alcoholism, and in some respects we have found that our scientific knowledge can constitute a handicap in our recovery.
CONTACTS:

Although the group is limited to helping alcoholic doctors and dentists and the meetings are private and confidential we do extend invitations to our non-alcoholic medical colleagues who have a special interest in the field of alcoholism. This has also helped to establish good liaison with Directors of Alcoholic Treatment Centres both in the N.H.S. and the private sector so that newcomers requiring more intensive and sometimes urgent treatment may be given guidance on how and where to seek appropriate help.

Whilst we are an independent group without affiliation to any other organisation we do not consider one monthly meeting is sufficient to maintain sobriety, particularly during the early stages of recovery, so we do encourage the newcomer to become involved with the Fellowship of Alcoholics Anonymous, as this often holds out the best hope of sustained recovery.

We are always ready to take a new member to his or her first meeting and it is gratifying that in England there are now more doctors in A.A. than at any time in its history — many having been introduced by the Doctors' Group. Most of our members use the A.A. Fellowship as well as the Doctors' Group but a few prefer to attend Day Centres such as *Accept, hospital outpatients and hospital reunion meetings.

The contacts made at the Doctors' meetings and Family meetings have resulted in new friendships and a good deal of valuable informal communication takes place between the monthly meetings. It has been our experience that alcoholics recover and remain sober as a result of the 'Group Experience' and those who try to recover on their own sooner or later relapse or become dependent on mood-changing drugs. At the present time long term use of Valium and sometimes Heminevrin seem to be particular hazards to recovery, but any mood-changing drug or sedative may be potentially dangerous for the alcoholic.

THE FAMILY GROUP:

We have also found that the spouses and families are in need of much help and support so that in London and in the North-East regular Family meetings have been established. These meet monthly at the same time as the Doctors' meetings in adjacent rooms. It has been found that when attempts at helping the drinking doctor have apparently failed, if the spouse begins to attend the meetings very often the partner eventually joins the group. Like their partners in A.A., some of the spouses also become involved in the Al-Anon Fellowship (for the families of alcoholics), and this also gives helpful support.

Unfortunately, a high percentage of doctors' marriages have failed before the doctors come to treatment, but in recovery sometimes reconciliation is possible.

(Alcoholism Community Centre for Education, Prevention and Treatment)
GROUP FINANCE:

The Group is self-supporting, and income is from contributions collected at the meetings, and from an annual appeal to members.

THE GENERAL MEDICAL COUNCIL:

In cases where the General Medical Council have instigated proceedings against alcoholic doctors we have given evidence before the Council on the members efforts (or otherwise) in recovery and they obviously view favourably the doctor who is known to be abstinent and who is attending the Doctors' Group and/or A.A. meetings.

We have also established a useful liaison with the Medical Defence Union and the Medical Protection Society.

U.S.A. GROUPS:

We have established valuable contacts with similar groups in the U.S.A. - in particular with International Doctors in A.A. (Est. 1949) which now has a membership of over 2,000, and the North New Jersey Medical and Professional Group which has an annual four-day convention in Morristown, New Jersey. The latter has been attended by members of our group in the past four years, and some members have also visited several alcoholic treatment centres in New York and New Jersey and attended courses on alcoholism for physicians.

The interchange of visits between U.S.A. and our group has undoubtedly helped to consolidate and enhance our progress here. We look forward to further visits knowing that the resulting exchange of ideas and information is always of great benefit to the group, as well as being helpful in maintaining individual sobriety.

Total abstinence:

We noted that all the alcoholic centres visited in the States emphasised the importance of total abstinence, and A.A. as the most effective after-care service.

The National Council on Alcoholism (U.S.A.), with the advice and guidance of the American Medical Association on Alcoholism has strongly reminded those interested in alcoholism that abstinence remains the prime goal of therapy.

Like our colleagues in the U.S.A. we are firmly committed to total abstinence, i.e. abstinence from alcohol and all mood-changing drugs, also believing that this must be the primary goal for treatment. In our experience those who use our group together with A.A. (or other supporting groups) maintain good sobriety with a high degree of success. As a group we have yet to learn of a single case of a successful return to 'controlled' drinking. All such attempts have sooner or later ended in failure.
Sadly, some of our members have died in the terminal phases of chronic alcoholism still believing they could 'control' their drinking, and four have committed suicide.

**ANNUAL MEETINGS IN ENGLAND:**

For the past three years we have held successful annual conventions near London, in Durham and the Lake District. We hope that in the not too distant future London may be the venue for a meeting of International Doctors in A.A.

**OTHER LINKS**

Dr. Max Glatt, who is an honorary member of the group has been untiring in his efforts to help and has given us much valuable publicity through his articles and lectures. The Medical Council on Alcoholism has been of great help in advertising the existence of the group and in referring new members to us. Our close liaison with Alcoholics Anonymous has been valuable in introducing new contacts and it is encouraging to note that more doctors are contacting A.A. in their initial endeavours to seek help. We advertise in the Personal column of 'Pulse' and 'General Practitioner' and we have given interviews to the National Press and medical journalists. The resulting articles have been helpful in attracting new members.

When we hear of an alcoholic doctor who is in need of help or who is in hospital we can usually arrange for a meeting or a visit by a member. This initial contact by a professional colleague who has had similar experiences and who is seen to be recovering may give the sick doctor the encouragement and hope that he needs to begin his own recovery.

**Treatment Centres**

In a recent survey of the results of treatment of doctors in a N.H.S. Alcohol and Drug Dependency Centre over a period of 10 years, 66% of the doctors have achieved sobriety and are working in their full professional capacity.

We have recently issued a questionnaire to our members in the hope of obtaining more information about alcoholic doctors and their recovery. A preliminary study shows that 80% of the doctors who sought help needed hospital treatment initially. Of these, 57% entered Alcoholic Treatment and Rehabilitation Centres.

**CONCLUSION:**

We hope the presence of recovering doctors throughout the country will help the general public to know that alcoholism is a treatable illness with a good rate of recovery, thus reducing the 'stigma' of alcoholism. One alcoholic on meeting a recovering
alcoholic doctor for the first time exclaimed, 'At least I feel that I have a respectable illness now!'

This educational work has been helped by some of our members who have been invited to talk to special groups such as medical students, hospital staff, schools and A.A. public meetings.

It is also hoped that as the existence of the Doctors' Groups throughout the country becomes better known it will be easier for the still drinking or drug addicted doctor to seek help from recovering alcoholic colleagues who are in full empathy, who are non-judgemental and who can offer the right guidance for recovery. In this way we hope that doctors will be able to seek help at an early stage in their illness and that no longer will we see the tragic situations which are still all too common today.

Useful Contacts:

The Medical Council on Alcoholism
3 Grosvenor Crescent, London SW1X. Tel: 01-235 4182.

The North-East Council on Alcoholism
National Council on Alcoholism
Mea House, Ellison Place, Newcastle-on-Tyne, NE1 8XS

The Irish Council on Alcoholism
19-20 Fleet Street, Dublin 2. Tel: Dublin 774649.

'Accept'
Western Hospital, Seagrave Road, London, S.W.6.
Tel: 01-381 3155

Alcoholics Anonymous
General Service Office
11 Redcliffe Gardens, London SW10 9BG Tel: 01-352 9779

London Region Telephone Service
7 Moreton Street, London SW1P 2VP Tel: 01-834 8202
DOCTORS WITH A DRINKING PROBLEM

SIR, - Problem drinking among doctors - an issue raised in your columns - in our experience constitutes an occupational hazard. Its frequency among doctors certainly speaks little for the education of medical undergraduates in what should often be a preventable condition. The likelihood that there must be at present many doctors with alcoholism who do not present themselves for treatment is the more regrettable, since in our experience such doctors, with adequate treatment, often do very well. Moreover, recovered doctors can often be of the greatest assistance to other alcoholics. Corresponding to the complaint frequently heard from alcoholics - though probably often unjustified - that their doctor seems to care little for the sufferers from this condition, alcoholic doctors themselves sometimes complain that their non-alcoholic partners do not understand this problem. On the other hand, it is only fair to report that not only wives of alcoholic medical men but also general practitioners with an alcoholic partner often ask in desperation how they can motivate their alcoholic husband or colleague to present himself for treatment. For some reason or other, alcoholic doctors often apparently shy away from asking a doctor for help and from attending Alcoholics Anonymous meetings - though many alcoholic doctors participate closely and successfully in A.A.

Under the circumstances, it is very promising that a number of recovered alcoholic doctors have lately formed a group who meet once a month in London, and who are expanding their membership. Not unexpectedly, some alcoholic doctors find it easier to attend these meetings than ordinary Alcoholics Anonymous meetings, in the knowledge that all those attending it are professional men who had, or still have, to face similar problems. There is, thus, no fear of others sitting in judgment or talking down to the newcomer, who can but receive very helpful, constructive advice and support from colleagues who, because of their own experiences, are in full empathy. Those doctors who started this group also continue to attend meetings of A.A. and encourage newcomers to join it, and the group is in touch with the "International Doctors in A.A." body (founded in 1949). However, though obviously not in competition with, or a substitute for, A.A., the group is quite independent. Many doctors concerned about their drinking problem should find this doctors' group extremely helpful. Any doctor with a drinking problem who is interested is invited to write to the undersigned (obviously in the strictest confidence), and he will be put in touch immediately with a member of the group.

St. Bernards Hospital
Southall,
Middlesex.

M.M. GLATT

I am an alcoholic

Seeking help

This increasingly unmanageable way of living continued until, at the age of 23, and overshadowed by a worsening overdraft, I became sick of being sick and sought help. Promptly there was help. Doctors and fellow alcoholics, willing to accept alcoholism as an illness, relieved my distress.

Immediate physical recovery is rapid. Profuse uncontrolled sweating and disabling tremor stop. Agoraphobia and anxiety and the threat of delirium tremens recede. Appetite and rational thinking return. Quickly I became convinced that I no longer had a problem. Now that the roundabout had slowed, surely I could crawl on again and drink sensibly. I tried, I failed.

A newly established alcoholism treatment unit accepted me. There I learnt about alcoholism, about me, about group therapy, and about Alcoholics Anonymous. The consultant psychiatrist in charge, a stern, silent Irishman, helped me to recognise the consequences of my illness, consequences that affected most aspects of my life—an illness that would remain with me for life, ever threatening to erupt with increased ferocity.

On the whole I was not displeased. Alcoholism had dealt with me kindly. I had committed no crime. I still had a family and a job. My liver seemed undamaged and my nervous system intact. Suicide had not occurred to me. Perhaps this is not surprising as I had been drinking alcohol for only seven years and compulsively for only three. I had, however, become ill enough to stop and understood enough to stay away from alcohol.

The Group—a euphemism for a bunch of uncompromising alcoholic fellow patients—showed me myself as other people see me. I was not amused. For a few days I hated myself, but the harder hitting was the most encouraging and I gradually recovered the sense of control. Between them, the psychiatrist, the Group, and AA showed me a vision of life free of alcohol which seemed worth pursuing.

Mental recovery was painfully slow. It was two years before memory fully returned and I regained my approachability normally. Being financially troubled and disenfranchised with hospital practice I changed to general practice, a decision I have never regretted.

Afterwards

For nine years I worked and played hard and enjoyed the benefits of successful practice and family life. Self-confidence returned and became a force of conviction. When the University post was offered I had enough confidence in myself to believe that I could do anything safely. I was wrong.

The nature of the post convinced me that I must conceal my alcoholic history. I stopped attending meetings of AA and cut off all my contacts with alcoholics except as a therapist. The responsibilities of academic medicine and my attitude towards them generated a destructive arrogance and pride which I failed to control. There were happy moments, too. Moments of achievement and strong friendships.

Within two years, and 11 years after I had stopped drinking, I took another drink of alcohol, a single glass of wine. It was offered to me by a colleague on a transatlantic flight when I no longer wanted to be an alcoholic let alone known to be one. All my defences were already destroyed and with that glass of wine my hard won sobriety was lost. Though I secretly knew that over the years, one glass of wine was sufficient to convince me that I could "get away with it."

For 12 months I did, drinking a little alcohol occasionally without apparent harm. Gradually the effort needed to maintain control increased. My life again became preoccupied with drinking—planning, anticipating, cancelling, craving. An occasional drink became a daily habit.

Complete loss of control came abruptly. A relaxing evening wholly became a two-day bout of constant drinking. Day after day I poured wine after bottle into myself. At the end of this bout, of which I remember nothing, I was admitted to hospital and might otherwise have died.

Many have asked me why this happened, but I have no answer. There was no particular stress, no special reason except that I am an alcoholic. This is the essence of my alcoholism. It defies explanation and is difficult for a person not to accept. The frustration of failure, the humiliation of despise only...
Doctor who beat a drinking problem

SOUTH CHINA MORNING POST

WHEN THE HAND ON YOUR PULSE IS TREMBLING...

By BRENDAN GULLIFER

He was a successful Hongkong doctor, a husband, a father and a respected member of the community. He was also an alcoholic.

He sat in Tsimshatsui police station late one night almost four years ago with his wife in tears and his 30-year-old medical career on the edge of ruin.

It was a Tuesday, and a long lunch had been spent with friends in a local hotel.

He went to the office in the afternoon, but while exchanging strong words with a furniture shop owner in the streets of Kwun Tong later that day, the police arrived.

He had already appeared in court once for offences related to drinking.

In 1977, it was alleged that he assaulted the manager of a local club after driving his car round the inside of a tennis court.

The charges were dropped, no conviction was recorded but in major countries around the world.

And his story highlights the nightmare world of more than 'can turn them into alcoholics.'

And that, according to the doctor --- who has practised ---' who has practised...
At 23, he began to study medicine. “As everyone knows, medical students are expected to drink a lot of beer and play rugby,” Dr. Peter said. “A combination doesn’t help.”

“In the face of study and exam pressures, medical students find self-treatment with alcohol works very successfully,” Dr. Peter added. “I suppose we felt we were better off with it, to ease the anxiety and the tension.”

As an intern, numerous guest hours on casualty waiting for accident victims and other patients to be admitted were usually spent “on call” at the pub across the road.

Two years as a junior officer ship’s doctor followed for Dr. Peter who watched the1chpianic discipline of night-time party and almost limitless supply of duty-free duty-free coffee. “I was getting fairly high as dinner, then I realised I was getting higher and higher on food and less.”

Several years working as a locum in England preceded his arrival in Hong Kong to arrive in 1962. “I should have realised a long time ago that I might have become an alcoholic, but when I was a medical student, we were not taught very much about alcohol.”

“Of course, standards of teaching have improved, but I recently took three medical students from England visiting here to an AA meeting. ‘They’d never been to one and reckoned they learned more about psychiatry in that one AA meeting than they learnt in 10 lectures.’

“You’d have to ask the social workers.”

Dr. Peter said his drinking problem worsened and attempts to stop proved futile, although he successfully gave up drinking in 1968.

“My wife once said to me ‘You’re an alcoholic and you couldn’t stop drinking even if you tried.’”

“So I gave it up for the whole of one month in May and I felt so much better that I thought I would do it once a year.”

“At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

SOUTH CHINA MORNING POST

"But I thought, 'It's ridiculous to be going to another hospital in 16 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. On course, on March 1 I'd be back on it again."

"I was never violent at home, but, according to my children, I was very bad tempered."

"I wouldn't help them with their homework. That's the one thing I really regret... about 10 missing years of my kids."

"I can remember them when they were about six, seven or eight. And I can remember them since I've been sober until there seems to be a gap of about six or eight years."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

"But Dr. Glatt, in England, perhaps best sums up the ‘down on the rocks’ situation."

"I suppose we felt we were better off with it, to ease the anxiety and the tension.”

It was never violent at home, but, according to his wife, he was "aggressive and unpredictable." Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again.

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

"At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

"Instead of solving problems, drinking made them worse."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

"At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

SOUTH CHINA MORNING POST

"But I thought, 'It's ridiculous to be going to another hospital in 16 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. On course, on March 1 I'd be back on it again."

"I was never violent at home, but, according to my children, I was very bad tempered."

"I wouldn't help them with their homework. That's the one thing I really regret... about 10 missing years of my kids."

"I can remember them when they were about six, seven or eight. And I can remember them since I've been sober until there seems to be a gap of about six or eight years."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

SOUTH CHINA MORNING POST

"But I thought, 'It's ridiculous to be going to another hospital in 16 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. On course, on March 1 I'd be back on it again."

"I was never violent at home, but, according to my children, I was very bad tempered."

"I wouldn't help them with their homework. That's the one thing I really regret... about 10 missing years of my kids."

"I can remember them when they were about six, seven or eight. And I can remember them since I've been sober until there seems to be a gap of about six or eight years."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

SOUTH CHINA MORNING POST

"But I thought, 'It's ridiculous to be going to another hospital in 16 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. On course, on March 1 I'd be back on it again."

"I was never violent at home, but, according to my children, I was very bad tempered."

"I wouldn't help them with their homework. That's the one thing I really regret... about 10 missing years of my kids."

"I can remember them when they were about six, seven or eight. And I can remember them since I've been sober until there seems to be a gap of about six or eight years."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

SOUTH CHINA MORNING POST

"But I thought, 'It's ridiculous to be going to another hospital in 16 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. On course, on March 1 I'd be back on it again."

"I was never violent at home, but, according to my children, I was very bad tempered."

"I wouldn't help them with their homework. That's the one thing I really regret... about 10 missing years of my kids."

"I can remember them when they were about six, seven or eight. And I can remember them since I've been sober until there seems to be a gap of about six or eight years."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.

SOUTH CHINA MORNING POST

"But I thought, 'It's ridiculous to be going to another hospital in 16 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. On course, on March 1 I'd be back on it again."

"I was never violent at home, but, according to my children, I was very bad tempered."

"I wouldn't help them with their homework. That's the one thing I really regret... about 10 missing years of my kids."

"I can remember them when they were about six, seven or eight. And I can remember them since I've been sober until there seems to be a gap of about six or eight years."

"I wish I could have those years again and perhaps help them with their homework and be close to them."

"I'm pretty close to both of them now, but perhaps I could have been a bit closer."

"Dr. Peter knows that one slip, one drink, could put him right back on the rollercoaster again."

At the same time, I knew because he is an alcoholic, sober for four years now, he is in a unique position to help patients with drinking problems.”

Dr. Max Glatt shows how a social habit, if it’s allowed to get out of control, can become a dangerous disease.
Jobless, friendless, addicted to amphetamines and alcohol, Dr Philip Goodrich found hope in the depths of his despair

I am an alcoholic, a doctor. I live in New Zealand and I am English.

None of these things is important unless I concede the first point without fear - because there lies the source of my strength to combat what is, after all, a fatal disease.

For many years I was ashamed of my drinking capacity. It was because of this that during the Korean War I was selected from other RAF medical officers to fill an exclusive posting in Hong Kong, where alcohol abuse had become a problem.

Arousal qualities

An MO was needed who could hold his liquor. I was admirably suited for this job; and I did it well.

General practice in England dictated that I should put aside this sort of self-indulgent habit. Having already experienced the heady arousal qualities of amphetamines, I continued to feed my chemical addictive tendencies by their exclusive use and so hid, as I thought, my sobriety.

And so began the insidious pattern of self-delusion, billowing denial, increasing tolerance and bizarre behaviour that got to make up the programme, pernicious disease of alcoholism. It is said that the addict is the last person to recognize his illness. But such is the stigma associated with alcoholism that relatives are quick to find excuses, and colleagues prefer to issue certificates indicating a rapid psychiatric disorder rather than accept the simple truth.

Muttering to myself

I became very conscious that something was wrong. I had a fit into a patient's hospital ward during the time I was trying to deny myself. And even while still on tablets - which I ultimately surrendered to for fear of the pain and embarrassment of withdrawal - I would sometimes get an insight into my psychotic state.

I wanted to repent myself in company. I would stand back and resist myself. 'Why am I saying that again?'

Eventually, of course, the rumours spread that I was booked on pills. People avoided me, muttering to themselves: 'Why am I saying that again?'

When it became obvious I was issuing prescriptions for my own use, even drug firm representatives tried to distract me by suggesting I buy drugs in bulk.

Terrible craving

I was always going to 'quit tomorrow' - and that was clearly what I wanted to do. But I was caught in a trap. Fear mounted as I was forced into making a choice between my home, my wife and my career and the consequences of withdrawal on the other.

At that time I knew no way of combating the terrible craving I suffered every day.

Various clinicians encouraged me to 'pull up my socks,' 'behave like a gentleman and a doctor' and other pointless epithets. But none seemed to understand that I could no more control my abnormal reaction to mood-altering chemicals than a diabetic can control the presence of sugar in his urine.

Many things were tried: changing me over to tranquillisers; placing me in group sessions to work out my depression; encouraging me to drink properly - and make better beds; and finally disabling depression. I was removed from the scene for a long time.

Chance of recovery

Despairing that I would ever return reasonably, I decided to journey 14,000 miles to New Zealand. I hoped that a drastic change of scene might give me the hope I needed to start again, free of pills.

But I was simply taking my disease with me, and by so doing I was confirming my dependence on outside influences.

I failed to recognize that any chance of recovery must come from within.

The whole merry-go-round started up again with even more disastrous consequences culminating in my removal from the New Zealand and General Medical Council registers. Everybody, it seemed, had despised me; my isolation was complete.

Suicide looked the only way out.

And yet it was at this point in a locked cell in Christchurch, that my recovery began.

Rewarding employment

I came face to face with what I was. I had to accept the reality of my problem. I lost my arrogance and found humility.

From this point things began to improve. I found a medical job, where I met a fellow sufferer who introduced me to Alcoholics Anonymous.

They taught me to live one day at a time, seek progress never perfection, and be glad to be alive.

Things will get better they said. And they did, and they still do. Today I don't have to drink or take pills for my problems with reasonable ease.

I have been fully restored to both medical registers, have a rewarding job in medicine, and have recently been halfway round the world on a happy holiday with my family.

But I never miss my meetings and I never forget that I am one drink or pill away from the same chemical misery.
This ex-alcoholic doctor explains how he clambered up the difficult path to recovery and when he came to realise what misery he had caused those around him.

Battle against the bottle

As I start to write it is late Sunday afternoon and my wife is propping up our three

weeks, and his utterances were

often as unintelligible. I know,

for my friends felt a tape

recorder live in this room on

two or three meetings, and

the police had to notify my

colleagues. They then turn contacted the

family. Fortune smiled wryly on

me. Dr Glatt accepted me as a

voluntary patient in St.

Benedict's Alcoholic Unit. We

apparently had a mutual ac-

quaintance within the West-

minster Archdiocesan hierar-

chy whom I pleaded my case.

The FPC lost weight to the

principles of the A.A. and

advised that I could not work until a senior

physician had certified that I

was again fit. Three months

later I was discharged, and

allowed to take up my practice

in two weeks.

Seven-day binges

Precisely 357 days later — for

no reason that I can even

understand — I drank a sixteen-

year whisky. Over the next four months I

plunged from uneasy dries of

seven days to several weeks of seven-

day binges. I could not drink

beyond the seven days without

complete prostration. I walked

back into St Bernards dry and

very nearly sober. That was in

July 1977. As of today, I

continue to recover.

From this long-winded yet

very personal history several

points have emerged. Had I not

incurred that I had progressed to the loss of control state of

alcoholism. During the years

1972-1977 my wife (and

my sister on one occasion) left

the house with my two young

children.

This was an immense punish-

ment, but in my sobriety I have

seen the cumulative wearing
down effect of an alcoholic on

the morale of those in the

family. And the children were

only badly affected; the effect on

them was more their mother's

fault than my. My father did not perceive how true,

yet it was actively through her

efforts and later those of a

thoughtful Monsiopor that

I was given the time in St Ber-

nards to begin my recovery.

This arose out of my arrest

and subsequent admission to St.

Benedict's. For despite my best

efforts, I could not obtain a

license within the 10 days before

admission — neither could my

brother or my wife.

So there was a gap and in effect, though ostensibly paid

group practice allowance, I was

deemed to be single-handed.

Much was made by my protec-

tion society about this evening

ambivalent reading of the red

book. I was admonished.

Eventually I came before the

GMC in November 1978 as a

result of charges of abuse of alcohol logged in the practice

(?) over seven years, together

with my disqualification for

driving with excess of alcohol

(3x's). I had only one double

whisky that evening but my

blood alcohol was near 400mg

(100ml).

Another facet of the illness

known as topping up.

Two things stand out in my

mind about that affair. The sad

part was discovering eventually

that my staff and patients, had

been interviewed by a short

story writer from London — and I had had

no animating of the events.

Even my staff had been sworn to

silence. Probably the pain

was made worse because I was

working well and commonly

and had been back my practice

list from the deprivations which

had happened when tumours was ride during my

hospital admission in 1976. Not

until my very friendly local

pharmacist was approached

and bought my exploration was

aware of an investigation.

The happy part was the actual

hearing. The memory of
courtesy, sympathy and under-

standing of my illness will easily

confound all resentments that I

might have harboured into the

future. I was guilty of the abuse

of alcohol in my professional

life, as in my whole life, under

the Committee ruled, but as I

was recovering and taking steps

to keep well, I was allowed to

continue in practice.

A burden to the FPC

It is with hindsight that I

realise that for a period of five

years I was an added expense

and unreliable employee of that

practitioners committee.

Finally I must advertise.

Without realising until my later

recovery started with A.A.

During my first admission to

St Bernards I had a visit from

another alcoholic doctor and

a founder member of the Doctors' and

Dentists' Recovery Groups. Only those in my local

AA groups and at the monthly

meetings of the Doctors' Group

know of the Jesuitical sophistry

exhibited in my arguments.

There are no excuses now.

Acceptance of my alcoholism

is a daily routine and bring

nothing I find it is not this thing

little during the day. I have the

nurse 'chairman' and envelope

addresser in the Doctors' Group.

As for A.A. oh! that is easier.

I started a group in my own

practice, and now can all

improve daily and particularly on

a Wednesday. With a degree of

reason, life does become and

eventually and I live one day

without a drink today.
**LETTER TO 'ON CALL' (GUILDFORD) FROM THE CHAIRMAN OF THE DOCTORS' GROUP FOR SOUTH WEST ENGLAND**

**DECEMBER 1978**

**Sober fact — pull out all those props!**

Sir, The letters on doctors' mental health (ON CALL, November 11) prompt me to write and emphasise the fact that alcoholism (syn. alcohol problem), which is but a part of the condition of chemical dependency, is a fatal condition causing suffering and loneliness to the drinker and those near to him.

Deception, lowering self esteem and destruction of career, family etc., are part of the condition, as is the fact that when he is 'on top' and well, they make hard-working pleasant colleagues.

The inner fact causes colleagues to cover up and act as 'enablers' instead of 'pulling the props away' and making the drinker face the fact that he or she needs commonsense help, and cannot go it alone.

You are killing your colleagues by covering up for them.

If they refuse treatment, then disciplinary or other appropriate measures should be taken, so as to face them with reality.

From the moment that I drank at the age of 21 until I stopped seven years ago, aged 42, alcohol and tranquillisers and anti-depressives 'helped' me to live in fantasy and believe in a way which lowered by self-esteem over the years.

I blamed my depressions on family, job, etc., etc., rather than on my attitude to them.

The emotions of fear, anger and resentment were some of those that troubled me most. I was convinced that I was 'special' and needed and was enticed to the relief of alcohol and pills, which were, in fact, the main cause of my lowering self-esteem.

Death would have been a happy release.

Since joining the fellowship of Alcoholics Anonymous and also the Doctors' Group (in the UK) which is not affiliated to AA, all this has changed.

I have not had to drink or take mood altering drugs for seven years, have many real friends and am slowly rebuilding my life following a period of sick leave and group therapy in hospital. I wish that I had started sooner before I became so damaged and damaged those around me.

Persons worried about a colleague or themselves, should consult the Medical Council on Alcoholism, 3, Grosvenor Crescent, London, SW1X 1EE. (Tel: 01 235 4182), in complete confidence, for advice and, if required, the addresses of contacts and meetings of the Doctors' Group is many parts of the country, whose experience will be shared and the person left to make their own decisions.

There are hundreds of us in the medical profession in this country, happy and slowly recovering alcoholics, instead of dying alone.

Yours etc.

A recovering alcoholic

Dr. (Name and Address Supplied)

---

**DOCTORS' HEALTH**

**PULSE, DECEMBER 2, 1978**

**FORUM**

**Daze of wine and roses**

Doctors Group, launched five years ago, estimates that there are about 2,000 alcoholics practising today. An average meeting is attended by 25 doctors. By Leslie Watkins.

---

**LETTER TO 'ON CALL' (GUILDFORD) FROM THE CHAIRMAN OF THE DOCTORS' GROUP FOR SOUTH WEST ENGLAND**

**DECEMBER 1978**

**Sober fact — pull out all those props!**

Sir, The letters on doctors' mental health (ON CALL, November 11) prompt me to write and emphasise the fact that alcoholism (syn. alcohol problem), which is but a part of the condition of chemical dependency, is a fatal condition causing suffering and loneliness to the drinker and those near to him.

Deception, lowering self esteem and destruction of career, family etc., are part of the condition, as is the fact that when he is 'on top' and well, they make hard-working pleasant colleagues.

The inner fact causes colleagues to cover up and act as 'enablers' instead of 'pulling the props away' and making the drinker face the fact that he or she needs commonsense help, and cannot go it alone.

You are killing your colleagues by covering up for them.

If they refuse treatment, then disciplinary or other appropriate measures should be taken, so as to face them with reality.

From the moment that I drank at the age of 21 until I stopped seven years ago, aged 42, alcohol and tranquillisers and anti-depressives 'helped' me to live in fantasy and believe in a way which lowered by self-esteem over the years.

I blamed my depressions on family, job, etc., etc., rather than on my attitude to them.

The emotions of fear, anger and resentment were some of those that troubled me most. I was convinced that I was 'special' and needed and was enticed to the relief of alcohol and pills, which were, in fact, the main cause of my lowering self-esteem.

Death would have been a happy release.

Since joining the fellowship of Alcoholics Anonymous and also the Doctors' Group (in the UK) which is not affiliated to AA, all this has changed.

I have not had to drink or take mood altering drugs for seven years, have many real friends and am slowly rebuilding my life following a period of sick leave and group therapy in hospital. I wish that I had started sooner before I became so damaged and damaged those around me.

Persons worried about a colleague or themselves, should consult the Medical Council on Alcoholism, 3, Grosvenor Crescent, London, SW1X 1EE. (Tel: 01 235 4182), in complete confidence, for advice and, if required, the addresses of contacts and meetings of the Doctors' Group is many parts of the country, whose experience will be shared and the person left to make their own decisions.

There are hundreds of us in the medical profession in this country, happy and slowly recovering alcoholics, instead of dying alone.

Yours etc.

A recovering alcoholic

Dr. (Name and Address Supplied)
and slowly I began to understand alcohol and myself.

"Alcoholics Anonymous, I began to realise, was my only hope. At first I avoided going to meetings in my own area because I was terrified of bumping into any of my patients. What would they think if they knew their doctor was a drunk?"

"Now, at last, I've got my priorities right. I'm an alcoholic - a human being - a doctor."

In that order. Just before I moved to this new job I was at an AA meeting at a council estate near the centre of my practice. And I didn't give a damn if any patients met me there. Maybe it would help them to realise that the doctor isn't God - and many of us have liked to play that role in our time - and that could help them with their own drinking problems.

Dr M, another of the Group's founder members, stresses the danger of regarding dramatic case-histories of that nature as a criterion for anyone wondering if he or she has a drinking problem.

"Different people have different rock-bottoms," he says. "One person may crash all the way down before realising, if he ever realises, that he needs help. Another may have a far higher rock-bottom - and reach out for help before punishing himself any more."

Alcoholic doctors, during their drinking days, are often vulnerable to appalling sensations of loneliness. One after another has entered the Group and, with relief, has used almost the same words: "Thank God I thought I was the only alcoholic doctor in the country!"

I remember first going to AA meetings with a couple of miniature in my pocket to keep me going - and a half-bottle in the car for me to drink as I drove home along the motorway. "I was a miserable little bastard and I was in a hopeless nobody likes a drunk.

Â‘I am an alcoholic. I will always be one. And I hope that eventually I will die a sober alcoholic."}

Dr M, another of the Group's founder members, stresses the danger of regarding dramatic case-histories of that nature as a criterion for anyone wondering if he or she has a drinking problem.

"Different people have different rock-bottoms," he says. "One person may crash all the way down before realising, if he ever realises, that he needs help. Another may have a far higher rock-bottom - and reach out for help before punishing himself any more."

Alcoholic doctors, during their drinking days, are often vulnerable to appalling sensations of loneliness. One after another has entered the Group and, with relief, has used almost the same words: "Thank God I thought I was the only alcoholic doctor in the country!"

I remember first going to AA meetings with a couple of miniature in my pocket to keep me going - and a half-bottle in the car for me to drink as I drove home along the motorway. "I was a miserable little bastard and I was in a hopeless
When the drinking had to stop

A recovered alcoholic GP recounts the friendship which helped his problem.

I WOKE up sweating and shaking with a feeling of nausea. I knew what I had to do. I reached into the bedside cabinet for the bottle of whisky and the bottle of milk which I hoped I had put there the night before. I could not remember...God, I must have gone to bed early to have let my blood-alcohol get this low.

With trembling hands I slopped whisky into a glass and added milk. I gagged on the whisky; I felt desperately lonely and retained the spirit at this quarter of the bottle I began to practise my signature...per-

..._...

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-

...-
DOCS ON THE ROCKS

ALCOHOLISM AMONG NORTH DOCTORS

REACHES WORST LEVEL SAYS GP WHO KICKED THE HABIT

DOCTORS who drink two large bottles of whisky a day... consultants who nip out of top-level meetings to secretly swig at a hip flask... G.P.s who are a danger to their patients because they are too drunk to do their job...

This is the nightmare world for hundreds of the North's medical men.

The problem has never been worse than it is now, warns the Medical Council on Alcoholism.

It is a dirty secret, or a clay proportion of doctors actually seek help for their addiction, and an anonymous group has been launched for doctors.

Every month, people from the medical profession—including dentists—meet in Newcastle or County Durham for therapy sessions.

It is the only group of its kind outside London—but only because the vast majority are so far reluctant to come to terms with the fact they are alcoholics.

The extent of drinking abuse in the North-East and North-East County Durham is now so vast that a special alcohol group has been launched for doctors.

Doctors, people from the medical profession—including dentists—meet in Newcastle or County Durham for therapy sessions.

It is the only group of its kind outside London—but only because the vast majority are so far reluctant to come to terms with the fact they are alcoholics.

The doctor added that another major worry today is doctors behaving badly with drink. They are easily available and can also be concealed in pockets.

He added: "I am proud of what drink can do to a doctor. I haven't drunk for four years but if I ever go I just can't guarantee my behaviour at all.

When I was hooked on drink, I also took Valium and Luminol to mask my guilt—especially in the mornings when I had the shakes.

"Of course I remember little about everything before because of my black-outs. But the extent of drinking is now so serious that a special alcohol group has been launched for doctors.

And of course, they often drink and drive where mistakes are added risk. Because they only have to take care, often without the usual record for the huge amounts of alcohol they have consumed.

There is no doubt about the problem of alcoholism is now more serious than ever."

Footnote: Any doctor or dentist who is a danger to their patients is not suitable for publication.
When a Doctor Has a Drinking Problem

By Dr. Vivien Choo

The majority of doctors, like the general public, knew little about alcoholism. They still believe that the typical alcoholic is a vagrant to the world, “falling about the streets.” But this is the stereotype of only two per cent of alcoholics, say two members of a group of recovering doctors who meet monthly in London.

This kind of attitude causes many doctors to express only disbelief when a colleague admits to a drink problem say the two members, for the majority of alcoholics behave normally 90 per cent of the time.

And they add that doctors, being alcoholics and non-alcoholics, should recognize that there is a drinking problem as soon as there is a craving for drink and the occurrence of certain symptoms (periods of amnesia) and getting drunk when it never intended, in other words. “When there is an inability to guarantee the consequences of picking up a drink.”

In the three and half years since the group began, with two members, about 100 doctors have contacted the group, and of these, 5-10 per cent of the time.

In general practice, covering may take place only intermittently associated with the practice as a liaison. But when the alcoholic is closely associated with the practice, there is virtually pressure by the partners for him to seek treatment or scientific point of view.

In the very few cases of GPs who have lost their jobs, the reason is the partnership is touched off consulting a psychiatrist, who tends to be exceptionally loyal. Treatment is thus not sought till late complications like cirrhosis, pancreatitis occur.

The pattern seems to be that it is the younger ones who “get into trouble.” The older ones who have a family and a practice usually manage to continue with their work.

One of the two members, who has been suspended by the General Medical Council but has since been reinstated, has found it easier to appreciate the medical group, typically.

But, said one of the two members, “The alcoholic is too close to control over alcohol for life. The essential part of the recovery is some form of group therapy such as is found in AA. From remote change alcoholism is not sustained through life. The doctor who is fast-tracked on dangerous grounds.”

The group does not feel that its monthly meetings alone are sufficient for recovering alcohol and hence encourage new members to join AA. Most still continue to meet AA meetings, 20-30 years of sobriety AA’s experience, that recovery from alcoholism is at best, difficult and often fatal.

When the group meets it exists to encourage doctors to seek help earlier and give support to each other. Free discussion takes place throughout the meetings. This has been discussed much from a scientific point of view. Instead discussion revolves around members’ social and emotional situations.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.

In the meantime, any doctor whose interest in alcoholism or its treatment or scientific point of view has been suspended by the General Medical Council, or who has been re-established in attend as participants, there is eventually a change to seek help earlier and give treatment, and a!coholism is not sustained through life. AA’s experience, that recovery from addiction is at best, difficult and often fatal.
Hitting the bottle

DOCTORS whose work and family life have been badly affected by their drinking can kick their dependence and repair the damage through the support of colleagues.

Suicide, other forms of premature death, and wrecked social and professional lives can await the alcoholic doctor. And doctors are three and a half times more likely than the general population to become alcoholic. But at least 65 percent of the members of a medical support group for alcoholic doctors are alive and sober. And the two chairmen of the British Doctors Group, themselves recovering alcoholics, rankle at the suggestion that the prognosis is bad for potential members of their organisation.

They admit that alcoholic doctors are adept in the game of deception, refusing to believe that they are ill, and attempting to hide their drinking habits from family, friends and colleagues.

And other doctors often collude in the deceit when one of the BDG chairmen approached a psychiatrist for help. The psychiatrist merely suggested that he pretend to have a physical illness to provide a screen for his alcoholism.

Embarrassment

"Other doctors are the worst - they are horrible," said the chairman. Embarrassed, they watch their drinking colleague deteriorate. When the crunch comes - a service committee or GMC hearing perhaps, or a marriage breakdown - they turn away, believing the victim has brought his life on himself.

Relatively sober, social drinkers find it difficult to understand that an alcoholic cannot control his drinking. Hyperactive, fearful alcoholics are usually sympathetic. They are pleased to see that you are better." But on one occasion a BDG chairman had to tell an insistent house: "What you are trying to make me do get me in a mental hospital three times during my life."

The marriages of many alcoholic doctors have already broken up by the time the doctor approaches the BDG. But the group boasts several reconciliations after the member has regained his sobriety through the help of the group. And a member's spouse has sometimes been the alcoholic doctor's first contact with the group.

The group holds meetings in London, Durham, Dublin and Bristol one Saturday evening each month. The drinking doctors find relief by sharing their problems during the meeting, and some members travel a long way to attend.

Spouses and families of the alcoholics meet at the same time in their own group. They too have problems to share. The deceit of alcoholics is visited on their spouses, who have to lie and cover up for the drinking doctors.

Most of the BDG's members are men. But women and younger doctors are beginning to join. A 24 year old doctor recently joined and found help from a 28 year old member.

The BDG is not formally associated with the Alcoholics Anonymous fellowship. But the chairman has regular contact with AA headquarters and are keen members of AA themselves.

A doctor was a co-founder of AA in 1935. And the British Doctors Group encourages its members to join if they wish. The BDG meets only once a month. AA holds many more meetings, more than 200 a week in London alone.

Abstinence

Both organisations counsel total abstinence. "We have done our controlled experiments and they don't work," said one of the BDG chairman. They say that an alcoholic is never cured. He is always 'recovering'.

And mood changing drugs do not help either. They are another form of harmful dependence which is difficult to give up. The chairman quoted a recovering alcoholic doctor who now runs a treatment centre for alcoholics in America: "Alcoholism is not a Valium deficiency disease."

The doctor would have liked to see this notice displayed in neon lights over the door of every alcohol treatment centre.

Disulfiram or calcium carbamide can deter the impulsive drinker, and may help for a while, say the chairman. "It stops the impulsive drink because you have to wait two days before it is out of your system."

Dr Max Glatt, a leading expert in drug addiction and a close friend of the BDG, estimates that roughly 2000 British doctors are alcoholics. The BDG has 200 of them in membership and is always looking for more.

The group's response to an alcoholic doctor or member of his family is always sympathetic. "We don't judge. We are recovering alcoholics ourselves."

In America alcoholic doctors are often more open about their illness. But while alcoholism is heavily stigmatised in Britain, members of the BDG usually maintain their anonymity, at least in the early stages of recovery.

One of the chairmen has his close contacts with one of the largest alcoholism's treatment centres in the country. He is told of any doctor in the wards, and goes to visit.

The BDG aims to help the doctor rebuild his life as well as to stop drinking. The recovering alcoholic must repair work and family relationships damaged by drink. "Any one who comes to a doctor's group meeting will find a bunch of cheerful, happy people."

An initial spell in a treatment centre is recommended by the group. "Eight weeks is nothing when you consider you have a life in front of you. If you break your leg you expect that. But some of them want to be better in a week."

The British Doctors Group can be contacted at The Medical Council on Alcoholism, 3 Grosvenor Crescent, London, SW1X. Telephone 01-235 4082.

The BDG is holding its fourth annual meeting this weekend (November 2, 3 and 4).
The British Doctors Group: Visit to the USA and other Events

The British Doctors Group was formed in 1973 with the object of encouraging the alcoholic doctor to seek help and to maintain his recovery by contact with the group. Since then some 120 contacts have been made and monthly meetings of the group have been held in London. In 1976 10 members of the group went to the USA to visit alcoholic units and to attend the annual convention for recovering alcoholics in New Jersey. The following is an account of the visit.

Visit to USA

We boarded a Jumbo Jet at Heathrow Airport and some five hours later landed at Kennedy Air-port, New York.

While in New York we visited Smithers Alcoholism Centre Rehabilitation Unit where, after an introductory talk by C. Claire Bissett, Medical Director, the day to day work of the Unit was observed. 44 male and female patients can be accommodated in the Rehabilitation Unit—a modernised mansion—which offers the alcoholic an experience in getting to know himself, communicating with others and learning about the disease, alcoholism. Intensive individual counselling, testing, group therapy and teaching are the major activities. A counselling service is also provided for those involved with the patient (family, friends, employer, etc.). A staff of 40, which includes recovered alcoholics and non-alcoholics, keep the unit operating 24 hours a day and the treatment programme is based on a minimum stay of 28 days. We were very impressed with the high standards of the Smithers Institute, and with the results achieved.

Another half day was spent at Little Hill—Alina Lodge, Blairstown, New Jersey, which is a rehabilitation unit offering 'a comfortable country home atmosphere' for alcoholics. We were welcomed by Mrs. Geraldine O. Deloney, the Executive Director, who is herself a recovered alcoholic and has had much experience in treating difficult cases (many of them doctors). The minimum stay is six weeks for alcoholics and 12 weeks for cross addiction to alcohol and other 'mood changers'. All the residents attend educational sessions designed for the family and they learn to live without alcohol and/or 'mood changers'. The regular schedule includes three daily educational sessions on alcoholism, reading, discussion and occupational therapy. Alina Lodge is beautifully situated in the New Jersey countryside and the combination of fresh air, first-class accommodation, good food and regular rest gives the students a splendid opportunity to begin a life of contented sobriety.

The third and final rehabilitation centre which we visited was Honesty House, Stirling, New Jersey, run by Charles K. Betts (Executive Director), and his staff. This is a spacious private home 'in which the problem drinker can begin a programme of recovery and discover a method by which a normal existence can be achieved without the use of alcohol'. We sat in with students on a routine lecture given by Mr. Betts and were very impressed with this and the rest of the programme. The motto of Honesty House is 'Would that I...
could remove your burden. I can but show you how' and we were presented with medallions with that inscription.

We then moved on to the luxurious Governor Morris Inn (Hotel) in Morristown, New Jersey, where the Convention was held. The theme of the Convention was 'Living Sober' and 230 'alcoholic' doctors attending were enthusiastically engaged in a first class programme. The Convention started on a Thursday evening with a lively discussion directed by the New Jersey Doctors Medical Group Meeting, and ended on the following Sunday morning with a number of four-minute contributions on the theme 'how the spiritual side of the programme works for me'. In between these were meetings of Alano, introduction of new members, splendid banquets and very intensive treatment of crucial topics by several speakers. The subjects included the pharmacology of alcoholism, maintaining sobriety — the first two years (several speakers), how English doctors stay sober, the disabled doctor, treating alcoholic doctors, alcoholism in medical students, sex and alcohol, and living sober. High standards of presentation and a good level of discussion ensured a very successful and worthwhile meeting.

Our final day was spent at the home of Bill Daniels, MD, the energetic organiser of the visit and of the Convention; together with his charming English-born wife. Following afternoon tea the Daniels drove us in Kennedy Airport for the return journey.

We felt that the visit was an enormous success and we hope that the British Doctors Group with members from all parts of the UK will be able to invite our American friends to England to attend a British Medical Convention. This would give the Group an opportunity to repay the warm hospitality, instruction and valuable exchange of ideas enjoyed during our visit.

Other Events
Since this account was written we are happy to report that the first weekend conference was held in November 1976 in England with an attendance of 50. In addition a regional group has been established in North-east England and regular meetings are held in Galway, Eire.

A further visit to the USA was organised at the end of March and 17 members took part.

In the four years of the existence of the British Doctors Group we have found that those doctors who have accepted adequate treatment have done very well and with very few exceptions, all are fully employed again in their professional capacity.

It is our experience that alcoholism is a treatable condition with a high recovery rate. In all cases total abstinence without the use of mood-changing drugs has been the fundamental requirement in recovery.

Any doctor or dental surgeon with a drinking problem may contact a member of the group through the Executive Director of the Medical Council on Alcoholism. Such enquiries will be treated in the strictest confidence. M.K. and P.M.

British Doctors Group.

Since the above article was written, more than fifty members of the British Doctors Group have attended the North New Jersey Conventions in 1977, 1978 and 1979.

Groups also attended the World Alcoholics Anonymous Convention in New Orleans in 1980 and the Southern Doctors Convention in San Antonio Texas in 1981. In San Antonio we were the guests of Dr. Eugene Scale, Medical Director of the Starlight Clinic and Treatment Center for alcoholics and drug addicts. Dr. Scale is himself a recovering alcoholic.

In September 1981 the British Doctors Group was asked to organise an international panel of recovering alcoholic doctors at the Jerusalem International Conference on Alcoholism and Drug Addiction. The subject discussed was 'The Recovering Physician'.

N.K.