



Doctors and the BOTTLE

Some personal accounts of
DOCTORS RECOVERING FROM ALCOHOLISM



British Doctors' Group - THE FIRST FIVE YEARS

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THE BRITISH DOCTORS' GROUP - founded 1973.

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 emphasise 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 dependant on mood-changing drugs. At the present time long term use of Valium and sometimes Neminevrin 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.

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 8IS

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 column - 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.¹⁻² 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 judgement 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. Bernard's Hospital
Southall,
Middlesex.

M.N. GLATT

1. Glatt, M.N. Lancet 1974, ii, 342.
2. Glatt, M.N. A Guide to Addiction and its Treatment: Drugs, Society and Man. Lancaster, 1974.

I am a doctor and an alcoholic. Today I feel no more shame for the one than for the other. Being by choice a doctor increased my risk of alcoholism and becoming, without intent, an alcoholic hampered my practice of medicine. Even now I dissociate with difficulty the ethical demands of medicine and an illness that dares to speak its name. Yet, the two are separate. It is not necessary to be a doctor to become an alcoholic, and alcoholism is not extrinsic to the practice of medicine. My experience may help others to understand how, in a part of one man's lifetime, medicine and alcoholism became intertwined.

An abstinent, Welsh, Presbyterian upbringing kept me away from alcohol through adolescence. Even at medical school alcohol held no attraction for me. The drunken weekend antics of fellow students were incomprehensible to me. I just could not understand the point of getting drunk.

Aboard the troopship *Atsutan*, bound for Korea at the age of 23, my relationship with alcohol suddenly and irreversibly changed. Fellow officers of the RAMC introduced me to the vibrant magic of rum with Coca Cola. The magic came, not from the taste or the scent or the texture but from the effect—a relaxing, uninhibiting, magic glow. In that moment the ingrained childhood distrust of alcohol evaporated.

At the outset I came to know that I could drink large amounts of alcohol without becoming drunk or sick. I could drink with apparent impunity and proceeded to do so frequently and carelessly. But, so did those around me. Officers and gentlemen, we drank together and eased the army. Drinking alcohol became a daily routine; before lunch, before dinner, with dinner, and at evening parties in both Korea and Hong Kong. Perhaps I drank more than others. If I did, no one noticed or if they did, no one said so.

Two years later I had become dependent on alcohol but did not know it. In this short time the tranquillising effect of alcohol had unconsciously become a Pavlovian reflex. It was neither deliberate nor recognised. A sequence of work—alcohol—relaxation became an acceptable ritual over which I gradually lost control.

Returning to civilian practice and a career in obstetrics and gynaecology, I began to find additional reasons for drinking. Many of these were attached to work. The working hours as senior house officer and registrar were long and arduous. Studying for higher examinations demanded extra effort. The competition for posts in 1960 was fierce. The ladder of progress being long, narrow, and sparsely rung. A sense of exploitation and low pay induced resentment. All these were excuses to drink—good enough and real enough at the time. Just the same, they were only excuses which supplemented an established dependence. Most of my colleagues accepted the difficulties without resort to alcohol. For me the reflex was already too strong.

Within a few years minor symptoms of withdrawal—morning shakes, early awakening, and mild depression—emerged to confound the problem. I began to drink alcohol for symptomatic relief and to drink earlier in the day. No one around me seemed to notice, or if they did so, nothing was said to me.

Daily intake of alcohol gradually increased and with this came more symptoms, a worsening overdrift, and a loss of interest in my chosen specialty. Each clinic or operating session became an increasing burden to dovetail into a demanding drinking pattern. That I was able to present a semblance of normality is a tribute to alcoholic cunning or a condemnation of my colleagues' tenor of observation. Drinking now made me drunk and amnesic, but these excuses were always at hand and consequently unexamined. On these occasions I would wake very early in a trembling, itching lethargy of sweat, craving for the alcohol I had carefully hidden. Sometimes I would forget the hiding place and become terrified of worsening symptoms of withdrawal.

The more common daily ritual included an increment and carefully timed feed of alcohol, coupled with many more or fewer cigarettes. Some work suffered, particularly record-keeping and letter writing. The more tedious work became neglected. By some miracle of effort I maintained good clinical standards and obtained an MRCOG.

Seeking help

This increasingly unmanageable way of living continued until, at the age of 32 and overruled by a worsening overdraft, I became sick of being sick and sought help. Fortunately 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. Agonying 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 soundabout had slowed, surely I could climb 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 nor had I become unduly depressed. 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 understand 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 hardest hitters were also the most encouraging and I gradually recognised the more attractive bits of me. 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 rational thinking approached normality. Being financially troubled and disenchanted 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 ambition. When a university post was offered I had enough confidence in my sobriety 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 my other connections 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 be known to be one. All my defences were already destroyed and with that glass of wine my hard-won sobriety was lost. Though I sincerely knew the danger, one glass of wine was sufficient to convince me that I could "get away with it."

For 18 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, concealing, craving. An occasional drink became a daily habit.

Complete loss of control came abruptly. A relaxing evening whisky became a ten-day bout of constant drinking. Day after day I poured bottle after bottle into myself. At the end of this bout, of which I remember little, 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 proud man to accept. The frustration of failure, the humiliation of despair only

increased an irrational impulse to find a way to drink safely. I tried again and again, each time more distastefully than before. During the next three years I was admitted to hospital over 15 times but always well away from home.

Protecting my job became an obsession for me and my therapists. There were plenty of warnings and threats, but many people, including psychiatrists and family, enabled me to maintain the charade of denial and concealment. My standards of medical care undoubtedly diminished. Fortunately, no one made formal complaint.

All the things I had previously avoided—delirium tremens, attempted suicide, liver damage, neuropathy, police problems, loss of family affection, and loss of job happened to me. The university was clearly concerned to preserve its good name. Colleagues became, by turn, confused, angry, supportive, encouraging, frustrated, and ultimately glad to see me go. A few rejected me totally, a few remained caring and helpful. Most just wanted to get on with their own lives without the intrusive nuisance which I had become. Eventually I retired as graciously as my last shreds of pride would allow.

An experienced psychiatrist took charge of me, an uncompromising therapist near to my home whom I had avoided for

fear that contact would affect my job. Again the triad of psychiatrist, the Group, and Alcoholics Anonymous rescued me. Added to this was the influence of the British Doctors and Dentists Group. Today I know very many alcoholics. A 100 and more are doctors. We know and understand one another like no other group of people. Mutual support and understanding provide relief that medicines cannot give.

There is an increasing strength and purpose in the three years of my sobriety that matches the despair I once knew so well. So far as possible amends have been made. My family is happy, and I am content with the work I do. My life is more complete and relaxed than it has ever been. Yet, I am still an alcoholic. One careless glass of wine is all it takes to bring back the horrors of the past, and worse. That drink, the first, is the only one ever which I have control.

Alcoholism is a frustrating illness. The cause defies detection. There is no known medicinal cure. The treatment—abstinence—so easily said but so frustratingly difficult to sustain, is but one solution. A solution that can be made to work and in relapse to work again. Amid the turbulence of alcoholism there is shame and guilt and remorse and rejection. Surely the time has come to speak more freely of the illness that dare not speak its name.

Doctor who beat a drinking problem

SOUTH CHINA MORNING POST

TUESDAY, DECEMBER 28, 1982

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, his life in tatters and his 30-year 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 had been back to the office in the afternoon, but while exchanging strong words with a furniture shop owner in the streets of Kowloon 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 the message was clear. The man had a drinking problem.

A concerted effort to reduce his intake of alcohol was unsuccessful.

And in January 1978, after allegedly assaulting a police officer, the doctor again found himself alone, in police custody and drunk.

"I remember sitting in Tsimshatsui police station, still smacked out of my mind about midnight, thinking, 'God, what's going to happen now?'" he recalled.

"I thought, 'Well, I've done it a second time.'

"I'd hit rock bottom. I'd been caught twice.

"I was splashed all over the papers for two or three weeks on two separate occasions.

"My family went through all that embarrassment.

"Every time I got on a bus, I used to think, 'Oh God, have they read the paper this morning? Are they thinking there's that Moody drunk again? Why doesn't someone look him up?'"

"I realised it was either the house or my job.

"Any time I ever thought of having a drink — which I don't now — I just thought back to that.

"I mean what's the point? I studied for eight years to be a doctor. Why throw it away just for a bottle of plunk?"

And since that incident almost four years ago, the doctor has successfully remained sober.

A member of Alcoholics Anonymous and the British Medical Council on Alcoholism, he must conform to a strict code of anonymity.

But it is no secret that Dr Peter (an alias once had a hopeless drinking problem. Many of his friends and associates know this.

And his story highlights the nightmare world of more than 2,000 alcoholic doctors in the United Kingdom and an estimated 50 potential alcoholic doctors in Hongkong.

As one doctor said, alcohol and the medical profession go hand-in-hand.

"It goes with the job," he said.

"Unfortunately, excuses like 'I'm overworked' and 'I have long hours' are used as justifications for drinking.

"There are meetings, evening functions, gatherings and

requirements to work late at night. It's considered socially acceptable to drink."

It's a frightening picture — doctors who sip out of top-level meetings to secretly swing from a hip flask — GPs who rarely take afternoon appointments because every weekday lunch is a long one — specialists who are a danger to their patients because they are too drunk to do their job.

But according to Dr Peter, it may be an accurate portrayal of some areas of medicine in Hongkong.

Based on UK statistics and his own observations, he estimated there could be at least 50 potential alcoholic doctors — or alcohol abusers, as he calls them — in Hongkong.

Dr Peter said he did not want to risk the local medical profession by branding it drunk-ridden. He said his estimate may be conservative.

"But in my own immediate circle I know of something like 10 doctors who might need help.

"And there are only two doctors in the whole of Hongkong who are regular AA attenders."

And that, according to the doctor — who has practised medicine here for 20 years — is cause for concern.

Dr Peter said there was possibly a need for an alcoholic doctors' group in Hongkong, similar to those now established in major countries around the world.

One of the first is believed to have been the American-based International Doctors in AA, established in 1946.

In London a similar group began in a small way in 1973, when two general practitioners started 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 founding members, these newcomers continued to attend regularly.

As the word spread, other doctors began travelling long distances to attend meetings. In 1977, dental surgeons were welcomed into their ranks.

Similar groups now meet in southeast and southwest England, France and Ireland.

Members are also encouraged to attend local AA meetings.

Staggeringly, there are now more doctors attending AA in England than at any other time, according to a newsletter regularly issued by the British Doctors' Group.

As Dr Peter asked: "Why should Hongkong, especially with its well known drinking scene, be immune?"

But while statistics aren't available, some find the medical scene may have a high incidence of alcoholism, compared to other white-collar professions.

English doctor Max Glatt, who published an acclaimed study into alcoholism, its causes and effects earlier this year, said a fear of failure and inadequacy in the face of disaster could cause doctors to drink.

This, coupled with the heavy responsibilities of the job, an intellectual elitism and an "it won't happen to me" attitude can take them into alcoholism.

Local medic Dr Peter agreed.

"It goes back to the days when one is a student," he said.

"I think medical students do work possibly harder than any other students, because they have to cover so much more."

Dr Peter spent four years in the Royal Navy where, he said, his drinking started and developed into increasingly heavy binge sessions.

At 23, he began to study medicine.

"As everyone knows, medical students are expected to drink a lot of beer and play rugby."

"That combination doesn't help."

"In the face of study and exam pressures, medical students find self-treatment with alcohol works very successfully."

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

As an intern, numerous quiet 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 luxury passenger ship's doctor followed for Dr Peter, with the inevitable lunchtime drinking, night-time parties and almost limitless supply of duty-free liquor.

"I was getting fairly high at dinner, then I realised I was getting higher and higher on less and less."

Several months working as a locum in England preceded his arrival in Hongkong to settle 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."

"But they had actually had lectures on alcohol."

Dr Peter said his drinking problem worsened and attempts to stop proved futile, although he successfully gave up drinking for one month every year from 1973 to 1977.

"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 than I thought I would do it once a year."

"But I thought, 'It's ridiculous to do it in May because it's 11 days. Let's make it February which has only 28.'"

"So every year, I used to give it up for February. Of 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 vividly. And I can remember them since I've been sober but 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 closer."

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

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

A spokesman from the Hongkong Medical Association, mainly composed of Chinese doctors, denied there was a drinking problem among Hongkong medical professionals.

"As to the figure of 50 potential alcoholic doctors here, I don't know how this could be concluded," the spokesman said.

"I doubt if that would be the case."

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

In an article in the British Doctors' Group's regular newsletter, he wrote earlier this year: "The likelihood that there must be at present many doctors with alcoholism who do not present themselves for treatment is regrettable, since in our experience such doctors, with adequate treatment, often do very well."

It's a sickness, doctor, isn't it?

General Practitioner

The scourge of many doctors — alcohol — often starts as heavy ritual drinking at medical school. Dr Max Glatt shows how a social habit, if it's allowed to get out of control, can become a dangerous disease.

GP FEBRUARY 29, 1981

Medicine, it has been said, is a high-risk occupation for alcoholism, so that the popular definition of an alcoholic being a person who drinks more than his doctor would explain why so many cases of alcoholism remain undiscovered.

It has also been said that 'the doctor will remain the cornerstone in the (alcoholism) therapeutic (and rehabilitation) process until other services emerge...' in spite of the fact that alcoholism is a multifactorial illness requiring the collaboration of many professional disciplines and voluntary organisations.

Certainly, medical men should play a leading role in helping the ever increasing numbers of alcoholics. And the fact that, on the whole, the medical profession has remained disinterested in this important socio-medical condition, and that so many doctors themselves fall victim to what is, or should be, a largely preventable condition, is reflected by the inadequacy of undergraduate teaching.

In contrast to the interest in the problem of drug addiction among doctors, surprisingly little attention has been paid to alcoholism, although, for many

decades the Registrar General's occupational mortality statistics have consistently shown relatively high standard mortality rates (SMR) for liver cirrhosis among doctors.

The latest publication gave a SMR of 325 per cent, the previous one (1961) of 350 per cent, with doctors' wives having double the cirrhosis mortality rate as the average population. Such mortality figures probably underestimate doctors' mortality from liver cirrhosis.

A number of recent studies have indicated the existence of alcoholism among doctors in this country and in North America. Doctors born in Scotland and Ireland seem relatively more vulnerable to alcoholism than their English colleagues; and, as among the rest of the alcoholic population, men are affected more often than women.

In discussions with alcoholic doctors over the past 30 years, factors such as overwork, emotional and marital problems are usually given as important contributory reasons for their heavy drinking.

However, with a condition such as alcoholism it is usually very difficult to disentangle cause and effect. Personality

and environmental factors are often involved in dynamic interaction, both in causing the condition and in maintaining it.

In a recent review of characteristics and prognosis of alcoholic doctors treated in the Maudsley-Serblom Hospital, South London, Sir Robin Murray, whose article is on the previous page, found a high proportion of psychiatric and personality disorders in their pre-alcoholic history; not surprisingly, therefore, his follow-up showed a poor prognosis.

Such findings vary greatly from our own experience with alcoholic doctors seen since the fifties in the out- and inpatient departments of the alcoholic units at Warlingham Park, Surrey, and St Bernard's Hospital, London, and elsewhere, and also among the members of the British (Alcoholic) Doctors' Group.

Some of these doctors reported to have felt a high degree of anxiety — possibly more than some of their colleagues — in their (pre-alcoholic) student days. In general, however, their personality make-up had shown little difference to that of other doctors.

As a rule, these doctors had found it very hard to accept their alcoholic problem and

agreed to treatment only under great pressure from wives, partners and other colleagues.

However, once they had started treatment, they co-operated well and actively, often proving to be a great asset in assisting their non-medical alcoholic fellow patients.

However, alcoholic doctors seen at the Maudsley cannot be regarded as representative of alcoholic doctors in general as it is by no means only the more inadequate or emotionally unstable medical man who falls victim to alcoholism.

Worry, anxiety, excessive emotional and physical demands, frustration, a high load of responsibility, etc., are daily companions of the doctor.

Under such circumstances it may cause little surprise if so many doctors, in order to obtain some relaxation in the evening after a hard day's work, fall back on the alcoholic comforter.

Over the past 30 years, the proportion of doctor patients among the total of our alcoholic patients has consistently averaged between two to over three per cent. Apart from the doctors seen, there are frequent enquiries from worried wives and partners of how alcohol-

concluded page 10



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 40 other RAF medical officers to fill an exclusive posting in Hong Kong, where alcohol abuse had become a problem.

Arousal qualities

As an MD 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 secret habit.

And so began the insidious process of self-deception, belligerent denial, increasing tolerance and bizarre behaviour that go to make up the preposterous, pernicious disease of alcoholism.

It is said that the addict is the last person to recognise his illness. But such is the stigma associated with alcoholism that relatives are quick to find excuses, and colleagues prefer to wait for evidence indicating a vague psychiatric disorder rather than admit the simple truth.

Muttering to myself

I became very conscious that something was wrong. I had a fit in a patient's house during the time I was trying to detox 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 repeat myself in company. I would stand back and mutter to myself: "Why am I saying that again?"

Eventually, of course, the rumours spread that I was hooked on pills. People avoided me, colleagues doubted my validity, my family became depressed and resentful.



New light at the end of a bottle

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 deadly what I wanted to do.

But I was caught in a trap. Fear mounted as I was forced in-

to making a choice between my home, my wife and my career on the one hand and emotional pain 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 clinics encouraged me to "pull up my socks," "behave like a gentleman and a doctor" and other pointless epithets. But no one seemed to understand that I could no more control my abnormal reaction to mind-

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 grief groups to work out my depression; encouraging me to drink properly — and make leather belts; and finally diagnosing depression.

I was removed from the scene for a long time.

Chance of recovery

Despairing that I would ever function normally again, 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 recognise 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 both the New Zealand and General Medical Council registers.

Everybody, it seemed, had disowned 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 menial 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 and can handle most problems with reasonable ease.

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

But I never miss my meetings and I never forget that I am not drunk or pill away from the same chaotic 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-month-old son between cushions on the settee. He is unable as yet to control his posture and musculature. And I am asked to write about my experience as a sick, alcoholic doctor.

Five years ago his father would have experienced equal difficulty at this time in the evening in managing his muscles, and his utterances were often as unintelligible. I know, for my friends left a tape recorder live in this room on many occasions to chasten me in my more sober moments.

Somewhere in late 1972 my wife, worried about my drinking, made contact — through a friend — with Calix, a Catholic organisation that helps people with alcohol problems. I attended two or three meetings and the director arranged an appointment with one specialist in alcoholism in the South East. Which bore no fruit because of my whim, and sought my admission to Bexley Hospital Detoxification Unit.

I remained dry for the month of my admission and then had a large gin at Victoria station on my way home. I started to attend AA meetings sporadically, and I am able to recall that then my conviction would wane and wane from meeting to meeting that I suffered from an alcoholic illness.

Whisky and black-out

At the end of 1973 my partners dissolved the partnership and for two years I managed to cope with a rural practice with the minimal cover needed to earn a group-practice allowance. During that period my control over alcohol gradually slipped and tolerance faded.

In February 1976, after one whisky (a double — I choked), I blacked out and drove gently into a car outside an isolated inn. They tell me I reversed off the bumper and drove home. Truly, when the police arrived

and breathalysed me in the drawing room, I remember experiencing relief. I think they had a wrangle as to whether to arrest me. They did. The subsequent night is nothing. I cannot retain a glimmer of giving blood.

The problem that night was that I was on call, and the police had to notify my colleagues. They in their turn contacted the FPC refusing to cover any of my duties. Fortune smiled wryly on me. Dr Glast accepted me as a voluntary patient in St Bernards Alcoholic Unit. We apparently had a mutual acquaintance within the Westminster Archdiocesan hierarchy who pleaded my case.

The FPC lent weight to the proceedings by ordering that I could not work until a senior colleague 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 307 days later — for no reason that I can ever manufacture — I drank a sherry. Over the next four months I plunged from uneasy dries of two weeks to troughs 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 longwinded yet very potted history several points bear consideration. I had no inkling that I had progressed to the loss of control state of alcoholic abuse. During the years 1972-1977 my wife (and my sister on one occasion) left the home with my two young children.

This was no scene to punish me, but in my sobriety I have seen the continual wearing down effect of an alcoholic on the morale of those in the family. And the children were only babies; the effect on them worried their mother. Their father did not perceive her fear,



yet it was actively through her efforts and later those of a thoughtful Monsignor that I was given the time in St Bernards to begin my recovery.

The profession, as today, were loath to move in general practice and the administrators insisted they must wait until a serious complaint was lodged with them. In November 1977 I was accused by the FPC of 'abandoning my practice'.

This arose out of my arrest and subsequent admission to St Bernards. For despite my best efforts, I could not obtain a locum 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 protection society about this seeming 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 (7) over seven years, together with my disqualification for driving with excess of alcohol (yes, 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 sheriff from London — and I had had no intimation of the events. Even my staff had been sworn to silence. Probably the pain was made worse because I was working well and contentedly and had won back my practice list from the depredations which had happened when rumour was rife during my hospital admission in 1976. Not until my very friendly local pharmacist was approached and sought my explanation with

I aware of an investigation.

The happy part was the actual hearing. The memory of courtesy, sympathy and understanding 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, say in my whole life, and so the Committee ruled, but as I was recovering and taking steps to keep well, I was allowed to continue in practice.

The administrators of my FPC and its members were compassionate and enlightened as well. I was under contract to them and was admitted to hospital each time for treatment, and supplied with all necessary certificates and locum cover arranged when possible.

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 practitioner committee.

Finally I must advertise. Without realising until later my recovery started with AA.

During my first admission to St Bernards I had a visitor, another alcoholic doctor and a founder member of the Doctors and Dentists' Recovery Groups. Only there is my local AA group and at the monthly meetings of the Doctors' Group know of the Jesuitical subtlety exhibited in my arguments.

There are no arguments now. Acceptance of my alcoholism is a daily routine and brings routine limitations to my mind that little during the day. I am now a 'vice chairman' and envelope addresser in the Doctors' Group.

As for AA oh! that is easier. I started a group in my own practice, and now we all improve daily and particularly on a Wednesday. With a degree of realism, life does become real eventually and I live one day not need a drink today.

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 or she is sober and well, they make hard-working pleasant colleagues.

The latter 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 co-

collusive help, and cannot su-
beralone.

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-depressants '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 entitled 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 meeting 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: 01 215 4182), in complete confidence, for advice and, if required, the addresses of contacts and meetings of the Doctors' Group in many parts of the country, where 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 together, instead of dying alone.

Yours etc.

A recovering alcoholic
doctor. (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.

HE is internationally re-
spected as an eye-surgeon
and, just as he was about
to start a cataract operation, he
said to his assistant: 'You've
watched me often enough to
now I'm going to give you the
chance to do it all on your
own.'

His voice was calm, almost
casual, but he was fervently
praying that no-one in the
theatre would guess the truth:
his hands, despite his struggles
to control them, were shaking
because of drink.

For years Dr W, now in his
early fifties, had known that he
was an alcoholic — just as thou-
sands of other medical men
practising in Britain today are
alcoholics — but his profes-
sional pride, and his terror of
really accepting the truth, had
stopped him seeking the help he
so urgently needed.

He had managed to keep
working by 'balancing his
drinks,' by topping-up just
enough to ward off the tremors
at vital moments. But that day,
two years ago, he 'got his
descent wrong.' That was when
he hit his alcoholic rock-bottom
— and walked out of the opera-
ting theatre to beg for help.

Now he is sober. And he is
one of a growing group of alce-

holic doctors, from most parts
of the country, who meet once
a month in London to help
themselves, and each other, by
discussing their shared prob-
lem.

This Doctors' Group,
launched exactly five years ago,
is not part of Alcoholics
Anonymous but has helped to
encourage many medical men
and women into joining that fel-
lowship.

One of the founder members,
Dr S, says: 'Nearly 200 alceho-
lic doctors have made contact
with us since we started and
about 80 per cent have
attended meetings. But, unfor-
tunately, this is just the tip of
the iceberg. It has been conser-
vatively estimated that there are
more than 2,000 alcoholic doc-
tors practising in this country
today. The number who are
abusing themselves with drink
or drugs — and that often means
putting their patients at risk as
well as their careers and, in-
deed, their own lives — is cer-
tainly far higher.'

'There is so much ignorance
about alcoholism as a disease

that the majority of doctors still
refuse to recognise it — in their
patients or in themselves. For
years my own arrogance — an
arrogance which is shared by
so many in the profession —
stopped me admitting that I
was a drunk who was helpless
over alcohol. And as for Alco-
holics Anonymous — well,
surely I knew more than a
bunch of laymen.'

That final sentence, epi-
tomising the attitude of many
drinking doctors, emphasises
the special value of these
monthly meetings. Medical
people are able to talk more
freely about their problems with
their peers and, what is particu-
larly important to many in the
early stages of recovery, they
can forget any fear of their
'guilt' being made public.

The average meeting is
attended by about 25 doctors,
ranging in age from the mid-
twenties to the 70s, who travel
from as far away as Scotland.
Some bring their spouses who
hold their own meeting, at
which they share their experi-
ences and strengths, in a nearby

room.

Dr L is 61 and recently
became a local government
health official after a long car-
eer as a GP. He told me: 'For
a long time I thought I was
merely a heavy drinker, I'd
have been furious if anyone had
had the damned cheek to tell
me I was an alcoholic. How
could I possibly be an alceho-
lic?'

'I was still working. I was
still successful. But I didn't re-
alise at that time how hard peo-
ple around me, people like my
wife, were working to cover up
for me — or what a mess I was
making of their lives and my
own. Eventually, in those
moments of sanity, I started
getting through to me that I
was creating havoc. I became
confused and frightened. I
wanted to stop drinking. I made
up my mind to stop drinking.
But I just could not keep away
from the bottle.'

'I went to a private clinic but,
although I got dried out, that
didn't really do any good. Then
I started to attend this group

Everybody likes a drink.

and slowly I began to understand alcohol and myself.

"Alcoholics Anonymous, I began to realise, was my only hope. And 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 right 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."

This doctor's wife, who was attending the family meeting, confirmed that she - like the wives of many other drinking doctors - went to great lengths to keep his alcoholism a secret: "As far as I was concerned, he was a drunk and a no-good. But I did all I could to protect his reputation - not for his sake, for I had no feelings left for him, but for my own sake and that of our children."

She added: "I lied and made excuses for him when he was too drunk to see patients - or when he had disappeared on some bender - and I often had to discreetly ask a friend in London to come down to take his surgery."

"These meetings saved him. In fact, they saved us both."

Dr R is a 46-year-old psychiatrist in the South of England, with two teenage children, who was "invited to leave" a group practice in 1972 because of his alcoholism.

"I can't blame my old partners because I wasn't just useless - I was positively dangerous," he said. "I could remember leaving my house in the morning and I could often remember later leaving the surgery but I had terrible blanks about what I might have said or done during surgery."

"I didn't touch alcohol at all until I was 21 - because I came from a strictly teetotal family - but, almost from the first few sips, I started drinking alcoholically. I marked out that first night and those black-outs were to become a regular feature of my life."

"I had a terrible fear, an obsessive fear, of being a failure. So I told myself I needed to drink to ease away that fear."

And then I had the fear that the drink was helping to turn me into a failure - which it certainly was - and I needed more to drown those fears. It was a vicious circle.

"My personality went through drastic changes. There was no longer any logic in my actions. I'd go into an ironmongery shop, for instance, to buy a pair of screws which I needed and finish up buying something wildly expensive like a water pump for which I had no possible use. That sounds a silly example but it's one that springs readily to mind and it seems to sum up the craziness of my attitude to everything, including my work."

"My feeling of guilt, at times, was so big that I didn't even know how I could possibly carry it. So I did what so many alcoholics do. I shifted as much of it as I could on to other people - particularly on to my wife. I decided that she was a frigid bitch and that it was her frigidity, and her constant weeping, that was driving me to drink."

"So I had to get my own back on her. That was why I started bedding the most awful women I wouldn't even have looked at if I'd been sane. And I was doing the same, whenever I had the chance, with nurses at the hospital. And when I got home I'd often deliberately thump my car into her's on the drive. That would teach her to get at me! Then I'd manage to get indoors and collapse on the floor. And often I'd wake up about four in the morning and somehow get up the stairs to fall fully-dressed into bed."

"My medical knowledge couldn't save me from myself. When I first made contact with this Doctors' Group I was out of work. No-one was interested in employing me - and, looking back, I can't say I blame them. But now, thank God, through the friends I've met here and in Alcoholics Anonymous I'm working properly again. I don't drink. And, no matter how many impressive statistics get bandied around in the profession, I know that I can never return to so-called social drinking. What if I don't want to go right down into the gutter."

"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!"



He managed to keep working by 'balancing his drinks'. By 'topping up to ward off the tremors.'

Dr D, a 61-year-old GP in the North East, was typical of those who used that phrase. He told me: "I'd tried AA. I'd tried just about the lot. But I was too damned arrogant to listen to anything I was told - until I came here. And for the first time I realised that I was with a bunch of doctors who knew a hell of a lot more about booze than I did - and who had suffered just as much from it. If I

hadn't been for them, I probably would not be alive today - and I most certainly would not be working."

Today, armed with the lessons he has learned in the Doctors' Group, he is highly active in AA.

"And I can still hardly credit how different life can be," he said. "You know the sort of things I remember? I remember rushing from the surgery in a panic because I was out of drink and counting the exact money into my hand before I went in so that I could hang it down on the counter - hoping that the woman serving me wouldn't notice that how much my hands were shaking. I remember what I used to call the 3 am tribulations - when I'd wake up sweating and shivering and start hunting around for that bottle to save me from myself."

"I remember first going to AA meetings with a couple of miniatures in my pocket to keep me going - and a half-bottle out 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

mess. I couldn't live with drink and I couldn't live without it. But I was a doctor, you see, and people respected me so I had to keep up this pretence of being normal. Nonsense! God, how I was fooling myself. Most of them knew I was a drunk."

"And the frightening thing is that there are still so many doctors today who are exactly as I used to be. They are secretly disgusted with themselves, many of them, but they are too proud to admit needing help."

But how is a doctor to know when he does need help? What, indeed, is an alcoholic?

Nobody likes a drunk.

Dr M says: "The alcoholic is one who has lost control over alcohol for life. The essential part of the recovery is some form of group therapy such as is found in A.A. which has to be sustained through life. The doctor who is isolated is on dangerous ground."

He and other members of the group do not feel that the monthly meetings alone are

enough for the recovering alcoholic. That is why new members are encouraged to join A.A. enough for the recovering alcoholic. That is why new members are encouraged to join A.A.

The group is also convinced that total abstinence, including abstinence from mood-changing drugs, is the only path to successful recovery. They feel

that drugs are of value only in the initial drying-out stage and that experiments in "controlled drinking" offer no lasting solution.

Links have now been forged with "International Doctors in A.A." and many British members have visited American conventions.

Dr M sums up: "I am particularly pleased that PULSE is devoting this space to the ac-

tivities of the group because this may well help more alcoholic doctors reach out for help."

Other Doctors' Groups have now been formed in the North East and in Eire and it is hoped to launch one in the West country in the near future.

Contact can be made through: The Medical Council on Alcoholism, 3 Grosvenor Crescent, London SW1X (Tel: 01-235 4128).

ALCOHOLISM

PULSE, SEPTEMBER 9, 1978

FORUM

When the drinking had to stop

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

I WOKE up twisting 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 first mouthful but managed to swallow with a shudder. Only this way could I steady my hands enough to sign my name and write prescriptions. Only mixed with milk would my stomach retain the spirit at this hour in the morning. I looked at the milk, tinged brown with whisky; I felt desperately lonely and afraid. I was sure that I was the only doctor who had to drink like this in order to function.

After I had drunk about a quarter of the bottle I began to practise my signature... perhaps one more drink would be enough.

I drove carefully to my surgery. Somehow I got through it, did my visits and with relief arrived at the pub on my way home. Three or four doubles and I arrived home for a late lunch.

An hour's sleep and a few

more drinks at home before evening surgery. I wasn't drunk but I wasn't sober. I took the evening surgery and went back to the pub. Late for dinner, my wife was angry... she always was. I drank again after dinner, and realised that I could not go on like this. I must stop drinking again but I could not do it alone. I arranged a luncheon and my own admission to hospital.

To go back, I first drank heavily during my National Service in the RAF. It was at this time that I first had the 'shakes'. Later, in general practice as a junior partner, my drinking got out of control and I had a withdrawal fit.

There followed periods of dryness and periods of 'controlled drinking'. Once I contacted Alcoholics Anonymous and stopped drinking for four years. But at this time I refused to go to their meetings; I was too proud, too arrogant and I had learned nothing.

Inevitably I drank again. My AA contact had moved away and anyway I thought I was cured. It took just three months from the first drink to hospital.

Later I became addicted to quinal barbitone through dry of alcohol, and had delirium tremens on deliberate withdrawal from this drug.

Once more I tried alcohol with the result described above.

This time I was in a London teaching hospital and a young psychiatrist finally persuaded me that I might be an alcoholic. He told me that there was a group of doctors, recovered or recovering alcoholics who met once a month.

He gave me a number to ring and I made contact that night.

The next day I had an unexpected visitor. This was a member of the Doctor's Group as I now know it and I shall call him John.

He told me his drinking story and of his interest in sport and that he was a GP. Incredibly he was telling the story of my own interests and my own struggles with alcohol. John told me that he was a member of Alcoholics Anonymous and that he went to three or four AA meetings a week. "Would I go to a meeting with him the following night?", he asked.

I was so impressed that I agreed and next night I went to a London meeting with him. I was introduced to many smiling well dressed, clean, sober and charming people. I could scarcely believe that they were all alcoholics. I felt that I had come home and that these people were real friends.

I began to attend AA meetings regularly and I learned that alcoholism is a disease and that

sedative and hypnotic addiction is part of the same disease.

The Doctor's Group is not an AA group but just a group of doctors with an alcohol problem who discuss problems related to alcohol and their profession. Members meet at 6.30 pm in a London hotel on the last Saturday of every month. Newcomers are always welcome and the hall porter will always direct them.

It is now nearly four years since I had a drink and although I will never be cured of alcoholism, my disease is arrested and I am well and happy.

Many people have helped in my recovery. I owe a great debt to my wife who stood by me in the dark days and who supports me now so strongly. I have an excellent relationship with my sons. I enjoy my work and my garden and I play squash regularly again.

I am grateful to John and all the members of the Doctor's Group and of AA who have helped me and knowing that whenever I go I will have the fellowship of Alcoholics Anonymous.

The Doctor's Group may be contacted through: The Medical Council on Alcoholism, 3 Grosvenor Crescent, London SW1X (Tel: 01-235 4128).

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 sip out of top-level meetings to secretly swig at a hip flask... GPs 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.

"Yet, tragically, only a tiny proportion of doctors actually seek help for their addiction," said Alan Hawes, research supervisor for the MCA.

"Most just refuse to come to terms with the fact they are alcoholics."

The extent of drinking abuse in the North-East and Cumbria is now so bad that a special anti-binge 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 10 people regularly turn up for "treatment".

"No money were shared, but don't," said the 30-year-old Durham doctor — a former alcoholic himself — who organises the group cure meetings.

The doctor, who asks patients, has asked not to be named, but it is no secret that he was once a hopeless alcoholic. Many of his friends and associates know this.

"I managed to stop drinking several years ago and I know I must never touch a drop again."

"But I'm lucky. I reckon there are hundreds of other doctors and dentists in the region with a very serious problem."

with the role of the medical profession.

"There are meetings, evening functions, conferences and requirements to work late at night. It's considered socially acceptable to drink."

"On top of this, there's an awful reluctance among doctors to admit to their own life. Many medical men refuse to accept the symptoms of their own alcoholism."

"A further drawback is that colleagues cover up for their lackluster at work when drunk has worsened them. When too often tell stories to disguise the drunk problems of their husbands."

"Then, of course, most doctors can afford to drink. Some spend a fortune—more than 200-a-week daily."

"I know some who drink two bottles of spirits a day, even more. A popular habit is to buy half bottles as these are flat and can easily be concealed in pockets."

Every other month, the North-East anti-binge group invites the wives and families of doctors to join in the therapy.

"But we only attract a very small percentage of those who urgently need treatment. I wish more would come forward for help," said the doctor.

"Many are afraid to admit their problem because of what they do. We can assist them and also put them in touch with Alcoholics Anonymous for further help."

The doctor added that another major worry today is doctors combining drugs with drink. They are easily available and can also act as a substitute.

"When I was hooked on drink, I also took Valium and Librium to quiet the nerves—especially in the mornings when I had the shakes."

"Of course I remembered little or nothing about the night before because of my black-outs."

"Some doctors and dentists even use anabromazine to give them a lift, quite a later in the day after a heavy drinking session."

"And of course, they often drink and drive which makes them an added risk. Because they work odd hours, they have to use cars, often without the alcohol record for the huge amounts of drink they have consumed."

"There is no doubt about it—the problem of alcoholism is now



Picture specially posed for photographer Paul Dodd.

more serious than ever."

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

"I still have to go to therapy sessions three times a week."

Footnote: Any doctor or dentist with a drinking problem should contact the Medical Council on Alcoholism at Mrs Howe, 21/22a Place, Newcastle upon Tyne, NE1 3DD.



"Many state are on their way to becoming alcoholics — it goes with the job."

"Unfortunately, excused like the overworked and I have long hours' are used as justifications for drinking."

The doctor, who is not named, says drinking goes hand in hand



"And of course, they often drink and drive which makes them an added risk. Because they work odd hours, they have to use cars, often without the alcohol record for the huge amounts of drink they have consumed."

"There is no doubt about it—the problem of alcoholism is now

WHEN A DOCTOR HAS A DRINKING PROBLEM

by Dr. Vivien Choo

THE majority of doctors, like the general public, know little about alcoholism. They still believe that the typical alcoholic is a vagrant to be found "falling about the streets."

But this is the stereotype of only two per cent of alcoholics, say two members of a group of recovering alcoholic 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. The two members, for the majority of alcoholics behave normally 90 per cent of the time.

And they add that doctors, both alcoholic and non-alcoholic should recognise that there is a drinking problem as soon as there is a craving for drink and the occurrence of blackouts (periods of amnesia) and getting drunk when it was 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 some travel long distances to attend.

The number attending each meeting is growing steadily, but at the moment averages around 25-30. This number is made up largely of general practitioners, a handful of hospital consultants, several junior hospital doctors, and doctors from the armed forces. Several of the GP members also hold part-time posts as police surgeons, which can be hazardous as most of the police surgeon's work is

carried out at night when the drink problem is greatest.

Around six to seven of the regular attenders are women, most of whom, interestingly enough, are not GPs. They tend to be either hospital clinicians or research workers, and most are married to doctors.

The age of first attendance is usually 45-55, but the youngest member is only about 30. Most who have joined the group have started their drinking problem 5-10 years previously.

However, alcoholism among medical students is not unknown.

There have been several tragedies amongst members of the group. Three have attempted suicide and one was successful, while several others have died early of diseases associated with alcohol.

No actual figures are known but the feeling is that a good number also misuse drugs while drinking.

On the whole, the vast majority still have their jobs and have kept their families intact. As far as the two members know, only one has been suspended by the General Medical Council but

has since been reinstated.

It has been said that doctors, instead of pushing alcoholic colleagues to seek treatment tend to cover up for them. This is also the impression of the two members who feel that this happens to a greater extent in hospitals.

In general practice, covering up may take place initially, particularly when the alcoholic colleague is only intermittently associated with the practice on a locum. But when the alcoholic is closely associated with the practice, there is eventually pressure by the partners for him to seek treatment or resign.

In the very few cases of GPs who have lost their practices, this has been through the partners' requests for them to resign. Most of these have, however, been re-established in practice. Wives, secretaries and receptionists, also tend to be exceptionally loyal. Treatment is then 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 successful practice usually manage to continue with their work.

Members of the alcoholic doctors group are recruited by one of several means. Personal contact is one. Alcoholics Anonymous co-operates and the Medical Council on Alcoholism carries a notice of the group in their quarterly journal.

Consultants treating alcoholics have come to learn of

the group and put patients in touch with it.

Easier

In other instances, the group acts as an information centre channeling newcomers to suitable alcoholic recovery units and encouraging them to join AA. Not unexpectedly, many doctors find it easier to approach the medical group initially.

But, said one of the two members, "The alcoholic is one who has lost control over alcohol for life. The essential part of the recovery is some form of group therapy such as is found in AA, which has to be sustained through life. The doctor who is isolated is on dangerous grounds."

The group does not feel that its monthly meetings alone are sufficient for the recovering alcoholic and hence encourage new members to join AA. Most still continue to attend AA even after 10-20 years sobriety. AA's experience is that recovery from late relapses is at best difficult and often fatal.

As the group sees it, it exists to encourage doctors to seek help earlier and give support to each other.

Free discussion takes place throughout the meeting, and alcoholism is not discussed much from a scientific point of view. Instead discussion revolves around members' social and emotional problems.

However, on occasion people with a particular interest in alcoholism or its treatment are invited to attend as participants, though not as formal lecturers.

The doctors group are convinced that total abstinence (which includes abstinence from mood changing drugs as well) is the only means of successful recovery. They feel that drugs are of value only in the initial drying out stage and are convinced that controlled drinking experiments do not work.

They also believe that acceptance of total abstinence, which they say is different from passive resignation, has to be accompanied by fundamental changes of attitudes. Thus there should be an absence of self-pity, the elimination of resentment and the avoidance of anger.

The group is in touch

with "International Doctors in AA" a group founded in 1949, and last month ten of them went to the US to attend a three day convention.

Maximum

About 350 recovering alcoholic doctors attended the convention. A point made by one of the directors of a US alcoholic unit was that doctors being treated should spend the maximum time (about three months) in hospital since they are a difficult group to treat.

It is commonly known that not only do they as alcoholics underestimate the severity of the illness in themselves, but they find it difficult to accept the patient role and tend to discharge themselves early.

One of the two members of the UK group who spoke to Medical News was one of the two who attended the convention.

He himself had had "the three months in an alcoholic unit seventeen years ago and his own case history typifies the reluctance of doctors to seek treatment. Despite constant pressure by his family, he kept putting off consulting a psychiatrist.

He finally got round to seeing a psychiatrist friend, and ended up being admitted to hospital, not as a cold case, but "flat on my back" because he got the DTs in the train on his way to keep his appointment.

Families of alcoholic patients are obviously under stress, and one survey in the US puts it that 25 per cent of the alcoholics' partners are on drink and/or drugs.

The success of Alanon (the group for wives of AA members) indicates how much they feel the need for some kind of support, and the doctors group in London started family group meetings this year, which will be held at quarterly intervals initially.

Other longer term aims are the formation of regional branches and holding international meetings.

In the meantime, any doctor with a drinking problem, who so wishes can be put in touch with the group by writing to the Medical Council on Alcoholism, 8 Brompton Street, London W1X 0HY. Enquiries will be dealt with in the strictest confidence.

ALCOHOLISM GENERAL PRACTITIONER - 2.11.79

Hitting the bottle

The estimated 2000 alcoholic British doctors may find help in a medical support group. Judith Charles reports

DOCTORS whose work and family life have been badly affected by their drinking can kick their dependence and recover sobriety 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 per cent of the members of a medical support group for alcoholic doctors are alive and well, working 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. Indeed when one of the BDG chairmen approached a psychiatrist for help, the psychiatrist merely suggested that he pretended 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 brought his ill on himself.

Relatively sober, social drinkers find it difficult to understand that an alcoholic cannot control his drinking. Friends of recovering 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 housewife: 'What you are trying to make me do put 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 chairmen have 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 chairmen. 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 chairmen 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.

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

Dr Max Glantz, 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 close contacts with one of the largest alcoholics' 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 4102.

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 alcoholic doctors 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 Center Rehabilitation Unit* where, after an introductory talk by C. Claire Bissell, 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—Alma Lodge, Blairstown, New Jersey*, which is a rehabilitation unit offering 'a comfortable country home atmosphere' for alcoholics. We were welcomed by Mrs. Geroldine O. Delaney, 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. *Alma 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, Striving, 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

Doctor in AA

I want to forget the fact that I was a doctor who had a drinking problem. You see, that was how I used to see it. Today I hope I have my priorities right. I now know, and never want to forget, that I am an alcoholic who happens to be a doctor. Now I try to do what I am told, rather than tell other people what they should do.

A reasonably successful academic career had not exactly deflated my ego. I was irrationally convinced that I was above average intelligence and education. My professional career seemed to enhance this conviction: on the surface I was a success—and a continuing one.

The embarrassment of black-outs with their progression to frightful sequelae of quite unpredictable behaviour had not dented my arrogance. Pain, tears and trauma on the domestic front had produced remorse and endless promises of reform—but no deflation! I continued to confuse intellectual maturity with emotional maturity.

When inexplicable phobias and fears eventually drove me to seek psychiatric help, my intellectual arrogance was undiminished. Interviews with psychiatrists—and there were to be many—invariably started with the observation or comment, "As an intelligent man, you . . ."—and I always concurred.

Psychotherapy, hypnosis, chemotherapy, drugs—prescribed and self-prescribed—abstinence—all were to follow over a decade, and all were of no avail. Without any desire to stop drinking, contact with AA only seemed to exacerbate my ego. People talked of alcoholism as a disease; very well, then, let's have a scientific, academic approach. As a physician, surely I myself was more competent to deal with a disease than a bunch of "laymen".

Then came my rock bottom, a deep, deep, black despair, the like of which I had never known. I knew I couldn't drink, and I knew I couldn't "just not drink". I had tried that, and the pain of dryness was worse by far than the pain of drunkenness. I crawled to AA, looking and hoping desperately for the answer. I knew that I would have to jettison every scrap of so-called knowledge that I possessed. It had all proved to be but a handicap and obstacle to me.

Gone was every shred of arrogance—I had no pride. I now really and truly found myself with an open mind—ready to do everything that was asked. I was prepared to go to any lengths—and I knew that no human power would relieve my alcoholism. My ego was totally deflated at last.

Last year I attended the First International Medical Conference on Alcoholism ever held in the U.K. at the Royal College of Physicians. The danger of intellectual arrogance in a doctor was talked about. An erudite and witty American psychiatrist, prominent in the field of alcoholism, regaled the audience with a story which went something like this:

The late Pope John was universally recognised as, and acknowledged to be, a very humble man. On his death he duly arrived at the Gates of Heaven where he was greeted by St. Peter. "I'm afraid you will have to wait a while", said St. Peter. "You see, the Master is not here at the moment". "Oh, that's all right", replied the very humble John. "I don't mind waiting!" Noticing a coffee bar, John enquired if he might have a cup. "Certainly", replied St. Peter, "but you have to join the queue. You may have been Pope on earth, but we are all equal in heaven. No special privileges here!" Shortly afterwards, the Gates flew open, and in dashed a beery figure, stethoscope dangling from his neck. The bright young man strode unthinkingly to the coffee bar and poured himself a cup, then scrutinised the waiting throng with a detached but tolerant gaze. "What's all this?" asked John of Peter. "I thought you said we were all equal in heaven!" "So we are, so we are," replied Peter, "but you see, that's God. Every now and then he likes to play Doctor".

And that, reversed, was the story of my life.

S. H. (London)

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 250 '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 Alanon, 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 to 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.

Members,
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 Seale, Medical Director of the Starlight Clinic and Treatment Center for alcoholics and drug addicts. Dr. Seale 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.

continued from page 9

misusing doctors can be motivated to present themselves for treatment.

Out of the general population in England and Wales, roughly one to two per cent may be alcoholic; and if the rate of alcoholism in doctors — as suggested by the cirrhosis mortality rates — are at least three and a half times that of the general population, at a guess, the number of alcoholic doctors seems likely to be over 2,000.

Considering that the RCPsych Working Party (see *Alcohol and Alcoholism*, London: Tavistock Publications, 1979) recently considered the equivalent of four pints or four 'dobblers' as the upper level for 'safe' daily drinking (for the more 'vulnerable' woman drinker the level is lower), the number of doctors drinking much more than is good for them is likely to be very high.

However, there are signs that

the knowledge of alcoholism as a high risk for doctors has been getting through — if our own experiences in the teaching of students at four London medical schools over the past decade can be taken as a pointer.

As regards prevention, better 'target-orientated' education — for example, the teaching of medical students about the early stages of problem drinking and the high vulnerability of doctors —

should soon begin to bear fruit.

Certainly doctors — as shown by the membership of the 'British Doctors' Group' — are by no means immune from this insidious and dangerous illness. And the quicker the medical profession realises and acts on it, the better for its own members and for the whole community.

Dr Max Gilat is a consultant psychiatrist with a special interest in alcoholism.