THE BRITISH DOCTORS'
AND
DENTISTS' GROUP

Founded 1973

THE FIRST TWELVE YEARS[1]

Aims:

The primary aim of the British Doctors' and Dentists' Group is to help doctors and dentists with alcohol and/or drug problems to sustain their own sobriety and to offer help to those still unable to achieve recovery on their own.

With this confidential help available, we hope that doctors and dentists will be encouraged to seek help at an earlier stage in their illness than has previously been the case.

History:

The London Group started in a small way in 1973 when two doctors 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.[2] 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 wives, relations and friends of alcoholics was also started. Now, rarely does a month go by without several enquiries being made, either by a doctor or dentist with a drink/drug problem, his spouse

or professional partner. In fact, in the past ten years we have had over 600 contacts in Great Britain and Eire.

It has become possible to establish 10 regular meetings, not only in London, but also in Glasgow, Edinburgh, Manchester, Durham, Bristol, Birmingham, Northampton, Hampshire and Northern Ireland.

The Groups:

The London Group meets in a central London hotel on the last Saturday of each month at 6.30 p.m. 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. Details of other Doctors/Dentists Groups are available from the Medical Council on Alcoholism.

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 doctors and dentists with drink/drug problems 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 and drug problems. This has also helped to establish good liaison with Directors of Alcoholic and Drug Dependency Treatment Centres, both in the NHS 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. Therefore, we do encourage the newcomer to become involved with the Fellowships of Alcoholics Anonymous and Narcotics Anonymous, as these groups often hold 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 AA than at any time in its history - many having been introduced by the Doctors' Group. Most of our members use the AA and NA Fellowships as well as the Doctors' Group but a few prefer to attend Day Centres such as Accept (Alcoholism Community Centre for Education, Prevention and Treatment), hospital outpatients and hospital reunion meetings. It often surprises newcomers that in London alone there are more than 300 regular weekly AA meetings, both in the evening, lunch time and morning.

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 chemically dependent doctors and dentists recover and remain sober as a result of the 'Group Experience' and those who try to recover on their own, sooner or later relapse or become dependent on mood-changing drugs. At the present time, long-term use of Valium, Ativan and sometimes Heminevrin seem to be particular hazards to recovery, but any mood-changing sedative or tranquillizer may be potentially dangerous for the alcoholic. Apart from the hazard of cross-addiction, drugs tend to decrease the alcoholic's critical faculty and mental defence against taking the first alcoholic drink which may, sooner or later, lead to "loss of control", or relative "lack of control", drinking once more.

Other Links:

Dr. Max Glatt,[2] 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 and Narcotics Anonymous has been valuable in introducing new contacts and it is encouraging to note that more doctors are contacting AA in their initial endeavours to seek help. We advertise in various journals including the Personal columns of 'Pulse' and 'The General Practitioner', the British Journal on Alcohol and Alcoholism, the British Dental Journal and the British Medical Journal. We have also given interviews to the National Press and medical journalists and the resulting articles have been helpful in attracting new members.

When we hear of an alcoholic doctor/dentist with a drink/drug problem 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 or dentist the encouragement and hope that he needs to begin his own recovery.

Treatment Centres:

In a survey[3] of the results of treatment of doctors in an NHS 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 issued questionnaires to our members in 1979

and 1984, 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 and Drug Treatment and Rehabilitation Centres. This confirms our view that in-patient treatment centres are still of prime importance in the initial treatment of the alcoholic, and it is unfortunate that with the present economic climate, some are threatened with closure.

The Family Group:

We have also found that the spouse and families are in need of much help and support so that in London and in other regions, regular Family meetings have been established. These meetings are held monthly at the same time as the Doctors' meetings in adjacent rooms. It has been found that when attempts to help 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 AA, some of the spouses also become involved in the Al-Anon and Families Anonymous Fellowships, and these also give helpful support as does Alateen to the children of alcoholics.

Unfortunately, a high percentage of doctors' marriages have failed before the doctors come to treatment, but in recovery sometimes reconciliation is possible, and the threatened marriage may be restored with the partner's recovery.

Group Finance:

The Groups are self-supporting, and income is from contributions collected at the meetings. There is also a central fund supported by an occasional

appeal of which there have been two in ten years.

The General Medical Council:

In cases where the General Medical Council, or in recent years the Health Committee, has instigated proceedings against doctors with drink/drug problems, we have given evidence before the Council on the member's 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 other support groups on a regular basis.

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

USA and Canadian Groups:[4,5]

We have stablished valuable contacts with similar groups in the USA and Canada - in particular with International Doctors in AA (Est. 1949) which now has a membership of over 2,500. Groups from the UK have attended their Annual Conventions as well as regional meetings in New Jersey and Texas, Chicago, Minneapolis and Vancouver. Our groups have also visited several alcoholic treatment centres in the USA and attended courses on alcoholism for physicians.

The interchange of visits between the USA 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 AA as the most effective after-care service.

The National Council on Alcoholism (USA), 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 USA, 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 AA (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 several have committed suicide.

Annual Meetings in England:

We have held successful annual conventions since 1976. These have been held near London, Durham, the Lake District, Bristol, Manchester and Bath. In recent years, our meetings have had a more international component with the participation of our friends from the USA, Canada, Germany and New Zealand. The founders of the groups in Germany, Hong Kong and New Zealand have all attended our London Meetings and with knowledge of our experiences, have been encouraged to start similar groups.

We also have a close liaison with a new Australian Group, which started in 1985.

Conclusion:

We hope the presence of recovering doctors/dentists throughout the country will help the general public to know that alcoholism and drug addiction is a treatable illness with a good rate of recovery, thus reducing the 'stigma' of addiction. 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 AA and NA public meetings.

It is also hoped that as the existence of the Doctors' and Dentists' Groups throughout the country become better known, it will be easier for the still drinking or drug addicted doctor or dentist to seek help from recovering 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 and dentists 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.

******* Dr. Martin G Kaye

Useful Contacts:

The Medical Council on Alcoholism:
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Alcoholics Anonymous:

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

London Region
Telephone Service
7 Moreton Street
London SW1 2VP
Tel: 01-834-8202

Narcotics Anonymous:
PO Box 246
London SW10
Tel: 01-351-6794

International Doctors in AA:
Lewis K Reed, MD
1950 Volney Rd
Youngstown
Ohio 44511
USA

Council on Alcohol Related Problems:
12 Lombard Street
Belfast BT1 1RD
Tel: (0232) 224176

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