Abuse of family physicians by patients seeking controlled substances

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Abstract

Objective To examine family physicians' career prevalence and monthly incidence of workplace abuse by controlled substance prescription seekers.

Design A 4-page cross-sectional survey.

Setting A family medicine continuing medical education event in Halifax, NS.

Participants The survey was distributed to 316 family physicians attending the continuing medical education event.

Main outcome measures Career prevalence and monthly incidence of workplace abuse related to the act of prescribing controlled substances.

Results Fifty-six percent (n = 178) of the 316 surveys were returned completed. Half the study participants were men (49%). Most study participants were in private practice and lived in Nova Scotia, and approximately half (51%) practised in urban settings. On average, the study participants had 20 years of practice experience. The career prevalence of abusive encounters related to controlled substance prescribing was divided into "minor," "major," and "severe" incidents. Overall, 95% of study participants reported having experienced at least 1 incident of minor abuse; 48% had experienced at least 1 incident of major abuse; and 17% had experienced at least 1 incident of severe abuse during their careers. Further, 30% reported having been abused in the past month; among those, the average number of abusive encounters was 3. Most (82%) of the abusers were male with a history of addiction (85%) and mental illness (39%). Opioids were the most frequently sought controlled substance.

Conclusion Abuse of family physicians by patients seeking controlled substances is substantial. Family physicians who prescribe controlled substances are at risk of being subjected to minor, major, or even severe abuse. Opioids were the most often sought controlled substance. A national discussion to deal with this issue is needed.

EDITOR'S KEY POINTS

- Prescription drug abuse is a growing problem in Canada, and family physicians provide a substantial proportion of the prescriptions for controlled substances. This survey was the first examination of abusive encounters experienced by family physicians in Canada related to prescribing controlled substances.
- The authors were not surprised by the high rate of minor abusive encounters they found. The troublesome aspect of these data was the high prevalence of major and severe abusive encounters, particularly the finding that 1 in 10 respondents had been stalked by a patient seeking controlled substances.
- Female physicians, visible minorities, and graduates from non-Canadian medical schools were more likely to report stalking.

This article has been peer reviewed.
Can Fam Physician 2014;60:e131-6

La violence faite aux médecins de famille par des patients qui veulent obtenir des substances contrôlées

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Résumé

Objectif Déterminer la prévalence en carrière des cas de violence au bureau causés par des patients qui cherchent à obtenir des substances contrôlées ainsi que l'incidence mensuelle de ces cas.

Type d'étude Une enquête transversale de 4 pages.

Contexte Une session de formation continue en médecine familiale à Halifax, N.-É.

Participants L'enquête a été distribuée à 316 médecins de famille assistant à la session de formation médicale continue.

Principaux paramètres à l'étude La prévalence durant la carrière et l'incidence mensuelle des cas de violence au bureau en rapport avec la prescription de substances contrôlées.

Résultats Sur les 316 enquêtes, 178 (56 %) ont été complétées. La moitié des participants de l'étude (49 %) étaient des hommes. La plupart d'entre eux étaient en pratique privée et vivaient en Nouvelle-Écosse, et environ la moitié (51 %) exerçaient en milieu urbain. Ils avaient en moyenne 20 ans de pratique. Pour la prévalence en carrière d'événements violents en rapport avec la prescription de substances contrôlées, les incidents ont été divisés en « mineurs », « majeurs » et « graves ». Dans l'ensemble, 95 % des participants à l'étude ont dit avoir été victimes durant leur carrière d'au moins 1 cas de violence mineure; 48 % d'au moins un incident majeur; et 17 % d'au moins un incident grave. En outre, 30 % ont déclaré avoir été victimes de violence au cours du dernier mois, avec une moyenne de 3 incidents violents. La plupart des patients violents étaient des hommes (82 %) et avaient une histoire de dépendance (85 %) et des problèmes de santé mentale (39 %).

Conclusion Au Canada, la violence envers les médecins de famille par des patients qui cherchent à obtenir des substances contrôlées est un phénomène important. Les médecins qui prescrivent des substances contrôlées risquent de faire l'objet d'une violence mineure, majeure ou même grave. La plupart des substances contrôlées recherchées étaient des opiacés. Ce problème devrait être étudié à l'échelle nationale.

POINTS DE REPÈRE DU RÉDACTEUR

- Il y a de plus en plus de cas de violence pour obtenir des substances contrôlées au Canada, alors que les médecins de famille sont responsables d'un pourcentage important de ce type de prescription. Cette enquête était la première à examiner les cas de violence subis par les médecins de famille en rapport avec la prescription de substances contrôlées.
- Les auteurs n'ont pas été étonnés du taux élevé des cas de violence mineure qu'ils ont trouvés. Toutefois, un aspect inquiétant de ces données était la forte prévalence de cas graves, notamment l'observation qu'un répondant sur 10 avait été harcelé par un patient pour obtenir ce type de substances.
- Les femmes médecins, les minorités visibles et les diplômés de facultés étrangères étaient les plus susceptibles d'être victimes de harcèlement.

Cet article a fait l'objet d'une révision par des pairs.
Can Fam Physician 2014;60:e131-6

Prescription drug abuse is a growing problem in Canada, and there is a movement to intensify the monitoring of certain prescriptions.[1] In addition to the obvious health and social consequences of drug abuse for the users, prescription drug misuse can also have adverse effects on the prescribers. Prescription drug abusers might become aggressive and belligerent in demanding prescriptions. A study using a survey of family physicians in Ontario reported that 85% of respondents had expressed concerns about the opioid use of 1 or more patients in their practices, and 58% were concerned about disagreements with drug-seeking patients.[2] A qualitative study in Australia reported that family physicians thought that prescription drug abuse was the factor most strongly associated with occupational violence.[3] A Canadian study indicated that abuse is being committed by patients seeking prescriptions for controlled substances (opioids, methadone, cannabinoids, marijuana, and stimulants).[4]

In our study, we have chosen to use the term *abuse* to describe violent and abusive encounters family physicians might experience in the workplace. Abuse in the family physician's office has been well documented, with rates ranging considerably from country to country. A study in New Zealand reported a yearly incidence of 15% for verbal abuse and 3.5% for physical assault.[5] A 1991 British study reported an annual rate of abuse of 63%.[6] In a 2010 Canadian study, 34% of the family physicians reported having experienced abuse in the past month, and it was estimated that at least 1 in 5 were subjected to abuse in the workplace.[7,8] In the same study, 39% of respondents reported having experienced at least 1 incident of stalking or physical or sexual assault.[8] It is evident that family physician abuse in the workplace is common.[3,8,9]

The Nova Scotia Prescription Monitoring Program has received informal reports from family physicians about abuse by patients seeking prescriptions for controlled substances. However, the full extent of the problem is unknown. There are no Canadian data on abusive encounters related to patients seeking controlled substances. As part of a family medicine resident project (C.S. and L.H.), we sought to determine the career prevalence and past-month incidence of abusive encounters by patients seeking prescriptions for controlled substances. Nova Scotia has 2451 physicians registered with the College of Physicians and Surgeons of Nova Scotia, of which 1180 are listed as non-specialists.[10]

METHODS

The tool for this cross-sectional, anonymous survey was a modification of a previously used Canadian survey by Miedema et al.[8] Part 1 of the 4-page survey included demographic questions about the study participants (ie, sex, country and year of medical school graduation, visible minority status, location and type of practice). Part 2 included questions about the career prevalence and frequency of 13 different types of abusive encounters ranging from minor to severe.[8] A 5-point Likert scale, ranging from "never" to "very often," was used to collect information about the frequency of abuse. Part 3 asked about the incidence of abusive encounters during the past month, as well as the severity of the abuse, the location, the sex of the patient, patient history (addiction or mental illness), and which controlled substance was being sought. In this section, respondents could provide comments. The last page of the survey was reserved for comments the participants wanted to share with us. Face validity was tested by expert reviewers, family physicians, and family medicine residents in Fredericton, NB, and Halifax, NS. The study was approved by the Capital Health Nova Scotia Research Ethics Board.

Recruitment

Participants were recruited during the 85th annual Dalhousie Fall Refresher continuing medical education (CME) course for family physicians by 2 team members (C.S. and L.H.), from December 1 to 3, 2011, in Halifax, NS. Although not all the physicians attending the CME event were from Nova Scotia, most were. When the family physicians registered for the CME event, they were offered a survey and informed that they could return the survey in a secure box at the research team's booth at the event. Return of the survey was considered implied consent.

Analysis

The data were analyzed using the Statistical Package for Social Sciences, version 17. Basic descriptive statistics such as frequencies and χ^2 tests (associations) were used for the analysis. All the comments provided on page 4 of the survey were transcribed into a Word file and analyzed by 2 members of the team (C.S. and B.M.).

RESULTS

A total of 316 family physicians attended the CME event and 178 (56%) returned the survey. We have no data on the non-respondents. Among the respondents, most worked in groups and in urban areas (**Table 1**). The average number of years in practice in Canada was 20. Almost all of the respondents indicated that they were comfortable prescribing controlled substances.

The career prevalence of abuse was calculated, using Miedema and colleagues' categorization of abusive incidents as "minor," "major," and "severe" (**Table 2**).[8] Almost all survey participants had experienced at least

Table 1. Description of study sample: *N* = *178*.

DEMOGRAPHIC CHARACTERISTIC	PROPORTION*
Sex	
• Male	49.4
• Female	50.6
Visible minority	
• Yes	13.6
• No	86.4
Location of medical graduation	
• Canada	85.2
• Other country	14.8
Practice location	
• City or urban area	51.4
• Small town	23.7
• Rural or remote area	24.3
• Other	0.6
Main practice setting	
• Private office or clinic	85.8
• Academic health sciences centre	2.8
• Emergency department	3.4
• Free-standing walk-in clinic	1.1
• Other	6.8
Organization of practice	
• Solo	33.5
• Group	50.1
• Interprofessional practice	15.3
• Other	1.1

*Not all categories add to 100% owing to rounding.

1 incident of minor abuse during their careers. Slightly less than half had experienced at least 1 incident of major abuse, and 1 in 6 had experienced at least 1 incident of severe abuse (**Table 3**). During their careers, 10% had experienced sexual harassment or stalking (**Table 3**). Overall, 30% of respondents reported abuse in the past month, with an average of 3 abusive encounters in that month.

When asked about the characteristics of the abuser during the most recent abusive incident, the participants reported that an estimated 82% were male, 39% had a history of mental illness, and 85% had a history of addiction. When asked to recall the controlled substance that was sought in the most recent abusive incident, participants reported that in 90% of the cases opioids were sought.

There were a number of significant associations (significance level was set at $\alpha > .05$) between dependent and independent variables. Female physicians reported being stalked more frequently than male physicians did ($P = .025$). Visible minority physicians reported being stalked more frequently than those who were not visible minorities ($P = .045$), and graduates of non-Canadian medical schools reported being stalked more frequently than Canadian graduates ($P = .012$).

More than a third (35%) of the respondents wrote comments at the end of the survey. The following quotes are meant to be representative of the day-to-day experiences of family physicians dealing with patients who seek controlled substances, and they retain the capitalization and punctuation of the original text.

> My last visit was interesting*! It was a fellow looking for a medical marijuana license. His lawyer told him to "GET INTO (MY) FACE" to get it! He was instructed to intimidate me! *THAT WAS YESTERDAY.

One survey respondent, practising in a rural area, felt very vulnerable to abuse when accosted by a patient seeking a controlled substance. He wrote:

> In a rural setting, the threat can be implied; e.g., "I see you have a cottage near XX Park … I would like some [oxycodone]." EVERYONE KNOWS WHERE YOU LIVE, WHERE YOUR WIFE WORKS, WHERE YOUR KIDS GO TO SCHOOL.

> In a rural setting, there is NO security. My Community Health Clinic (staff of 21) is an hour from [large city]. We called 911, last month, for a threatening patient—the RCMP returned our phone call 3 days later!! My colleague left as a patient blocked the rural highway (chased his car, passed it and put his truck across highway to stop him and got out and threatened him: the RCMP did nothing except go "speak" to the perpetrator at his house, to get a promise from him that he "would not do it again").

DISCUSSION

At 56%, the response rate to the survey was excellent. Most surveys geared toward family physicians have low response rates. For example, the response rate for the National Physician Survey in 2010 was 18.5%.[11] Our study participants were a convenience sample and, compared with all physicians registered with the College of Physicians and Surgeons of Nova Scotia, our sample included more Canadian-trained physicians (85% vs 70%). This survey was the first examination of abusive encounters of family physicians related to prescribing controlled substances in Canada. The high rate of minor abusive encounters is not a surprise. Many first-line workers experience this. The troublesome aspect of these data is the high prevalence of *major* and *severe* abusive encounters, particularly our finding that 1 in

Table 2. Categories of abuse

TYPE OF ABUSIVE ENCOUNTER	DEFINITION
Minor incidents	
• Disrespectful behaviour	Abuser was rude or disrespectful
• Bullying	Abuser was belittling or professionally humiliating
• Verbal anger	Abuser was loud, angry, insulting, but not threatening
• Verbal threats	Abuser was loud, angry, insulting, and threatening
• Humiliation	Personal insults, name calling, or gestures perceived as decreasing your self-esteem or as humiliating
Major incidents	
• Physical aggression	Abuser was throwing objects, slamming doors, kicking, or gesturing but did not damage persons or property
• Destructive behaviour	Abuser broke or smashed objects and was kicking or striking out toward and causing damage to possessions and property but not to any persons
• Sexual harassment	Abuser spoke, looked, or gestured in a manner that you perceived as an unwanted sexual advance
Severe incidents	
• Assault	Abuser was hitting, punching, kicking, pulling, or pinching you without causing injury
• Assault causing injury	Abuser was hitting, punching, kicking, pulling, or pinching you causing injury
• Attempted assault	Abuser broke, smashed, kicked, or was striking out toward you but not physically hitting or harming you
• Sexual assault	Abuser physically touched or assaulted you in a manner you perceived as unwanted and of a sexual nature
• Stalking	Abuser monitored, followed, or stalked you

Data from Miedema et al.[8]

10 respondents had been stalked by patients seeking controlled substances. This is of particular concern, as it extends the range of abuse to the private domain of physicians. This finding is not uncommon in health care, as evidenced by an earlier Canadian study that reported a stalking prevalence of 14%.[8] The difference between the study by Miedema et al[8] and this one is that we exclusively asked about experiences related to controlled substance prescribing. Because levels of stalking are similar between the 2 studies, we speculate that severe abuse in the family physician's workplace is strongly related to controlled substance prescribing.

Unfortunately, the practice of family medicine intrinsically involves many of the risk factors for workplace abuse that have been identified by the Canadian Centre for Occupational Health and Safety, including patient confidentiality, the need for privacy during patient encounters, working with patients who suffer from mental illness or addiction, working alone, and late hours in community settings.[12] Thus the current workplace of family physicians has inherently unsafe components associated with it.

Although the type of abuse might differ, previous research has indicated that male and female physicians suffer similar abuse rates.[5,9,13-16] We also did not see a difference between incidents of abuse for male and female physicians except for stalking. Other studies have indicated that practice location and work hours can affect the risk of abuse for family physicians.[9] Hence we anticipated higher levels of abuse for family physicians providing care after hours, in walk-in clinics, and in emergency departments, but this was not borne out in our study. This might be owing to the small sample size, as well as a sample bias. Only 3% of the respondents indicated that their main practice setting was in emergency medicine, and only 1% identified walk-in clinics as their main setting. The finding that visible minorities and graduates from non-Canadian medical schools were more likely to report stalking was surprising and disheartening. Being a visible minority and a non-Canadian medical school graduate are likely overlapping variables. We speculate that patients seeking controlled substances might perceive vulnerability in visible minority or foreign-trained physicians.[17]

Limitations

Relying on a convenience sample of family physicians has its limitations. It might introduce a selection bias and a recall bias. Nevertheless, we were pleased with the response rate. Although we do not claim that this is a representative sample, we do believe that our study has uncovered an important issue that warrants further investigation.

Table 3. Career prevalence and type of abusive encounter related to controlled substance prescribing

TYPE OF ABUSIVE BEHAVIOUR	PROPORTION OF RESPONDENTS WHO HAD EXPERIENCED SUCH ABUSE
Minor abusive incidents	95.0
Disrespectful behaviour	91.0
Bullying	62.6
Verbal anger	87.8
Verbal threat	59.0
Humiliation	47.2
Major abusive incidents	48.0
Physical aggression	43.8
Destructive behaviour	91.0
Attempted assault	9.6
Severe abusive incidents	17.0
Assault	4.4
Injury	1.7
Sexual harassment	10.1
Sexual assault	1.1
Stalking	9.6

Conclusion

In this paper, we have reported the career prevalence and past-month incidence of family physician abuse by patients seeking controlled substances. This abuse is substantial. From this sample of midcareer family physicians, almost all reported that they had experienced minor abuse. Many reported experiencing major and severe abusive encounters. During the past month, 1 in 3 family physicians reported having been abused repeatedly by patients seeking controlled substances. Opioids were the medications most often sought by abusers. The abusers were most often men with a history of addiction. Family physicians provide a substantial proportion of the prescriptions for controlled substances, and therefore have an obligation to prescribe in a responsible manner. We believe that a national discussion and further research regarding family physician abuse by patients seeking controlled substances are needed.

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Acknowledgment

We thank **Dr Sue Tatemichi** for her insightful comments and edits.

Contributors

Drs Saveland and **Hawker** were involved in all aspects of the project from conception and project design to coordinating the data collection, data analysis, and writing the manuscript. **Dr Miedema** was involved in all aspects of the project in a supervisory capacity. **Dr MacDougall** made a substantial contribution to the concept of the study, project design, and review of the manuscript.

Competing interests

None declared

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