



# CONDUCT COUNTS!

## Fitness to Practise

### SCENARIO

The Holiday Season has been really tough on Judy, RRT for the past few years. In the span of 22 months she lost one of her best friends to breast cancer, her dad to lung cancer and her husband to an MI. Dealing with the loss of so many has taken a toll on her, both physically and emotionally.

Judy's only escape has been her work at the local community hospital, but even there her coworkers have noticed a change in her. Judy could always be relied upon to be calm and gentle with patients as well as students and colleagues. In recent months though, her fellow RTs have witnessed her lashing out at a student who didn't 'get it' after a first attempt at a new procedure, yelling at an RN who offered a different opinion on patient care, and just generally being unwilling to do anything more than the bare minimum. Some have also expressed their concerns to Judy about the fact that she doesn't look well; she's thin and gaunt, and seems exhausted all of the time. Judy always says she's "managing" but few believe her.

What her coworkers didn't know is that Judy had begun 'self-medicating'. It started innocently when she took some of her dad's left-over Tylenol 3s when she strained her back helping her mom clean out some of his things. Over the last year, however, it has escalated into an addiction that has Judy skimming OxyContin whenever a Code is called.

When the hospital did an audit of drug usages, it was discovered that whenever Judy worked there was an increased amount of narcotics drugs used. Judy was called into HR, along with her manager and OccHealth and confronted with the results of the audit. Perhaps it was a relief to Judy to be caught, as she broke down sobbing and admitted her drug use to the staff. Immediately, she was placed on sick leave and the hospital filed a report with the CRTO.

### RESULTS

When the CRTO was informed about Judy's addiction/dependency issue a Panel of the Inquiries, Complaints and Reports Committee initiated a health inquiry to gather information from Judy's current healthcare provider (i.e., family physician). As there was little information about her drug use on record (she'd not seen her family doctor in over a year) the Panel asked Judy to attend an independent medical examination with a physician who specializes in addictions. The result of that examination was sent to the Panel in a report from the doctor which included several recommendations about the treatment and monitoring that Judy needed to ensure that she would be able to manage her illness. The Panel set out those recommendations in an "Acknowledgement & Undertaking" – an agreement between Judy and the CRTO – which Judy signed. The agreement included things like:

- an inpatient rehabilitation program (this had already been offered to her by the hospital),
- counselling sessions with a psychologist,
- addiction support program participation (e.g., Alcoholics Anonymous)
- random urine sampling, and
- refraining from all other mind/mood altering substances, unless prescribed by a physician.

The agreement also stated that Judy could return to practice when a physician who specialized in addictions reported to the CRTO that s/he believed she was fit to do so.



## PROFESSIONALISM

"Professionalism" or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A "professional" is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of this potential impact.



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### EXPECTATION

The term “incapacitated” is used in the Regulated Health Professions Act to describe a health condition, usually related to mental health or addiction that affects a Member’s ability to practise Respiratory Therapy safely and ethically. The CRTO’s process related to incapacity is called “Fitness to Practise” and the intention is to assist a Member who doesn’t appear to realize the impact their health is having on their practice\* and to facilitate any treatment needed.

It is a Standard of Practice to recognize when professional or personal difficulties are impacting negatively on a Member’s ability to provide competent care, and to seek help when needed. Individuals who are dealing with mental health or addiction issues, however, may not be able to recognize when they need help. It is also a Standard of Practice to report a Member to the CRTO when you have reason to suspect incapacity. Although Judy’s colleagues were hesitant to do so, as some suspected that she was depressed or using drugs or alcohol to ease her pain, the Fitness to Practise process is not punitive in any way and truly is in the best interest of patients and Members.

### BOTTOM LINE

The Holidays can be a difficult time for many. If you are, or someone you know is, struggling with mental health or addiction issues, please ask for help.

### RESOURCES

[CRTO’s Standards of Practice](#)

\* many healthcare professionals proactively deal with mental health (e.g., anxiety, depression, etc.) or physical health (e.g., injuries, addiction, etc.) issues. If the condition is being well managed and does not affect a person’s ability to practise safely and ethically, then it does not need to be reported to their College.

