Cognitive and Behavioral Aspects of Impairment

Martin Guerrero, Jr., M.D., J.D.
Medical Director, Forensic Psychiatric Services,
El Paso Psychiatric Center, El Paso, Texas
I have no relevant financial relationships with commercial interests to disclose.
The Aging U.S. Population

- In 2011, Alzheimer’s disease cases: 5.4 million
- In 2030, 7.7 cases (J Alz Assoc 7(2): 208-244, 2011.)
- These estimates do not account for other cognitive impairment disorders: Mild Cognitive Impairment (MCI)
  - Person may still be capable of self-care, but with islands of cognitive deficits.
  - Specific cognitive deficits may affect physicians in different medical specialties in different ways.
Cognitive Disorders - Major or Mild

- Dementias (Neurodegenerative Disorders)
  - Alzheimer’s Disease and related dementias
  - Parkinson's Spectrum
  - Vascular (Stoke, multi-infarct)
  - Lewy-Body Dementia
  - Fronto-temporal Dementia

- Other Causes
  - Mild Neurocognitive Disorder (amnestic subtype)
  - Traumatic Brain Injury (CHI-closed head injury)
  - Alcohol and Substance Induced Cognitive Impairment
  - Brain lesions/neoplasms; Epileptic States
Major Psychiatric Disorders

- Attention-Deficit Disorder

- Mood Disorders
  - Depressive Disorders (MDD and dysthyminas)
  - Bipolar Spectrum Disorders

- Psychotic Disorders
  - Schizophrenias and other Psychoses
  - “Very Late Onset Schizophrenia-Like Psychosis” begins after age 60 (Howard et al., A J Psychiatry, 157: 172-178, 2000.)

- Delusional Disorders (usually very functional in other life domains).
Non-Psychotic Psychiatric Issues

- Can be part of a “Disruptive Physician” character style and lead to chronic impairments in personal life.

- Patterns of behavior that can negatively impact social interactions, organizational processes, team building and eventually, quality of patient care.

- Personality Style Types:
  - Narcissistic
  - Passive-Aggressive
  - Borderline
  - Paranoid


- Styles are typically combinations of these.
Personality Styles

- Personality traits: we all have them and in varying quantities. A personality style emerges when specific traits are the frequent method with which the person interacts with other people and the environment.

- These patterns are established early in life and become crystalized as the common way of dealing with the world regardless of the setting or situation.

- The patterns feel “right” and natural to the person and are not seen as problematic. The world is seen as “wrong”, not the person experiencing it.
Personality Styles

- Problems arise when the patterns no longer serve an objective productive purpose.

- Ethical conflicts may arise for an attorney when the physician client’s problematic personality traits also interfere with the attorney’s ability to work with and represent him. The “Transference” continues.

- The attorney representing the physician will eventually get a “taste” of the personality style exhibited by the physician.
Personality Styles

• Recovery rates much higher than the general population (75 to 80% 2 year abstinence rates) because in part there is:
  1) Increased empathy due to therapeutic community of peers

  2) Compulsory, long-term aftercare program with monitoring

• A good personality profile in general as measured by the Temperament and Character Inventory: physicians are usually compulsive, persistent and reward-dependent and show improvement in character in response to treatment

Aging and Personality Styles

- 15% of U.S. Population, decreased prevalence with advancing age: 9% in 55 to 64 age range.


- Depressive mood disorders are common and should be vigorously evaluated especially if comorbid with substance use disorders.

Systems Theory

• Look for a dysfunctional system when representing a physician who has been labelled as “disruptive.”

• Hospital administrators or other individuals may cause or contribute to “disruption,” but the system may identify the physician alone as the problem—because blaming him may be seen as the sole reporting option.

• The physician may be confronting an inflexible organization, and in her frustration, exhibiting behaviors that are labelled “dysfunctional” or “disruptive.”
Systems Theory

• Some behaviors are perceived as disruptive when intended to advocate for good patient care, e.g., the physician raises his or her voice on the telephone.

• Physicians may feel they are held responsible for the entire scope of care, despite having limited control over the overall process.

• Physicians must deal with personnel who do not answer to them, and with hospital systems that do not always function in the best interests of patients.
Physicians may feel pressured into accepting extra clinical assignments, patient load, committee tasks, or working in dysfunctional settings.

As the attorney representing the physician, you are in a critical and opportune position to challenge the premise of the allegations, and assist the system to solve a problem without disparaging or adversely affecting the doctor.

When the physician is disruptive, you are in a position to help him gain insight into his behavior as an objective observer who is also his advocate.