The American College of Emergency Physicians (ACEP) recognizes the need for mental and physical health and well-being among emergency physicians.

Personal health problems including physical or mental illness, injury, aging, burnout, circadian rhythm disruption, substance use disorders, and other conditions can detract from physician performance, and may interfere with a physician’s ability to engage safely in patient care. Personal and professional stressors not rising to the level of health problems may also hinder a physician’s ability to function effectively in the workplace.

The existence of a health problem in a physician is NOT synonymous with occupational impairment. Because of their training and dedication, most physicians with appropriately managed personal health problems and other stressors are able to function safely and effectively in the workplace.

“Physician impairment” on the other hand, exists when a physician becomes unable to practice medicine with reasonable skill and safety because of personal health problems or other stressors. In most physicians, impairment is a self-limited state that is amenable to intervention, assistance, recovery, and/or resolution.

ACEP endorses the following principles:

- Emergency physician groups, employers, and residency programs should promote wellness, burnout prevention, early recognition of and non-punitive mechanisms for reporting potential impairment, and early intervention and treatment or other forms of assistance to help prevent or resolve impairment.
- Written policies should be developed that assure a fair, reasonable, and confidential assessment of any physician who is suspected of being impaired.
- Such policies should conform to state and federal laws and regulations pertaining to health care privacy, physician health and potential impairment.
- Such policies should include provisions regarding the return to practice of a previously impaired emergency physician who is licensed and has recovered the ability to practice medicine with reasonable skill and safety.
• Such policies should promote adherence to state and federal laws and regulations that support reasonable accommodations for otherwise qualified physicians with disabilities.