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## Doctor who battled drug addiction now counsels others to kick theirs

**He stole pills by the dozens and took up to 70 a day — and his story is not unique**

By Joel Hood, Tribune reporter

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Richard Ready had been a drinker most of his life, but by the time he became chief resident of neurosurgery at a prominent Chicago-area hospital, it was drugs, not alcohol, that kept him going,

Ready took stimulants to keep alert through his daily rounds. He took heavy pain relievers to numb his emotions after his mother's death. He wrote himself a prescription for the sedative Tranxene to calm his nerves before an important seminar.

In the second year of his residency, Ready became a regular user of a type of Tylenol mixed with codeine. He'd steal them by the dozens and carry them inside a little plastic baggy in the pocket of his lab coat. His tolerance was so high he was taking up to 70 pills a day to stave off withdrawal.

"Sometimes I'd be standing in the operating room and it'd look like I had the flu," Ready said. "So I'd excuse myself and I'd run into the bathroom, eat 10 (Tylenols with codeine) and in maybe five or 10 minutes I'd be normal again."

Ready's battle with drug addiction may seem extreme, but it's a common fight inside hospitals, clinics, and pharmacies across the U.S. A federal study from earlier this decade indicated more health care professionals struggle with drugs than with alcohol. Some studies suggest as many as 1 in 10 in the health care field are using drugs or battling some level of addiction, a rate similar to other white-collar jobs.

What makes doctors and other medical professionals unique, experts say, is their knowledge of the hardships of heavy drug use, their easy access to medication and the risk their addictions pose to patients.

"To go to a doctor who is impaired can really have deadly consequences. It's no different than an airline pilot who is using drugs or alcohol in that you're often dealing with life-and-death circumstances," said Steve Levin, a medical malpractice attorney with the Levin & Perconti law firm in Chicago.

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Remarkably, Ready said that so far as he knows, he never did harm to a patient in the operating room. But he knows his clouded judgment put them at grave risk.

Recently, those kinds of risks have sparked a number of patients rights advocacy groups to call for mandatory drug testing of all medical professionals, said Diane Pinakiewicz, president of the National Patient Safety Foundation in Boston. Many in the medical community argue such testing would infringe on personal privacy.

Through the first 10 months of 2010, Illinois' state licensing board reprimanded or suspended the licenses of at least 156 medical professionals for stealing, using or mishandling drugs, or failing drug tests. Those numbers have remained fairly consistent over the last 10 years, records show, even while awareness of the problem in the medical community has grown

"You become two people. You become what you want other people to see and you become what you are," said Ready, 66, who has been sober for 25 years and is now an addiction specialist treating other medical professionals in the Adventist hospital system in Chicago's suburbs.

Ready recently began counseling a respected nurse on leave from an area hospital who used bathroom breaks to inject herself with the strong narcotic pain reliever Dilaudid. She said she needed the drugs to keep herself together at work because her home life was in shambles, Ready said.

"The biggest problems doctors and nurses have is they think they can handle it," said Ready, medical director of the New Day treatment center in suburban Westmont.

"You become delusional about what you think you can control."

In addition to helping medical professionals get sober, Ready shares his personal journey with people in other high- stress positions — police officers, firefighters, students. And if his story seems unusual, it's because Ready is candid about his past while most medical professionals who've gone through addiction treatment are reluctant to speak openly.

Looking back, Ready said it was easy for him to become addicted to drugs because through much of his early life he was a high-functioning alcoholic. He came from a family of alcoholics, Ready said, and that desire to drink was fueled by a rambunctious youth and, later, a stint in the Marine Corps.

By the time he entered medical school in Nebraska, Ready said, alcohol had consumed his life. But, remarkably, that didn't prevent him from studying and advancing his career.

In his fourth year in medical school, Ready was assigned to give an important presentation to a noted visiting surgeon. Under normal circumstances the event would have been stressful, but Ready said drinking made him even more nervous and paranoid. He read a magazine ad for a low-level sedative called Tranxene, promoted as a way to reduce anxiety.

Ready said he wrote himself a prescription, took a few the morning of the presentation and was lauded for his calm, steady performance.

That was the beginning of a torrid relationship with prescription drugs as he moved through his schooling and residency, ultimately becoming chief resident at a large area hospital. The drugs not only gave him confidence to cope with the stress of being a doctor, he said, but also gave him an inflated sense of his own abilities.

Addiction specialists say the denial that comes with heavy drug use is even more acute among medical professionals because of their understanding of narcotics.

"You analyze things to death. You say, 'I understand medicine, so therefore (I) can't fall victim to it,'" said Sue Sitton, a nurse supervisor at New Day.

That "intellectualization" of drug use, as Sitton calls it, makes it less likely doctors and nurses will come forward to get help. That is why hospitals and health care clinics have tightened rules over the years to force employees to get help, limit access to certain medications and conduct random drug testing after treatment.

"I think health care professionals, by and large, would not be a part of this program unless somebody mandated that they come," said Mary Pittman, an administrator at the Professionals Program at Elmhurst Memorial Healthcare, a program treating impaired medical professionals.

One nurse who kicked a heavy addiction to Percocet and Vicodin at the New Day Center said co-workers often knew who was using drugs and made it easier to get them.

"I had doctors offer me prescriptions for certain things," said the nurse, who is back at work at another Chicago-area health center and did not want to be identified. "Medicine is still a good ol' boys club in some ways, and they try to take care of each other."

Ready said no patients under his care were ever harmed, but he is certain many of those around him during his final year as chief resident suspected he was using drugs. When word eventually got back to his supervisor, Ready was fired on the spot.

Ready sank deeper into drug and alcohol addiction and eventually became homeless, but he finally got help through a yearlong treatment program in Wisconsin.

When he emerged from rehab, he had trouble finding a job in medicine. A small clinic in Northbrook gave him a chance as a family care specialist, and Ready was driven to his first day on the job by his sponsor from Alcoholics Anonymous.

"My sponsor picked me up at the end of the day and we both sat in his car and just cried because it was such an emotional experience," Ready said.

Ready is trying to help as many others as he can bring an end to their addiction before it costs them everything.

"Addiction is a disease, and it's not pretty," Ready said. "I guess I'm proof of that."

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