**Case: Dr. PJ** recently applied for a second medical license in a nearby state. In response to the medical licensure board (MLB) application question “Have you ever been treated for a mental illness?” the doctor willingly reported a history of depression that had been treated and stable since diagnosed in med school some 17 years earlier. The MLB referred him to the state’s physician health program (PHP).

The process started with a friendly phone interview. Dr. PJ’s treating primary care physician was on the call and testified as to his stable health and treatment. The interviewer said that a follow-up in-person peer to peer conversation would be just a formality so that the PHP could write a letter to the board. There would be no evaluation or testing, just a face-to-face interview, for which he was asked to bring $500 cash.

When Dr. PJ appeared at the PHP, he met with a social worker (SW) who knew nothing about this history or the prior conversation. The SW stated that the doctor would have to sign forms indicating his consent to comply with any and all eventual recommendations made by the PHP, or his noncompliance would be reported to the MLB.

When asked about possible recommendations, the SW said there was a greater than 90% chance they would recommend a one-week inpatient evaluation, which would cost $5000 cash. And that would usually be followed by three months of inpatient treatment (~$40,000); and then 3-5 years of outpatient treatment and monitoring. He said that Dr. PJ would initially need to take a drug test.

Dr. PJ felt that this must be a mistake. He stated that he didn't feel comfortable signing anything until speaking with his lawyer.  Dr. PJ was sent back to the waiting room. Later the medical director of the PHP came out and asked what the problem was, and why the doctor was refusing to take the drug test.

Dr. PJ explained that he had been told he was there only as a formality because of his history of depression, that he had never used drugs, and that he did not feel comfortable signing the blanket consents, given what he was told about the likely subsequent process. He politely asked for an explanation. Instead, the director stated that, because Dr. PJ was refusing to take a drug test, he must have something to hide. Therefore, whatever the original reason for the referral, he was now ALSO under suspicion of having a drug addiction problem.

Not wishing to be under a cloud of suspicion because of the drug test, the next day Dr. PJ called to ask the PHP where he could go to get a drug test and what exact test was used. The director stated that doing the test a day later would be worthless. He refused to tell the doctor or his PCP what lab to use or what test to order to duplicate the required information, stating that such information was proprietary. Dr. PJ did a drug test anyway, which was negative.

After speaking with several lawyers, all of whom told him that he would likely have to sign the papers and quoted retainer costs of up to $30,000, Dr. PJ was told that there was a reasonable chance nothing could be done.

Dr. PJ decided that a second medical license in another state was not worth continuing to engage with this threatening situation. He withdrew his MLB application. He has not subsequently communicated with the peer group with whom he initially shared this experience.