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**Reflections of an Addiction Treatment Pioneer: An Interview with LeClair Bissell, MD (1928-2008), Conducted January 22, 1997**

William L. White

One of the things I love about working and living in the worlds of addiction treatment and recovery is the absolutely fascinating characters that one gets to meet. Few have been more fascinating to me than Dr. LeClair Bissell. We met decades ago and regularly renewed our growing friendship through a long series of professional and social meetings. She was by everyone’s account a force to be reckoned with: an unabashed atheist, a vocal lesbian, and a visible woman in addiction recovery before such openness was in vogue. And of course, she was a pioneer in the modern history of addiction treatment and addiction medicine.

**On the Treatment of Impaired Professionals**

**Bill White:** You are one of the pioneers in the treatment of impaired professionals and your book *Alcoholism in the Professions* remains one the classics in the field. When did people begin to see physicians, nurses, and other professionals as a special treatment population?

**Dr. LeClair Bissell:** When they started making money in alcoholism. As soon as insurance started covering treatment, suddenly you heard that residential treatment was necessary for almost everybody. And since alcoholic docs had tons of money compared to the rest of the public, they not only needed residential treatment, they needed residential treatment in a special treatment facility for many months as opposed to the shorter periods of time that other people needed.

**Bill White:** So, you see this specialization as more financially driven than clinically driven.

**Dr. LeClair Bissell:** Absolutely. But there’s one other piece to it. When we were first treating alcoholic professionals, it was basically with the philosophy that professionals had been given bad treatment because the treatment was distorted when a professional came in. The treatment staff members were afraid of the doctor and treated the doctor as if he or she was something different from an ordinary alcoholic. They didn’t let him get to be a patient. What we felt then and what I feel now is that the special treatment a doctor needs is not to be treated special. I do feel that every patient deserves individualized treatment and that everybody’s work and family situation is different and that the alcoholic doc deserves just as much individualized treatment as you do or an attorney does or a politician or a cook who works in a kitchen. There is nothing special about a doctor’s alcoholism.

Now, these special facilities will tell you that they come up with really wonderful recovery rates. They do. And the reason they do is that any time you can grab a professional person by the license and compel him or her into treatment and force them to cooperate with that treatment and then monitor them for years, you’ll get good outcomes—in the high 80s or low 90s in recovery rates—no matter what else you do.