

Physicians Health Program Message

Physician Suicide Rates Show Alarming Need for Education

By Roland W. Gray, MD, TMF Medical Director



In my presentations for SVMIC this year, I examine the case of a 56-year-old physician who for at least six months suffered severe depression and active suicidal ideation. One night “something snapped” and he was unable to sleep. He doesn’t remember what happened after this but the following morning, he called 911 and stated he killed his wife and was planning to kill himself. He, of course, had not killed his wife. The SWAT team arrived and found him standing out on front porch holding a shotgun. He was shot twice – one bullet went through his left bicep and the other pierced the center of his upper lip and miraculously ricocheted off his teeth. He was transported to the local mental health unit and ultimately received assistance through the TMF. He was treated for profound depression. His depression has lifted and we hope to return him soon to the practice of medicine. This year the TMF Physicians Health Program has worked with four physicians who have survived serious suicide attempts and in looking at these cases, I feel like there are some lessons to be learned.

Each year in the U.S. there are somewhere between 300 and 400 physicians who die by suicide. That number really caught my attention, since that is approximately the number of students who will graduate from Tennessee medical schools in a given year. So it roughly takes those graduates just to replace the doctors in the U.S. who commit suicide. The suicide ratio for male physicians compared to the general population is 1.5 to 1; for female physicians it’s over twice the ratio, 2.27 to 1.

Physicians at high risk for suicide are typically at mid-life: the peak age in females seems to be around 45, and around 50 for the male physician. One thing all these physicians show is a lack of social support system – they’re divorced, separated, single or in some kind of current marital disruption. They

tend to have higher incidence of alcohol or drug abuse disorders and tend to be workaholic. The irony is when physicians get under stress, rather than taking care of themselves they start working harder, seeing more patients, they quit taking days off and vacation. I believe they are feeding into their denial so they don’t have to think about what is really going on. They tend to be excessive risk takers – they enjoy high stakes gambling, parachuting, that sort of thing. There’s a high incidence of psychiatric symptoms, especially depression and anxiety disorders. A lot are dealing with chronic pain or chronic debilitating illness. A number have had changes in their professional status, some threat to their autonomy, whether they’re under investigation or had complaints filed by patients, or facing malpractice litigation. A lot of these physicians have experienced recent financial losses – there’s probably no physician in the state who has not experienced that – but they have increased work demand, are seeing more patients in less time. These physicians have access to lethal medications and firearms. All of us physicians are perfectionistic and self-critical – those are traits that can be admirable because they get us through rigorous training, but if we don’t learn balance, perfectionism can be the source of our undoing later in our careers.

Despite the evidence of untreated mood disorders and this increased burden, astoundingly, the culture of medicine accords very low priority to physicians’ mental health. There is a stigma for getting help for mental disorders that is pervasive and toxic in the House of Medicine. It’s almost a taboo subject; if you ask for help for mental or emotional problems, it is perceived as a sign of weakness.

One of my recommendations is all physicians need to establish a regular source of their own healthcare, and seek help for their own disorders and suicidality. We need to learn to recognize

depression and suicidality in ourselves and educate all medical students and residents. Physicians need to be informed of resources available for help; they need to know they have the same right to privacy that the public does and need to familiarize themselves with state and federal confidentiality protections. It’s a myth that if I go get help, it’s going to become public – they know it’s not that way for their patients but they feel as physicians that doesn’t apply. Also, in our practices, there is a high incidence of alcoholism, drug abuse and depression among our patients; we don’t routinely screen for these things but we should.

In summary, what can we learn from those who attempted suicide but didn’t succeed? In all cases, even though these physicians had developed or were descending into deep depression, none of them sought professional help. As James Russell Lowell said, “Whatever you may be sure of, be sure of this: that you are dreadfully like other people.” We are just like everybody else. We get sick, we have problems and we need to learn there is help available out there for us!

If you are experiencing suicidal thoughts, know a physician at risk, or need information about the TMF’s Physicians Health Program (PHP), contact me or my assistant Jeanne Beard at 615-467-6411. +



To make a tax deductible contribution to the Physicians Health Program, contact TMF Administrator Michael Todd at 615-467-6411, log on to www.e-tmf.org, or write to the Tennessee Medical Foundation, 216 Centerview Drive, Suite 304, Brentwood, TN 37027.