EDITORIAL:

Risk Factors and Fears that Contribute to Physician Suicide

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Physicians die by suicide all too often. They complete suicide more frequently than non-physicians of similar gender, education level, and age. More than 400 physicians and 25 resident physicians complete suicide nationally every year—that's more than the number of combined graduates from Tennessee's four medical schools. Physicians who completed suicide were less likely to be receiving mental health treatment than non-physicians who completed suicide.

The facts about the high prevalence of physician suicide can go on and on, and these are just the tip of the iceberg. For every physician suicide there are countless attempts and a logarithmic number of physicians who have frequent thoughts of suicide. Patients are impacted, too, because doctors who are experiencing suicidal thoughts are ill and not delivering quality healthcare.

Irrational Fears

Physicians have put in many years of hard work to earn the privilege of relieving the suffering of others, yet they are slow to ask for care and support when they are the ones suffering. One looming reason is they are afraid of the consequences if they reach out for help, especially those with mental health needs. The apprehension about asking for help for a mental health condition like depression is that it will lead to a State Medical Board (SMB) action. What's worse, the catastrophic thinking common with depression often results in irrational thoughts and fears. So, a depressed and catastrophizing physician will fantasize that asking or getting help will result in loss of license, bankruptcy, and ultimate failure. Nothing is further from the truth. Treatment for depression or other mental or physical illness that has not impacted patient care will not lead to SMB actions.

Illness is part of the human condition. Although most physicians don't like being ill and make for difficult patients, they are allowed to be ill. Illness only becomes an issue when it advances into functional impairment. The distinction between illness and functional impairment is critical to understand. Most physicians who become ill still function remarkably well, a result of the many years of training and repetitive practice. Illness is the existence of a disease, whereas impairment is the inability to perform specific activities.[1] For example, when a physician becomes sick with type B influenza, they present with the usual symptoms of a high fever, malaise, myalgia, and anorexia. After a few days of bed rest the symptoms generally subside, and the physician returns to work but during the febrile portion of the illness, the physician can have impaired cognitive function and should not work. The SMB would not take an interest if a febrile physician was at home in bed, where they belong. The SMB would be upset if a febrile physician went to work, still infectious and impaired by the fever.

The same is true for a mood disorder. If a physician becomes depressed but seeks help early in the illness, the SMB would not be concerned or involved. Likewise, if the physician becomes severely ill with a psychotic depression and is told by the psychiatrist to take a medical leave and remain out of work, the SMB would not be concerned. The SMB would be concerned if the physician did not heed the psychiatrist's instructions and went to work, impaired by a severe psychotic depression. Getting help for a mental illness will not generate a SMB action. Working while impaired because of a severe illness is cause for a SMB action.

Some of the fear about asking for help is rationally generated by the "have you ever been treated or monitored" type questions on the initial and renewal applications for a medical license. These questions not only stigmatize mental illness, they also raise paranoia levels, keeping physicians out of their own doctor's office. Currently, the Federation of State Medical Boards (FSMB) is working hard with SMBs to change the state licensing and renewal application questions to help minimize the stigma of mental illness and the fear of getting help. This is especially important in light of the current increasing prevalence of Physician Burnout Syndrome, one of the precursors to suicide. Currently over half of licensed physicians exhibit at least one symptom of burnout.[2]

Risk Factors

The profile for a physician at high risk for suicide includes one or more of the following: over 50 years of age, marital discord or divorce, substance use disorders, process addictions such as gambling and workaholism, symptoms of depression and anxiety, chronic pain, loss of autonomy and control, burnout syndrome, financial stress, and access to lethal means. Physicians who have been found unfit to practice medicine are also an independent high-risk group; that finding may trigger a cascade of adverse social and financial consequences.[3] Chronic benzodiazepine use is another independent risk factor for suicide, as it is disinhibiting and may impair resilience due to associated brain dysfunction.[3]

Reach Out

If you are struggling with a mental health condition or suicidal thoughts, please ask for and get help. If you know someone with depression, substance use, or who has been found unfit to practice medicine, please reach out to them. The worst thing to do is nothing. It is acceptable and even preferable to ask the person directly if they are thinking about suicide—ask about a plan, a stash of pills, a favorite weapon, saving a magic bullet, or a fantasy of driving into a tree or bridge embankment. Whatever the reply, an appropriate response is, "It's okay to ask for help. We'll get through this together." ■

If you or someone you know is actively suicidal, please call ***Mobile Crisis***, a 24/7 response team in Tennessee, at **(855) 274-7471**. For less emergent referral needs, the Tennessee Medical Foundation Physician's Health Program (TMF-PHP) is a physician resource that provides assessment and referral information. The TMF-PHP can also provide monitoring and advocacy when appropriate for physicians needing that level of care. The program exists for physicians struggling with illnesses that include depression and suicidal thoughts or actions. It is a confidential service provided for physicians to improve the quality of healthcare in Tennessee.

Learn more at **e-tmf.org** or call **615-467-6411**.

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[1] *Policy on Physician Impairment, FSMB, April 2011.*

[2] *Shanafelt TD, Noseworthy JH. Executive Leadership and Physician Well-being: Nine Organizational Strategies to Promote Engagement and Reduce Burnout. Mayo Clin Proc. January 2017;92(1):129-146.*

[3] *Iannelli RJ, et al. Suicidal behavior among physicians referred for fitness-for-duty evaluation. Gen Hosp Psychiatry. 2014 Nov-Dec;36(6):732-6.*