



Topline

Newsletter of the Tennessee Medical Association



PHYSICIANS LEAD

Tennessee Physicians Lead the Future of Organized Medicine



Organized Medicine Finds Legislative Success

TMA and the House of Medicine fared very well this year, passing all of its legislative priorities and advancing several healthcare initiatives
Page 4.



Risk Factors and Fears that Contribute to Physician Suicide

With National Physician Suicide Awareness Day approaching on September 17, the TMF seeks to spread awareness and educate.
Page 8.



Tennessee Welcomes New Medical Schools

Belmont and Baptist Health Sciences University open new medical schools.
Page 6.



Medical Licensing Boards Seeking to “Make an Example” Out of Prescribing to Self and Family

Review this topic and other news from TMA’s Legal Department.
Page 15.

Risk Factors and Fears that Contribute to Physician Suicide

By Michael Baron, MD, MPH, TMF Medical Director

Editor's Note: This article is an update of one originally published in "Tennessee Medicine, the Journal of the TMA," in 2018

Physicians die by suicide all too often. They complete suicide more frequently than non-physicians of similar gender, education level, and age.¹ Physicians who complete suicide were also less likely to be receiving mental health treatment than non-physicians who completed suicide.²

With National Physician Suicide Awareness Day approaching on September 17, this topic is timely and important. While some facts are established, the actual suicide rate for physicians is up for discussion. An oft-repeated statistic – that between 300-400 physicians die by suicide every year – has been recently deemed unproven. It's tough to come up with an accurate number, and existing studies are too small, too old, or too narrow to be reliable. What is proven is that physicians are at a higher risk than the general population, and female physicians even more so.¹ A 2023 Medscape survey found nine percent of physicians struggled with suicidal ideation. Patients are impacted, too, because doctors experiencing suicidal thoughts are ill and not delivering quality health care.

Physicians work hard to earn the privilege of relieving suffering, yet they are slow to ask for care and support when they are the ones who suffer. Reports show they are afraid of the consequences for seeking help, especially for mental health needs. They worry it will hurt their career, or lead to a State Medical Board (SMB) action. Even worse, the catastrophic thinking common with depression often results in irrational fears such as loss of license, bankruptcy, and ultimately failure. Their fears are unfounded; treatment for illness that has not impacted patient care, including mental illness, will not lead to SMB actions.

Illness vs. Impairment

Physicians are not infallible. Physicians are human and allowed to be ill. Illness only becomes an issue when it advances into functional impairment. The distinction is critical: illness is the existence of a disease, while impairment is diminished ability to perform specific activities.³

A physician with the flu presents with a high fever, malaise, myalgia, and anorexia – symptoms that can impair cognitive function. 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 that physician went to work, still infectious and impaired by the fever.



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The same is true for mood disorders. If a depressed physician seeks help early in the illness, the SMB would not be concerned or involved. The SMB would be concerned if a severely depressed physician told to take medical leave did not heed instructions and went to work, impaired by the illness. Getting help for a condition that has not impacted patient care will not result in SMB action.

Some fear about help-seeking is rationally generated by "have you ever been treated or monitored"-type questions on medical license applications. These questions stigmatize mental illness and raise paranoia levels among doctors. The Federation of State Medical Boards (FSMB) has worked with SMBs to change those application questions, lately bolstered by the national "ALL IN Wellbeing First for Healthcare" campaign. This past April, Tennessee became the 27th state to earn the "Wellbeing First Champion" badge by changing its medical licensure application questions. This is especially important in light of the current increasing prevalence of Physician Burnout Syndrome, one of the precursors to suicide. Currently nearly half of licensed physicians exhibit at least one symptom of burnout.⁴

Risk Factors

Risk factors for physician suicide include: 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 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.⁵

Reach Out

If you are struggling with mental health or suicide, please get help. If you know someone with depression, substance use, or who has been found unfit to practice medicine, please reach out to them. It is acceptable and even preferable to ask the person directly if they are thinking about suicide. Whatever the reply, an appropriate response is, "It's okay to ask for help. We'll get through this together." Then, assist them to access help.

Crisis resources include **988**, or **Tennessee Mobile Crisis**, a 24/7 response team, at **(855) 274-7471**. For less emergent needs, the **TMF Physician's Health Program** (TMF-PHP) provides assessment and referral help. The TMF-PHP is a confidential service for physicians that can also provide recovery monitoring and advocacy when appropriate. There is also the Tennessee Professional Screening Questionnaire (TN-PSQ), a free online anonymous mental health screening tool. Learn more at e-tmf.org or call **615-467-6411**.

1. Schernhammer E, Colditz G. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). *Am J Psychiatry*. 2004 Dec;161(12):2295-302.

2. Gold K, Sen A, Schwenk T. Details on suicide among US physicians: data from the National Violent Death Reporting System. *Gen Hosp Psychiatry*. 2013;35(1):45-49.

3. Policy on Physician Impairment, FSMB, April 2011.

4. Medscape Physician Burnout & Depression Report 2024.

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

Struggling?



IF YOU OR SOMEONE YOU KNOW IS DEALING WITH...

- Stress/Burnout
- Depression
- Anxiety
- Substance Use
- Anger
- Impulsive Behavior
- Relationship Issues
- Conflicts at Work

We are here to help.

Don't wait until an issue is career or life threatening. Call the TMF Physician's Health Program. We are your confidential resource for help, hope, and healing.

615-467-6411



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**Saving Lives.
Saving Careers.**

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