Physician Suicide Prevention Begins in Med School

BY JANE ANDERSON
Contributing Writer

Each day in the United States, roughly one doctor dies by suicide. Studies over the past 4 decades have confirmed that physicians—especially women physicians—die by suicide more frequently than people in other professions or those in the general population.

"Physicians have the means and the knowledge and access to ways to kill themselves," said Dr. Paula Clayton, a psychiatrist and medical director for the American Foundation for Suicide Prevention.

But the data on physicians dying by suicide are difficult to come by, and "we certainly don't have any data that [say] any particular specialty has any higher rates of suicide," Dr. Clayton said.

Although no information is available on the risk of suicide by specialty, researchers do know that physician suicides are equally divided between men and women, whereas in the general population, four times as many men kill themselves as do women, according to Dr. Clayton.

Awareness of the problem remains low, and professional and cultural barriers deter or prevent physicians who are depressed from seeking treatment for their illness, Dr. Clayton said. For example, most physicians do not have a regular source of health care; only 35% of doctors have a personal physician, and even fewer interns and residents have a doctor themselves.

Dr. W. Gerald Austen, surgeon-in-chief emeritus at Massachusetts General Hospital, has first-hand experience with physician suicide. Twenty-eight years ago, when he was surgeon-in-chief, one of his younger staff committed suicide. And about 11 years ago, a surgical resident committed suicide. Those two deaths were the two saddest moments of his career, yet Dr. Austen said he doesn't know what the department and the hospital could have done to prevent these young physicians from taking their own lives.

"It wasn't as if the institution and the department weren't aware that they had some problems," he said in an interview. "Both of these individuals were under psychiatric care. They were believed by both their doctors and their contemporaries and colleagues to be doing rather well."

In each case, the surgery department reviewed the situation with the psychiatry department, Dr. Austen said, and "we certainly did everything we could in terms of their family in both cases." But he said the department didn't find any procedures to change internally as a result of the deaths.

It's possible that increasing awareness of physician depression could help get physicians the help they need before it's too late, Dr. Austen said. "Friends who work with people in medicine need to be aware that, if they see something that concerns them, they need to transmit the message to the powers that be."

But it's difficult to know the difference between someone who is simply unhappy, and someone who is clinically depressed and potentially at risk for suicide, he added.

"[Physicians believe] their job is to help other people with problems. If they have a problem themselves, they would prefer to not have people know about it," said Dr. Austen.

"There's this proudness about their ability to cope," Dr. Clayton said. "They are reluctant to seek help because they fear the stigma will harm them—people won't refer them patients, the hospital might revoke their privileges, and licensing could become a problem."

State medical licensing boards ask for information on whether the person applying for licensure has been treated for a mental illness, and that information can affect licensing, she said. "I worked with a physician who took lithium," she said. "The state board made him get blood drawn periodically to prove he continued to take it. That's punitive—they don't do that for other illnesses." However, some progress has been made in reducing the stigma: A total of 19 states now focus specifically on whether an applicant is impaired because of psychiatric illness, she said.

Dr. Clayton's group recently funded three films on physician suicide as part of an ongoing campaign that seeks to educate physicians about depression. One of the films was designed specifically as an educational video for use at medical schools. Because many of the mood disorders that can lead to suicide might become evident during medical school, where professional and institutional barriers already exist, the goal is to encourage medical students to seek help for depression. ■