

## The Dilemma of Physician Suicide

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It wasn't that long ago, in the early 1950's, we could turn on the TV and see doctors advertising Camel cigarettes. Since then, physicians became aware that smoking was harmful to health. They changed their behavior, reduced their own smoking or quit, then encouraged their patients to do so as well. Awareness, education, and support can help change behavior and outcomes in a positive way. That's the good news.

We can all benefit from a greater

awareness of problematic health issues. One such area is suicide. For the general U.S. public, this tragic cause of death in 2009 surpassed the number of deaths from motor vehicle crashes.<sup>1</sup> In May, the CDC published a study indicating the U.S. suicide rate is actually increasing, especially among middle-age adults.<sup>2</sup> Between 1999 and 2010, the suicide rate went up 28.4% for those between 25 and 64 years of age.

For physicians, the bad news is that the suicide rate remains higher than for nonphysicians.<sup>3</sup> Recent studies have shed light on some of the reasons for this concerning trend. In June, a University of Michigan study was published that for the first time indicated that practicing physicians commit suicide for different reasons than nonphysicians.<sup>4</sup> Physicians are much more likely to have had a job problem contribute than the general population. The authors summarized, "for someone whose work helps to define his/her personal and professional identity, a crisis in a work situation might feel more threatening than for someone whose personal identity was less reliant on work satisfaction."

Another study, by Jackson

Healthcare, was just published that points out how most physicians are dissatisfied with their work.<sup>5</sup> "Physicians, in general, are discontented. So much so, they don't recommend the medical profession to the next generation." More physicians are leaving private practice, choosing employment in hospitals or practice groups. Even in the past year, a statistically significant increase has been seen in physicians retiring, leaving their practice, and "strongly considering their options." This research shows what concerns hospital and healthcare executives -- physician burnout is at "worrisome levels" and that most physicians are "moderately to severely stressed or burned out."

So who do physicians turn to? Unfortunately, other studies have pointed out that physicians don't do well at self-care, especially for mental health issues. Many find this counterintuitive because of physicians' superior access to healthcare. Dr. Katherine Gold, the primary author for the Michigan study, stated: "There is a belief that the physicians should be able to avoid depression or just 'get over it' by themselves."<sup>6</sup> Self-help is a good thing, up to a point. To make matters

worse, physicians who committed suicide were more likely to have potentially lethal prescription medications in their system – but not medication prescribed for depression.<sup>2</sup>

We have known about most of these issues for quite awhile – JAMA published a Consensus article from fifteen experts on this very topic a decade ago, concluding: “The culture of medicine accords low priority to physician mental health despite evidence of untreated mood disorders and an increased burden of suicide.” These experts recommended “transforming professional attitudes and changing institutional policies to encourage physicians to seek help. As barriers are removed and physicians confront depression and suicidality in their peers, they are more likely to recognize and treat these concerns in patients, including colleagues and medical students.”<sup>7</sup>

The good news is that there are many ways physicians can seek help. The first step is recognizing the symptoms of depression and getting help before things worsen. For most, it starts with being open and honest with their own physician, someone who is hopefully well aware of the variety of treatment options available. Another easy option is that most employers today have some kind of a confidential, free Employee Assistance Program (EAP). At First Choice Health, we developed a Physicians Assistance Program specifically designed for

the needs of physicians and their family members. This assistance stays out of their medical record, is free, and can help them steer a course toward seeking appropriate help.

In this state, the Washington Physicians Health Program (WPHP) can also help physicians get help so that a condition like depression doesn’t become an impairment. If depression has risen to the point of impairment, the program can assist the provider to get needed help so they can safely return to practice. The goal is not only patient safety and care, but to help physicians get whatever resources they need to return to productivity and life. Physicians who worry about how getting treatment may impact their licensure should consider the risks of how much damage could be done from not seeking help. The risks from untreated depression range from increasing personal problems to job loss, disability, and/or death.

As more and more physicians seek help and talk about their own depression,<sup>8,9</sup> it is hoped that someday we’ll see this disturbing trend go down. If doctors can lead a healthier trend with tobacco, they can certainly lead with increasing awareness, education, and support for depression and suicide prevention.

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## Notes

<sup>1</sup>Rockett IR, Regier MD, Kapusta ND, et al. *Leading causes of unintentional and intentional injury mortality: United States, 2000-2009*, Am J Public Health 2012;102:e84-92.

<sup>2</sup>Center for Disease Control and Prevention. Morbidity and Mortality Weekly Report. *Suicide among adults aged 35-64 years – United States, 1999-2010*. 62(17):321-325. May 3, 2013.

<sup>3</sup>Schernhammer ES, Colditz GA. *Suicide rates among physicians: a quantitative and gender assessment (meta-analysis)*. Am J Psychiatry 2004;161(12):2295-2302.

<sup>4</sup>Gold K, Sen A, Schwenk T. *Details on suicide among US physicians: data from the National Violent Death Reporting System*. Gen Hospital Psychiatry; 2013;35:45-49.

<sup>5</sup>Jackson Healthcare. *Filling the void: 2013 physician outlook and practice trends*. June, 2013. Available at: [www.jacksonhealthcare.com/physiciantrends2013](http://www.jacksonhealthcare.com/physiciantrends2013).

<sup>6</sup>Univ. of Michigan Health System. *Job stress and mental health problems contribute to higher rates of physician suicide, U-M study shows*. Nov. 12, 2012. Available at [www.uofmhealth.org/news/archive/201211/2012-11?page=1](http://www.uofmhealth.org/news/archive/201211/2012-11?page=1).

<sup>7</sup>Center C, et al. *Confronting depression and suicide in physicians: a consensus statement*. JAMA 2003;289(23):3161-6.

<sup>8</sup>Kavanagh R. *Dealing with depression has made me a better doctor*. Available at [www.kevinmd.com](http://www.kevinmd.com). May 10, 2013.

<sup>9</sup>Laurance J. *Doctors can't be depressed*. The Independent. Available at <http://www.independent.co.uk/life-style/health-and-families/features/doctors-cant-be-depressed-1801673.html>.

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