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"If someone listens, or stretches out a hand, or whispers a word of encouragement, or attempts to understand a lonely person, extraordinary things begin to happen."

– Loretta Girzartis

The Suicidal Physician: When the Doctor Wants to Die

One of humanity's most noble callings is to cure illness and repair injury, and when that is not possible, to reduce pain and suffering. That is why we go into our profession as physicians. We work very hard over years to learn, to master knowledge, to pass exams, to acquire the skills that allow us to help others. That knowledge and those skills can come at a significant cost, however.

As we practice medicine, we make decisions or perform procedures with every interaction. We can make mistakes. Even when we don't make a mistake, our patients may not improve or they may suffer negative consequences of our decisions or the ongoing evolution of their illnesses. That takes a toll on us. Each of us responds in different ways, but as a profession, the consequences are very clear. The risk of physician suicide is high, higher than most any other profession. Multiple studies find that doctors have an elevated risk of suicide when compared to appropriately matched comparison populations. Between 300 and 400 physicians committed suicide every recent year. Further, while men are about 4 times more likely than women to commit suicide in the general population, the suicide rate among physicians is gender neutral: women physicians kill themselves at the same rate as do males.

Burnout, mental illness, and substance misuse are each risk factors that contribute to this elevated suicidality among physicians. Burnout is a risk that increases with years in practice, and by specialty ranges from 23 to almost 50%. Stigma of mental illness, fears of the potential negative impact on training and career, and beliefs such as "I just need to be tough and deal with this" complicate the situation by reducing willingness of learners and practitioners alike to seek help. This perception is validated by a recent survey that found nearly 40% of practicing physicians would be reluctant to seek treatment of their distress out of just such concerns. Another study that focused on US medical students found that as many as 4 out of 5 (yes, that is 80%) reported symptoms consistent with mild to moderate depression—and they also reported that they delayed or did not seek treatment out of fear of being perceived as weak or less capable than their peers.

All of this contributes to why the Accreditation Council for Graduate Medical Education (ACGME) requires schools of medicine to "educate faculty members and residents/fellows in identification of the symptoms of burnout, depression, and substance abuse, including the means to assist those who experience these conditions. This responsibility includes educating residents/fellows and faculty members in how to recognize those symptoms in themselves, and how to seek appropriate care." While this addresses the risk factors above, the prevention of suicide is a primary motivation for this effort.

Addressing these existential challenges is critical to the future of our field. Developing a culture that is as supportive of ourselves as we strive to be for our patients is challenging but achievable. We have begun to address this culture shift here at VTC SOM and at Carilion Clinic. Our Wellness initiatives, the TRUST program, the Swartz Rounds, our Employee Assistance Program, the Mindfulness initiatives, and having an on-site counselor for students at VTCSOM are just some of the efforts we are jointly taking in support of keeping ourselves healthy so that we can in turn provide care to those who need us.

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