5-2018

Physician Suicide: An Overlooked Epidemic

Emily Gallagher
emily_gallagher@my.uri.edu

PHYSICIAN SUICIDE:
AN OVERLOOKED EPIDEMIC

BY
EMILY GALLAGHER

SENIOR HONORS PROJECT
UNIVERSITY OF RHODE ISLAND HONORS PROGRAM
FACULTY SPONSOR: DR. SARA E. MURPHY

2018

ACKNOWLEDGEMENTS

I would like to thank two amazing faculty members from the URI Honors Program who inspired and guided this research.

First I would like to thank Dr. Sara Murphy, my faculty sponsor for this project. Her seemingly limitless knowledge on suicide helped me to lay the foundation on which I structured all of my research. She has given me the constant guidance and unwavering support in the construction, editing, and revision that made this thesis possible. Perhaps her greatest success with me came from her determinedly encouraging me to have an opinion, and write about it too.

Professor Carolyn Hames has been the second professor who inspired this work. Like most people, I didn't even know what thanatology was before I ended up in a class about it. Just weeks into my first thanatology course with Professor Hames in my freshman year, I decided to take it up as a minor. Her persistent enthusiasm and wealth of knowledge and experience in the realm of thanatology are nothing short of inspiring. Her passion has translated into a passion of my own that I hope to carry through to my future in healthcare.

ABSTRACT

Suicide, in general, can be a challenging topic to approach and dissect. It can be complicated and uncomfortable and is perpetuated as taboo. Physician suicide in particular can be even *more* complicated, confusing, and uncomfortable. The topic of physician suicide (as well as medical student suicide) is understudied and the literature available is underwhelming. The research I conducted focuses on the big picture of physician suicide. From the first year of medical school, to a new doctor's residency, and on through their practice, physicians face a unique set of obstacles and adversities that shape their experience and ultimately lend to a higher disposition for suicidal ideation and suicide death. The goal of this work is to educate people who are not physicians, whether they plan to become one or not, on what happens, why it happens, and how we might be able to better prepare ourselves and makes changes. Physician suicide is not an isolated event that the general population should be comfortable ignoring; it is an epidemic that needs to be explored.

DEDICATION

This work is dedicated to all of my friends and peers aspiring to become physicians. I hope you may all have the courage and resilience to achieve your professional dreams.

TABLE OF CONTENTS

Introduction

In the United States, we live in a culture that perpetuates the taboo status of suicide. In a society that is generally uncomfortable at best in regard to handling death, we struggle even more managing the aftermath of a suicide death. Interestingly, until even the 1980's, 20 states in the U.S. had laws against suicide. A person that died of suicide could be criminalized, even in their death, with repercussions falling on the family, including property seizure or billing for expenses to do with treatment of the body of the deceased. More often, families would have to manage the burden of being ostracized ("Is Suicide Illegal? Suicide Laws by Country", 2014). In 2017, no state in the U.S. has laws regarding suicide (not to be confused with physician assisted suicide/ Death with Dignity). Yet despite this legal advance, perhaps the most common phrase we use while addressing a suicide is that a person *committed* suicide, as if they *commit* a crime. Laws have changed and in my own experience, I have seen an increase in discussion of suicidal ideation and suicide death in schools and within doctor offices. Despite these advancements, we as a society are still wholly responsible for disenfranchising the grief of suicidal people, suicide survivors, and loved ones mourning a suicide death. It is not a challenge to identify the source of our discomfort. Generally, humans are not comfortable with experiences and challenges that they do not understand, and suicide is far more complex than we credit it as being.

In this culture that keeps suicide hushed and has such wide disparities amongst religions, cultures, and beliefs, discussion can be a challenge to initiate. In recent years, people in the United States have begun to take the first steps toward acknowledging and supporting the victims and survivors of suicide. An important first step to take is to identify the most effective way to approach suicide and suicidal ideation. Unlike what some believe, suicide can rarely (if ever) be attributed to an isolated incident, event, or trauma. A more holistic view on suicide was defined

best by Edwin Shneidman, the father of suicidology. He wrote, “Suicide is a multifaceted event and that biological, cultural, sociological, interpersonal, intrapsychic, logical, conscious and unconscious, and philosophic elements are present in various degrees in each suicidal event” (*Comprehending Suicide*, 200). This multidimensionality makes understanding and discussing suicide a challenge as we strain against our embedded beliefs and morals, at the same time trying to expand our minds to reach each piece of the puzzle. It is culturally embedded to shy away from death. Death is inevitable, yet dying itself is relatively unknown to all of us. We may see loved ones die and the many different portrayals of death in the media and different religions; however the experience of dying is not one that many people can attest to having. So, while death is inevitable for us all, the undefined experience that is dying and being dead is what generates the fear and discomfort humans seem to have regarding death and dying. Therefore, suicide can be a challenge to discuss and understand because grasping the concept that one may end up choosing death as opposed to life for themself is itself difficult. To then get deeper into the subject matter, we would have to move past this discomfort by acknowledging the fact that death can be a choice that some may feel is necessary, and we need to be able to figure out why some feel this way. It seems natural to want to attribute a suicide to an isolated event or trauma; however, that is very rarely the case for a person considering suicide or who has died of suicide. In this paper, a variety of these puzzle pieces are addressed though I acknowledge that very many pieces are left unexplored. Furthermore, as Shneidman has done, this project will draw ties and correlations between depression and suicide, while acknowledging that neither is causative to the other but are in fact, two separate and distinct phenomena. Shneidman wrote best, “One can lead a

long and unhappy life with depression, but acute suicidality is often quickly fatal" (*Comprehending Suicide*, 200). In this paper, suicide death and suicidal ideation will be examined from a particular and tragically overlooked perspective: the suicidal physician.

Doctors are the healers of modern society, often typified by their intelligence and emotional resilience. Fortunately for our society, mental health has become an increasingly important part of human health, and doctors have begun to address the mental health of their patients more openly and insistently. However, few patients stop to consider the mental health of a physician. While physicians may have the outward appearance of emotional resilience and knowledge, they are still only human. Doctors have the unique job of saving lives through tough decisions and intricate procedures. It is easy to fall into the belief that a physician can be completely detached and level- headed when it is your life, or your loved one's health, on the line. We like to pretend doctors are more than human and that the nature of their work does not wear on them.

Doctors are just as prone to emotional wear and tear as anyone. Doctors are susceptible to stress, anxiety, depression, burnout— perhaps even more so than the average person. It can be terribly nerve-wracking to set aside the delusion that a doctor is more than human. How can you put all of your faith, hope, and belief into *just* a human when your life is on the line? Instead, we decide to ignore it. We ignore the ever-growing epidemic of the suicidal doctor.

In this paper, the suicide of doctors in the United States is examined from the framework laid out by Shneidman and from the frustratingly small amount of literature on the topic. To treat physician suicide as the complex and long-term struggle that it is, this paper will follow the adversities faced by doctors from medical school, to residency,

to practice. It will review the significant challenges that they face every day to begin to piece together the puzzle that results in our nation's disproportionate population of suicidal medical students and physicians and appalling rates of suicide deaths among this population. This project is written in the hope that physicians, being an underappreciated population in the realm of suicide, may receive the consideration they deserve as we begin to encourage and embrace discussion, compassion, and intervention. The only way to solve this epidemic is to immerse ourselves in this discomfort so we may learn and work together to develop effective measures for helping our current and future doctors cope with suicidal ideation and prevent more suicides in their community. Furthermore, we must keep in mind that by allowing ourselves to learn and make these changes, we will not only be helping others but also will in turn be improving the health care we receive, because a healthy doctor will be more effective doctor.

Bibliography

Aherne, Declan, et al. “Mindfulness Based Stress Reduction for Medical Students: Optimising Student Satisfaction and Engagement.” *BMC Medical Education,* BioMed Central, 18 Aug. 2016. Web.

Andrew, Lousie B. “Physician Suicide: Overview, Depression in Physicians, Problems With Treating Physician Depression.” *Medscape,* 12 June 2017. Web. 27 Sep. 2017.

Brazeau, Chantal, et al. “Relationships Between Medical Student Burnout, Empathy, and Professionalism Climate.” *Journal of the Association of Medical Colleges*, vol. 85, no. 10, Oct. 2010, pp. S33–S36. Web.

Butcher, Lola. “Solving Physician Burnout.” *Hospitals & Health Networks,* American Hospital Association, 20 Sept. 2017. Web. 27 Sep. 2017.

Collier, Roger. (2017). “Physician suicide too often "brushed under the rug"”. *CMAJ: Canadian Medical Association Journal*, *189*(39), E1240-E1241. Web.

“Depressive Disorders.” *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, American Psychiatric Association, 2013. Web.

Dyrbye, Liselotte N., et al. “Burnout Among U.S. Medical Students, Residents, and Early Career Physicians Relative to the General U.S. Population.” *Academic Medicine,* vol. 89, no. 3, Mar. 2014, pp. 443–451. Web.

Dyrbye, Liselotte N., et al. “Burnout and Suicidal Ideation among U.S. Medical Students.” *Ann Intern Med,* vol.149, 2008, pp. 334–341. Web.

Fares, Jawad, et al. “Stress, Burnout and Coping Strategies in Preclinical Medical Students.” *North American Journal of Medical Sciences,* vol. 8, no. 2, Feb. 2016, pp. 75–81. Web.

Feeney, S., et al. “Practise What You Preach: Health Behaviours and Stress among Non-Consultant Hospital Doctors.” *Clinical Medicine*, vol. 16, no. 1, 2016, pp. 12–18. Web.

“Frequently Asked Questions: Animal Use in Medical School Education.” *The Physicians Committee for Responsible Medicine*, 29 Dec. 2014. Web.

Freudenberger, Herbert J. “The Staff Burn-out Syndrome in Alternative Institutions.” *Psychotherapy: Theory, Research & Practice*, vol. 12, no. 1, 1975, pp. 73–82. Web.

Gavin, Kara. “Study: Physicians Don't Report or Treat Their Own Mental Illness Due to Stigma.” *Health Lab*, 26 Sept. 2016. Web. 13 Mar. 2018.

Goebert, Deborah, et al. “Depressive Symptoms in Medical Students and Residents: A Multischool Study.” *Academic Medicine*, vol. 84, no. 2, 2009, pp. 236–241. Web.

Gold, Katherine J., et al. “I Would Never Want to Have a Mental Health Diagnosis on My Record: A Survey of Female Physicians on Mental Health Diagnosis, Treatment, and Reporting.” *General Hospital Psychiatry*, vol. 43, Sept. 2016, pp. 51–57. *Elsevier*. Web.

“Is Suicide Illegal? Suicide Laws By Country.” *Mental Health Daily*, 24 July 2014. Web.

Koenig, Thomas W., et al. “Core Personal Competencies Important to Entering Students’ Success in Medical School.” *Academic Medicine*, vol. 88, no. 5, May 2013, pp. 603–613. Web.

Lievens, Filip, et al. “Medical Students' Personality Characteristics and Academic Performance: a Five-Factor Model Perspective.” *Medical Education*, vol. 36, no. 11, 1 Nov. 2002, pp. 1050–1056. Web.

“Major Depression.” *National Institute of Mental Health*, U.S. Department of Health and Human Services, Nov. 2017. Web. 7 Dec. 2017.

Montgomery, A. J., et al. “A Review of Self-Medication in Physicians and Medical Students.” *Occupational Medicine,* vol. 61, no. 7, 2011, pp. 490–497. Web.

Morris, Nathaniel. “Medical school can be brutal, and it’s making many of us suicidal.” *The Washington Post,* WP Company, 9 Oct. 2016. Web. 4 Oct. 2017.

Muller, David. “Kathryn.” *New England Journal of Medicine*, vol. 376, no. 12, 2017, pp. 1101–1103. Web.

Myers, Michael F. *Why Physicians Die by Suicide: Lessons Learned from Their Families and Others Who Cared*. Michael F. Myers, 2017. Print.

Ofri, Danielle. “The Darkest Year of Medical School.” *Slate,* 4 June 2013. Web. 20 Feb. 2018.

Puthran, R, et al. “Prevalence of Depression amongst Medical Students: a Meta-Analysis.” *National Center for Biotechnology Information,* Pub Med, Apr. 2016. Web.

Rakatansky, Herbert. “Physicians at High Risk for Suicide in US; Incidence Higher in Women Doctors.” *Rhode Island Medical Journal,* vol. 99, no. 11, Nov. 2016, pp. 11–12. Web.

Rosta, Judith, and Olaf G Aasland. “Changes in the Lifetime Prevalence of Suicidal Feelings and Thoughts among Norwegian Doctors from 2000 to 2010: a Longitudinal Study Based on National Samples.” *BMC Psychiatry*, BioMed Central, 28 Nov. 2013. Web.

Shneidman, Edwin S. *Comprehending Suicide: Landmarks in 20th-Century Suicidology*. American Psychological Association, 2002. Print.

Sinha, Pranay. “Why Do Doctors Commit Suicide?” *The New York Times*, The New York Times, 4 Sept. 2014. Web. 5 Sep. 2017.

Støen Grotmol K, Gude T, Moum T, Vaglum P, Tyssen R. Risk factors at medical school for later severe depression: A 15-year longitudinal, nationwide study (NORDOC). *Journal Of Affective Disorders*. March 20, 2013;146(1):106-111. Web.

"Suicide." *National Institute of Mental Health*, U.S. Department of Health and Human Services, Nov. 2017. Web. 7 Dec. 2017.

Thayer, Kate. "Doctor Depression, Suicide Slowly Coming out of Shadows." *Chicago Tribune,* 6 June 2017. Web. 5 Sep. 2017.

Ungerleider, Neal. "The Hidden Epidemic Of Doctor Suicides." *Fast Company*, Fast Company, 4 Feb. 2016. Web. 20 Feb. 2018.

"Violence Prevention." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 3 Oct. 2017. Web. 7 Dec. 2017.

What Is Depression? Ed. Ranna Parekh, *American Psychiatric Association,* Jan. 2017. Web. 7 Dec. 2017.

Wible, Pamela. "How to Graduate Medical School without Killing Yourself." *YouTube*, YouTube, 30 Aug. 2014. Web. 22 Sep. 2017.

—. "Medical Student Suicide-Simple Solutions." *Ideal Medical Care*, 1 Oct. 2016. Web. 26 Oct. 2017.

—. *Physician Suicide Letters: Answered*. Pamela Wible, M.D., Publishing, 2016. Print.