

This article originally appeared in *The Bulletin of the Delaware County Medical Society* (Volume LXXXX, Number 4, July/August 2008) and is reprinted with permission of the DCMS.

Another Look at Physician Suicide

Tony Salvatore

Suicide among physicians has received some noteworthy media attention recently. In April it was covered by *Newsweek*. In May, it was the subject of a PBS documentary entitled “Struggling in Silence: Physician Depression and Suicide” and a nationally syndicated AP article.

The common message was that physicians, especially women physicians, die by suicide more frequently than the general population. The explanations include a high incidence of depression and substance misuse, the personal and professional stresses of medical practice, and a reluctance to acknowledge these problems and seek help.

Concern about physician suicide is longstanding. Part of the concern is driven by the perception that their values, expertise, and resources should be protective factors for physicians. Yet 300-400 physicians are reportedly lost to suicide every year.

In 2003, a *JAMA* article noted that physicians have lower cancer and heart disease risks than the general population, but remain at higher risk of suicide. Suicide claims an average of 30,000 lives yearly in the US, but it is, as former Surgeon General David Satcher, MD, noted, a preventable community health problem.

In the US, male suicide rates are significantly higher than those of females, but females make more attempts. Rates among male and female physicians have been found to be similar (though males are the majority of victims). Female physicians have a higher suicide rate than women in general, but have a lower attempt rate. Why does the pattern of suicidal behavior among physicians differ?

A new theory states that suicide occurs when there is both an intense desire to die and the capability for lethal self-harm. The former is rooted in the belief that one is disconnected from and a burden to others. The latter arises from habituation to pain or death, a history of abuse or trauma, self-injury, prior attempts, and mentally practicing suicide.

The high suicide rates of physicians may be attributed to the convergence of high rates of depression, which may be accompanied by suicidal ideation and the desire to die, and a capability for lethal self-harm provided by medical training. Physicians can more readily and effectively complete suicide when they desire to die.

This sheds light on the similarity of suicide rates among physicians across gender. All physicians have a greater “suicide competence.” Female physicians have knowledge pertinent to lethal self-harm equivalent to their male colleagues and greater than that of other women. Physicians also have more exposure to trauma and death, which may contribute to overcoming inhibitions to self-harm irrespective of gender.

This is why more physicians may be lost when they become suicidal. But why do physicians seem more suicide-prone than the rest of the community? Maybe it’s the statistics. Most comparisons of suicide rates are made in terms of crude death rates (i.e., deaths per 100,000 people). However, when standardized mortality rates or age-adjusted rates (e.g., deaths per 100,000 people age 55-65) are used the variance is far less.

Does suicide risk in the medical profession have more to do with demographics than practice-linked stressors? A recent 26-state study found noticeably elevated rates among older white male physicians. This could skew the overall physician suicide rate. In the general population, adult white males make up the greatest number of suicide victims and the highest rates of suicide are found among elder white males.

Are physicians a subset of a larger high risk population? In 2007, the Pennsylvania Medical Society reported that more than half of all Pennsylvania physicians were 50 or older. In 2006, the PA Department of Health found that more than 80% of the state’s physicians were white. Both reports show that 75% of Pennsylvania physicians are men. Physician suicide is related to same demographics as suicide in other populations.

What can be done? Physicians cannot be separated from the knowledge, professional exposure, and the medications that make lethal self-harm possible. Prevention and intervention must, therefore, be directed at the behavioral health factors producing the depression and despair leading to the desire to die.

Physicians must be included in community-wide prevention programs to reduce the incidence of suicide among adults. Like their patients, physicians would benefit from greater familiarity with suicide’s risk and protective factors, danger and warning signs, myths and misconceptions, sources of help, and learning how to seek help.

The Delaware County Suicide Prevention Awareness Task Force (DCSPATF) is developing a suicide prevention CME program for primary care physicians. An on-line resource guide and a series of one-page suicide prevention fact sheets for particular at-risk groups (e.g., elders, youths, those with serious mental illness, alcohol abusers) are already available at www.delcosuicideprevention.org.

The DCSPATF was formed in 2002 with the help of the Delaware County Medical Society. It is now an active organization broadly representative of all key sectors in the county. The DCSPATF is preparing a comprehensive suicide prevention plan for the county. Physicians may be expected to be asked to join the DCSPATF in bringing the message of suicide prevention to their colleagues and those they serve.

References and Readings

Center, C. et al. (2003) "Confronting Depression and Suicide in Physicians: A Consensus Statement" *JAMA* 29(3) 3161-3166.

Frank, E. and Dingle, A. (1999) "Self-reported Depression and Suicide Attempts Among US Women Physicians" *American Journal of Psychiatry* 156:12 1887-1894.

Hawton, K. et al. (2001) "Suicide in Doctors: A Study of Risk According to Gender, Seniority, and Specialty in Medical Practitioners in England and Wales, 1979-1995) *Journal of Epidemiology and Community Health* 55 296-300.

Joiner, T. (2005) *Why People Die by Suicide* Cambridge, MA: Harvard University Press.

Noonan, D. (2008) "Doctors Who Kill Themselves" *Newsweek* (4/19/08).

Petersen, M. and Burnett, C. (2008) "The Suicide Mortality of Working Physicians and Dentists" *Occupational Medicine* 58(1) 25-29.

Stack, S. (2001) "Occupation and Suicide" *Social Science Quarterly* 82(2) 384-396.

Tanner, L. (2008) "Medical Know-how, Access to Drugs Raises Suicide Risk for Doctors" *Associated Press* (5/8/08).

Tony Salvatore is on the staff of Montgomery County Emergency Service, Inc., a nonprofit crisis psychiatric facility in Norristown, PA. He is a member of the Delaware County Suicide Prevention Awareness Task Force and may be reached at tsalvatore@mces.org or 610-279-6100.