

Having Each Other's Backs

Breaking the silence on physician suicide and fostering a collegial environment

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Prevalence

- It is estimated that 300-400 physicians die by suicide per year, or a doctor a day, although the exact incidence is unknown.
- The suicide rate among physicians is higher compared to the general population–1.41 for males and 2.27 for females.¹
- The prevalence of depression/depressive symptoms in residents is 28.8% and increases during residency.²
- 9.4% of fourth-year medical students reported having suicidal thoughts in the previous two weeks.³

Contributing factors

- Threats to professional life (i.e., status, autonomy, security), financial instability, increased workload.⁴
- Job-specific: long work hours, lack of support from superiors, poor patient outcomes, decreased autonomy, workplace criticism, and lack of access to support systems.

Suicide Warning Signs⁵

Type	Examples
Verbal	Themes about killing themselves, hopelessness, lack of reason to live, being a burden, pain
Behavioral	Increased substance use, interest in lethal means, withdrawing, isolating, change in sleep, saying goodbye, giving
	away belongings, aggression, fatigue
Mood	Depression, suicide, apathy, irritability, shame, anger, relief (sudden improvement in mood)

^{*}Changes in behavior or development of new behaviors are most concerning if linked to the occurrence of an adverse event.

What to do if you are concerned that a colleague is suicidal⁶

- Talk in private: ask directly if suicidal, listen to colleague, avoid debating, minimizing, or giving advice. Tell colleague that you care and encourage seeking help. *Assume you are the only one doing this!
- If you believe your colleague is suicidal, stay with them, avoid lethal means, and get help/escort to care.

Mental health support and suicide prevention resources

- 988 Suicide and crisis lifeline, routes callers to the National Suicide Prevention line. 988 Suicide & Crisis Lifeline
- HEAR Program Anonymous, confidential questionnaire, followed by counselor involvement. UC San Diego HEAR Program
- Learn at ACGME Collection of resources selected within GME standards to support well-being. ACGME Well-Being
- Physician Support Line Free and confidential support line for physicians and medical students. Physician Support Line

Interventions to foster a supportive, nurturing, and collegial environment

- Collegial work environment: First name basis, empower junior physicians, encourage collaboration, establish mentorship programs.
- Support after adverse events: Conduct team debriefs and make resources available.
- Wellness: Encourage outside hobbies, counseling, and exercise; designate "wellness champions" to support mental health.
- Conduct recurring education on suicide and mental health interventions.
- Develop mental health-related crises plans, including death by suicide.

References

- 1. Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). Am J Psychiatry. 2004;161(12):2295-2302.
- 2. Mata DA, Ramos MA, Bansal N, et al. Prevalence of depression and depressive symptoms among resident physicians: A systematic review and meta-analysis: A systematic review and meta-analysis. JAMA. 2015;314(22):2373-83.
- 3. Goebert D, Thompson D, et al. Depressive symptoms in medical students and residents: a multischool study. Acad Med. 2009;84(2):236-41.
- 4. Center C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: a consensus statement: A consensus statement. JAMA. 2003;289(23):3161-3166.
- 5. Risk factors, protective factors, and warning signs. American Foundation for Suicide Prevention. Published December 25, 2019. Accessed June 6, 2023. Link
- 6. What to do when someone is at risk. American Foundation for Suicide Prevention. Published January 5, 2020. Accessed May 18, 2023. Link