Understanding and Intervening in the Problem of Physician Death By Suicide: Individual Risk Factor Management and Beyond

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No Disclosures

- I have no financial relationships to disclose with the past 12 months relevant to my presentation
- My presentation does not include discussion of off-label or investigational use of medications

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Introduction

- Phenomenology physician suicide
- Physician risk factors
- Barriers to intervention
- Facilitating prevention and treatment

Part 1

- Phenomenology physician suicide
- Physician risk factors
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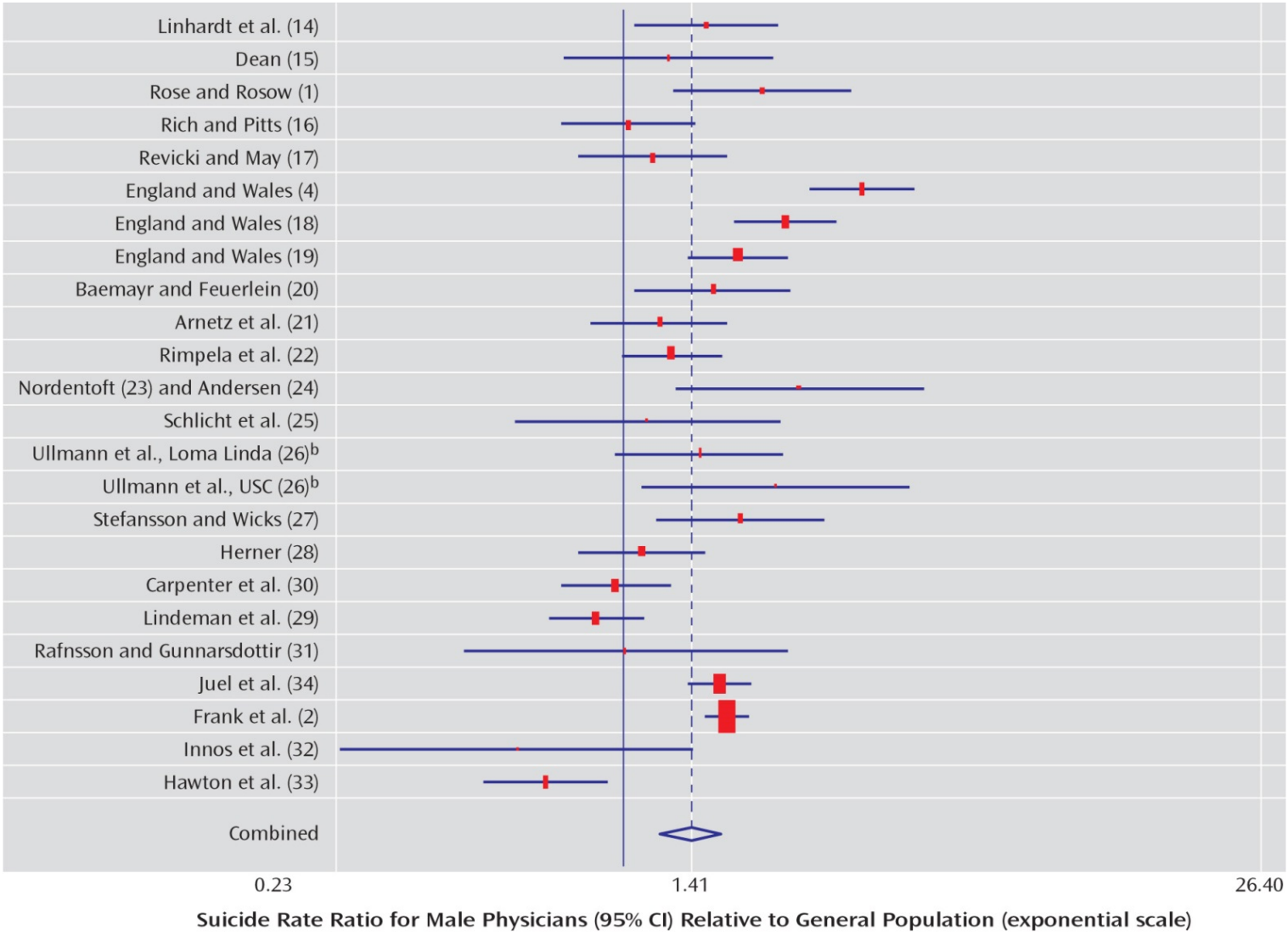
Scope of the Problem

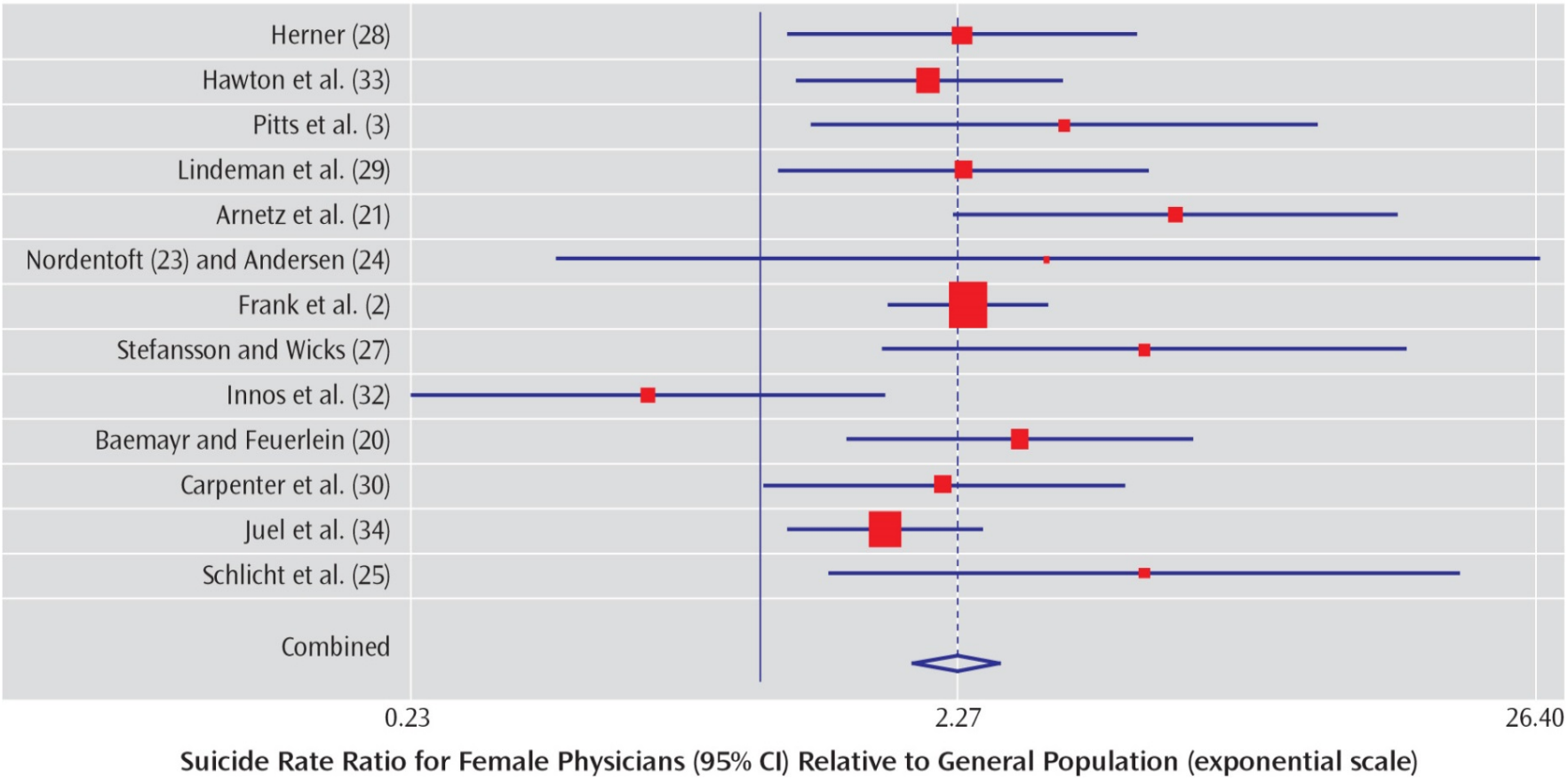
From disruptedphysican.com, Feb 19, 2015, Wible

Male Physicians



Schernhammer ES & Colditz GA (2004). Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). Amer J Psychiatry 161 (12) 2295-302

Female Physicians



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The Deadliest Profession

1920

Profession	N
Doctors	87
Judges	57
Bank Presidents	37
Clergymen	21
Editors	10
Mayors	7
Legislators	7

2011

Profession	Odds
Medical Doctors	1.87
Dentists	1.67
Police Officers	1.54
Veterinarians	1.54
Financial	1.51
Lawyers	1.33
Pharmacists	1.29

Hubbard 1927 Suicide Among Physicians, Amer J Pub Health

National Institute for Occupational Safety & Health (NIOSH) 2011 in Mental Health Daily

Selected Literature 1897-present

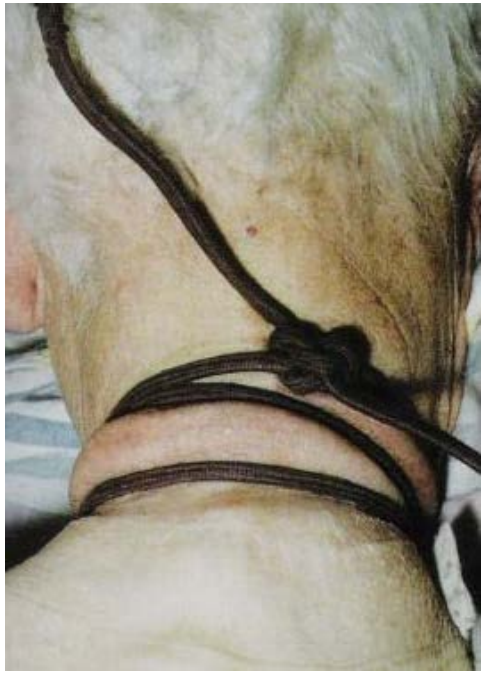
First Author (Yr)	Type	Country	Findings Comments
Hikiji (2013)	Death Certificate	Japan	n=87 (0.31%), Small XS female, job problems
Gold (2013)	NVDRS	US	n=203 (0.64%), job problems, older, married, gender n/a
Hawton (2000, 2001)	Study	UK	n=195, males lower, females higher SMR GP
Lindeman (1997)	Registry	Finland	n=51 (0.5%), MD SMR suicide > other pros, female SMR > GP, No dif male:female
Carpenter (1997)	Registry	UK	n=64 suicides , XS mortality in female MD due to suicide
Seppacher (1974)			n=530 suicides, men 1.15x (older), women 3x (younger)
Ross (1971)	Literature	World	XS mortality 1.3-1.8; Female>Male, Female MD>> GP, No MD suicide deemed healthy; younger
Dubling (1947)	AMA	US	n=326, XS mortality 1.04
Editorial (1897)	AMA	US	2% deaths in profession

Leading Causes of Death By Profession 1979-2011

PHYSICIANS N=815	OTHER HEALTH N=2,635	HIGHER ED N=15,308	ALL OTHERS N=452,485
Heart	Cancer	Heart	Heart
Cancer	Heart	Cancer	Cancer
Chronic Disease	Chronic Disease	Chronic Disease	Chronic Disease
Stroke	Stroke	Stroke	Stroke
Accidents	Lung	Lung	Lung
Pneumonia/Flu	Diabetes	**Accidents**	Pneumonia/Flu
Lung	**Accidents**	Pneumonia/Flu	Diabetes
Alzheimer	Alzheimer	Alzheimer	**Accidents**
Suicide (2.0, 1.2-3.3)	Pneumonia/Flu	Diabetes	Alzheimer
Parkinson	Kidney	Parkinson	Kidney

From: **Association of Occupation as a Physician With Likelihood of Dying in a Hospital**

JAMA. 2016;315(3):301-303. doi:10.1001/jama.2015.16976



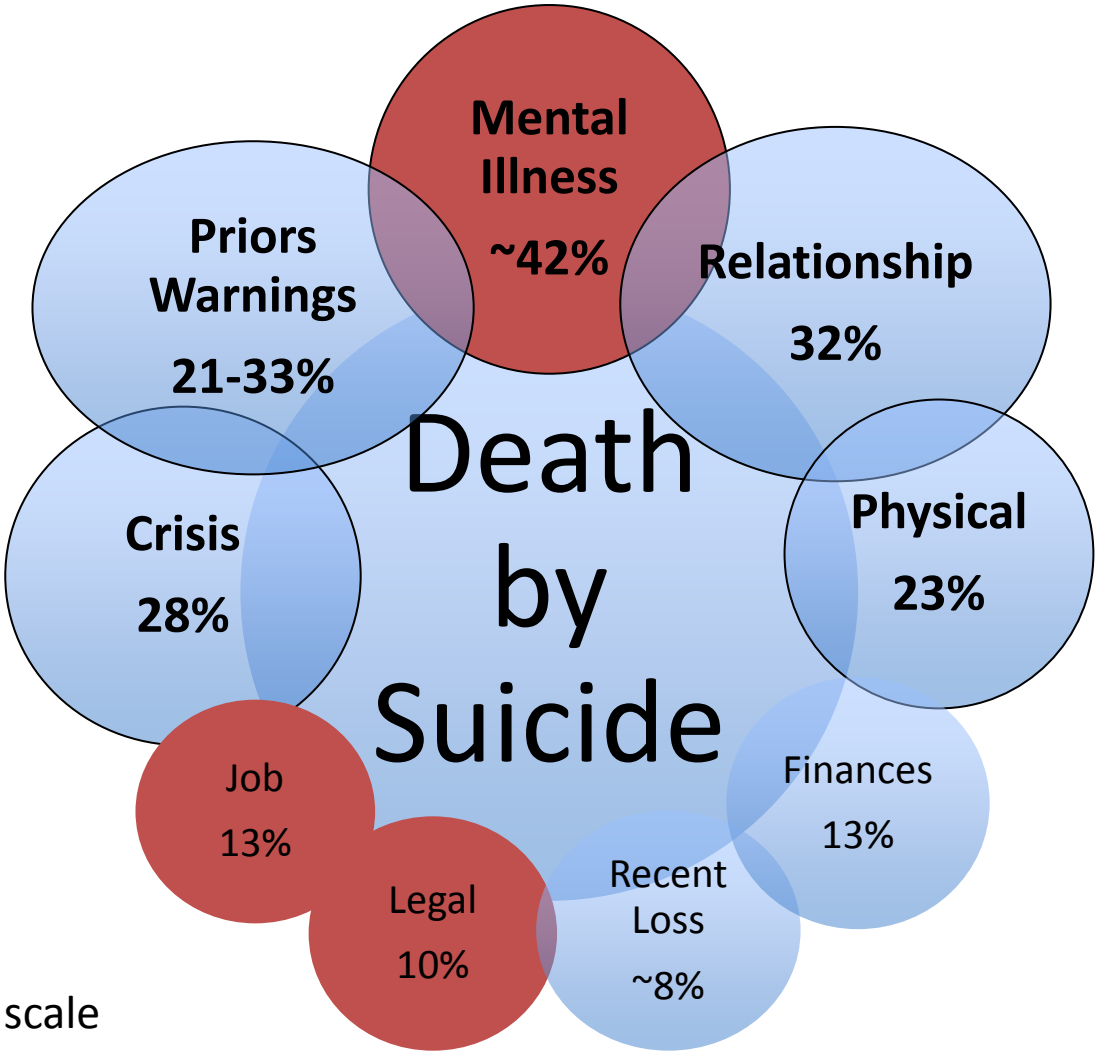
slideserve.com

enddd.org

Part 2

- Phenomenology physician suicide
- Physician risk factors
- Barriers to intervention
- Facilitating prevention and treatment

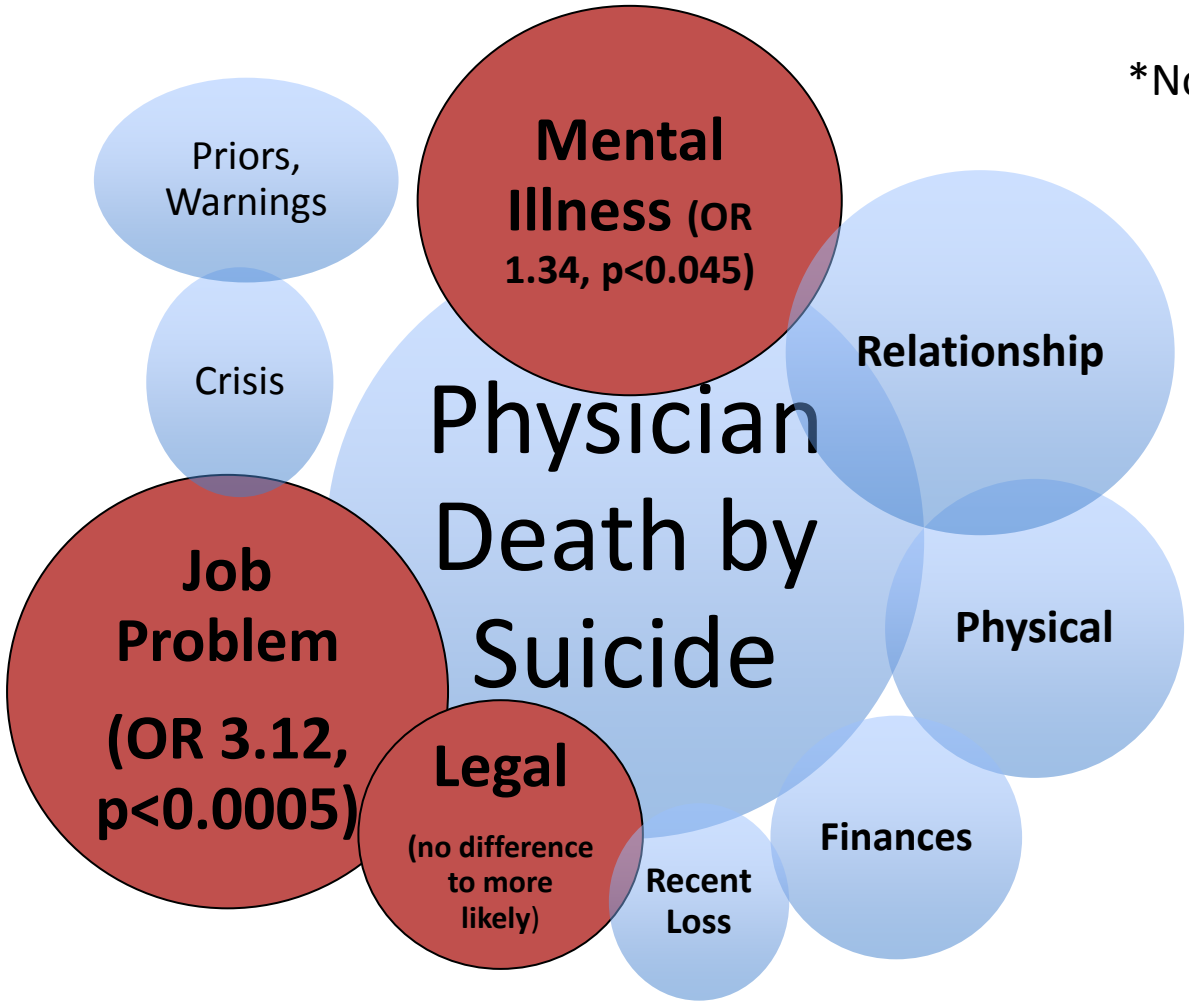
Circumstances General Population



*Not perfectly to scale

CDC Surveillance Summaries MMWR 2005, 2006, 2008, 2010

Circumstances A Bit Different



*Not perfectly to scale

Gold, Sen and Schwenk 2013 and Gagne, Moamai and Bourget 2011

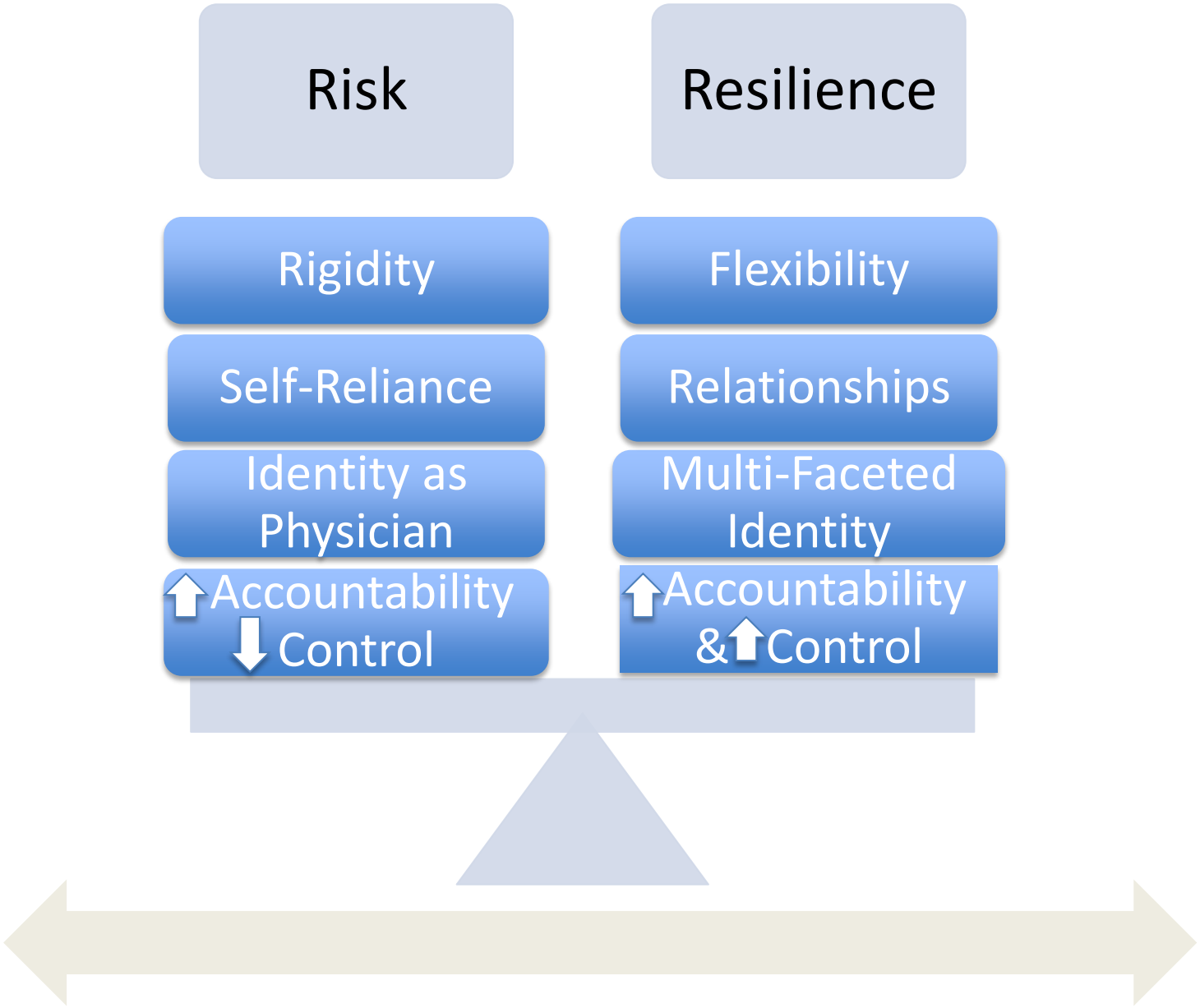
Risk Factors All Professions

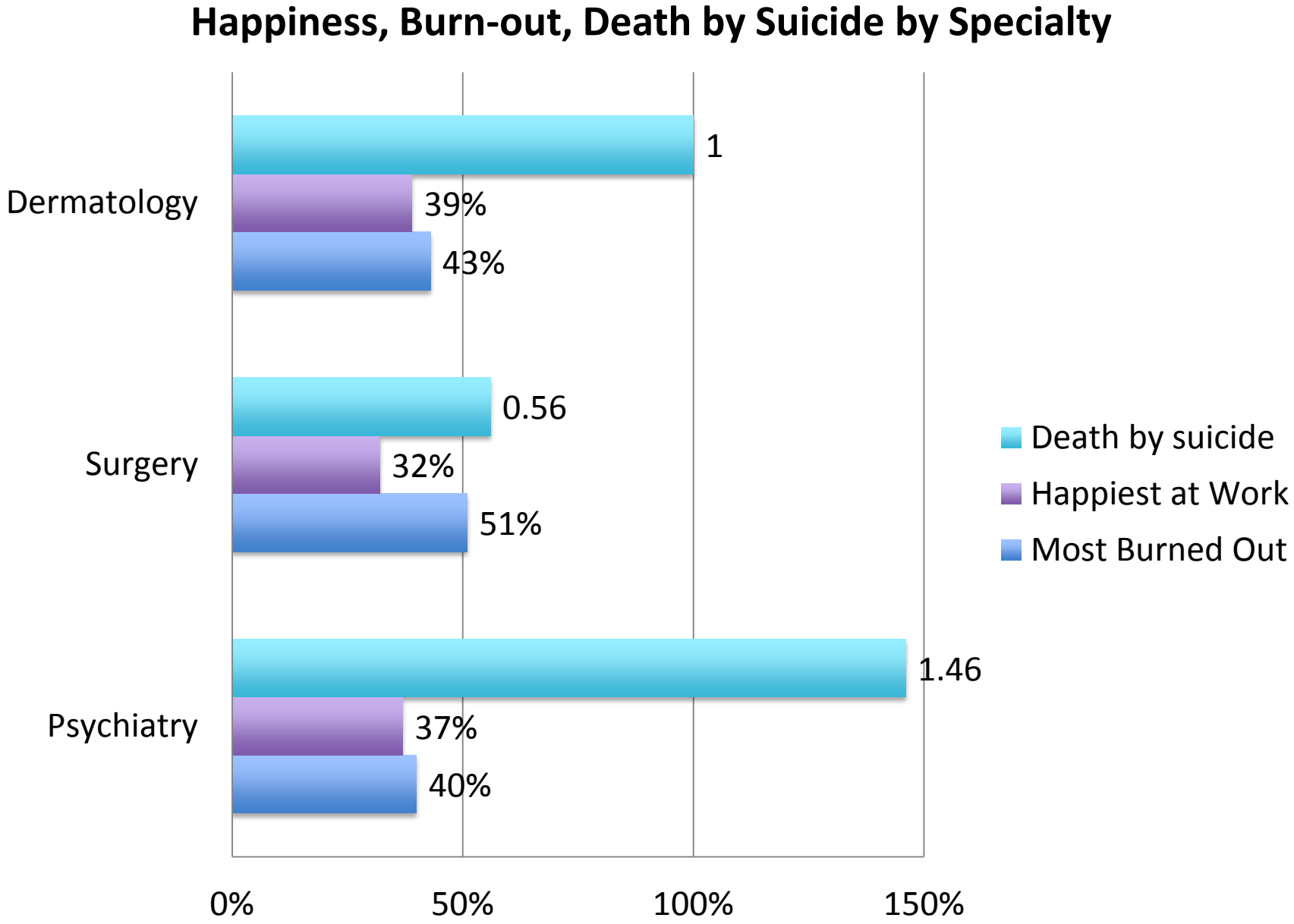
- Competition
- Job instability
- Overworking
- Perfectionism
- Shift work
- Social isolation
- Stress
- Health risks
- Access to lethal means

National Institute for Occupational Safety & Health (NIOSH)
2011 in Mental Health Daily

Protective Factors Not As Protective

- Married and involved with families
- Many have a religious tradition
- Working full-time
  - Physicians admitted to ICU following suicide attempt worked the day prior to admission (unpublished data Washington PHP)
  - Less overlap with impaired providers than one would expect


Risk
Resilience
Rigidity
Flexibility
Self-Reliance
Relationships
Identity as Physician
Multi-Faceted Identity
Accountability
Control
Accountability
& Control
FAILED COPING
POSITIVE COPING



(Adapted from Medscape 2016 Lifestyle Report and Other Refs)

Treatable Illness Part of the Story

- Physician suicide victims no less likely to have MH hx but sig less likely to have therapeutic substances in blood stream (Gold 2013)
- Percent of treatment seekers a fraction of the number of respondents with depression and burn-out (Moutier 2011 and many others)
- Depression most commonly observed when illness present (almost all references)

The Perfect Storm

http://www.dianliwenmi.com/postimg_1051944_9.html

Issues in Physician Mental Healthcare

- Stress and Burnout
- Work-Associated Trauma
- Disruptive and Unprofessional Behaviors
- Suicidal Behaviors
- Practice Concerns and Impairment

Clinical Disorders Sometimes Contributing To Presentation

- Mood Disorders
  - Depression
  - Bipolar
- Anxiety Disorders
- Substance Use Disorders and Addictions
- Cognitive Disorders
- Personality Traits and Disorders

Part 3

- Phenomenology physician suicide
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- Barriers to intervention
- Facilitating prevention and treatment

What's Unique? Guess the Year

"…**the practice of medicine offers little in return for the demands it makes.** The doctor, like the teacher, lacks the stimulation of men's society, but **...he has no compensation of short hours and holidays**. Like the minister, he has many ethical and moral burdens to bear but **without the loyal support which the latter enjoys....** As compared with legal and business prospects**, the doctor's hopes of success are limited while his leisure is broken** by the exigencies of practice."

What's Unique? Guess the Year

"This record seems to indicate that the occupational strain is greater in medicine than in any of the other professions. **Should not our scheme of medical practice, as relates to hours and relief, be revised** and, if so, how should this be accomplished?"

Challenges

- Unique skill set
- Underserved relative to need
- Salary and costs
- Emphasis on accountability and presence
- Shifting practice environment and expectations
- High level of regulation with low level of consistency
  - Individual
  - Group
  - Organizational

Occupational Circumstances

- High demand with low control
- Constant monitoring and feedback
- Shift work or call disrupting sleep
- Overwork
- Work in dangerous circumstances

Barriers to Intervention

- Individual Level
  - Denial to self and others
  - Desire for special treatment
  - Self-treatment
- **Self-stigma (where individual meets societal)**
- Licensure and credentialing concerns
- Insurance issues
  - Medical malpractice
  - Health, life and disability

Self-Stigma As A Barrier

- Internalized ethical and professional norms
  - Strength / Invincibility
  - Self-sacrifice
  - Delayed gratification
- Competency as the prime motivator
  - Work as primary identity
  - Constant availability
  - Fear of disclosure

Some Terms

- Overwork
- Burnout
- Distress
- Mental illness
- Disability
- Impairment

- Balance
- Integration
- Health
- Wellness
- Accommodation
- Capable

STRESS

Interventions

Voluntary Self-Initiated

- Self-care
- Peer support
- Job support and matching
- Mentorship
- Professional organizations

Other or Disciplinary

- Complaint monitoring
- Peer review
- Physician “wellness”
- Physician Health Programs
- State medical boards

Part 4

- Phenomenology physician suicide
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Interventions: Regulation

- Standardize questions about emotional and physical health asked by licensure boards and reflect these in credentialing and insurance
- Standardize the consequences for reporting these conditions to these agencies
- Acknowledge that the ADA has happened
  - Ask about impairment, not diagnosis or treatment
  - Stop asking about mitigated disabilities

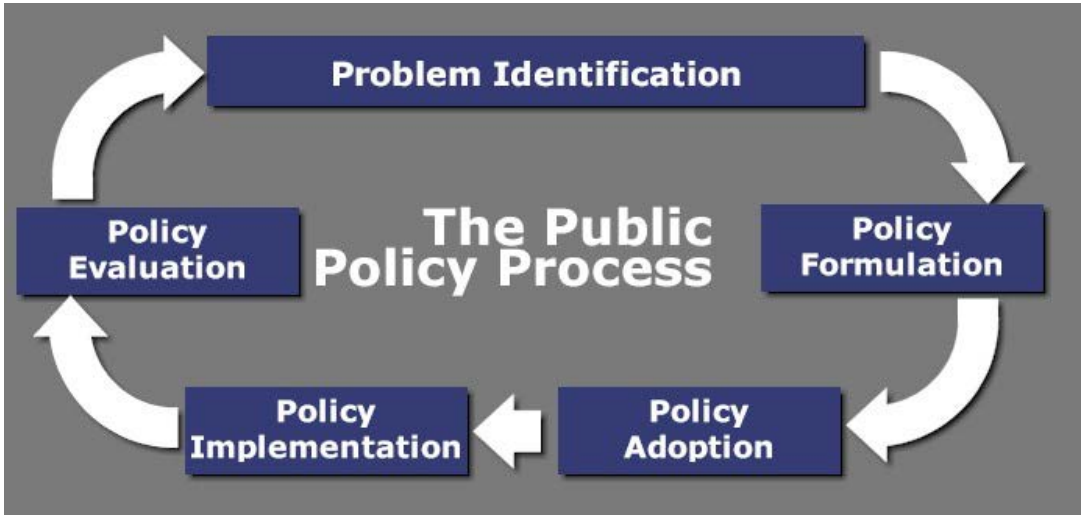
Interventions: System to Individual

- Employ enough physicians
  - Value the scarce skill set
  - Rethink the constant service expectation
  - Consider duty hours limits
  - Be consistent with compensation and expectations
- Expect physicians to be away, and physicians choose to be away
- Encourage physicians to get involved in physician advocacy groups
  - Hold groups accountable furthering mentorship
  - Encourage groups to intervene with boards

Intervention: Individual

- Don’t ignore individual risk factors
  - Information, wellness all good
  - Individuals may choose to study or work intensively for short periods of time to gain or hone a skill
- But stop blaming the individual
  - A healthy physician is a physician with managed diagnoses, not one who seeks care
  - There are some circumstances that one should just not tolerate, no matter how resilient

Questions?? Comments??



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American Medical Women's Association

AMA AMERICAN MEDICAL ASSOCIATION

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