



Physician Suicide:

One Family's Story of Unthinkable Loss, Pain, Awareness and Growth

2x

Physician suicide rates are twice that of the normal population¹

1. <https://www.webmd.com/mental-health/news/20180508/doctors-suicide-rate-highest-of-any-profession>

You'll see physician suicide statistics published online, or perhaps you'll even hear them in conversations around you, but statistics don't have the same impact as hearing a personal story.

In late 2019, Dr. Matthew Gall was one of those physicians who tragically died by suicide, leaving his family and friends reeling to understand what happened. By all accounts Dr. Gall was a lover of life and happy guy. His suicide was an unexpected, heartbreaking and traumatizing event for his family and friends, that they continue to cope with today. This interview with Betsy Gall, Matthew's wife, shares their story, the impact his death has had on their lives, and what they hope to accomplish by sharing it.



Sarah Prom: Betsy, we want to thank you for being willing to share your family's story. We understand how difficult it can be to talk about your husband's suicide, and how much pain and weight it carries for you. We

want to start by saying how sorry we are about your loss and how grateful we are to you for sharing your story in hopes it can help save other physicians and bring to light the challenges physicians experience today.

What do you want to accomplish by sharing your story about your late husband—Dr. Matthew Gall?



Betsy Gall: Thank you. First and foremost, my goal is to raise awareness, so no other family has to go through what we have gone through. By raising awareness, I hope that

healthcare organizations, hospital administrators, other physicians and their families and friends, as well as the public, understand why physician suicide can happen and know what to look for if a physician is struggling. Our story is just one story, but there are countless others.

I also hope that by sharing our story we can help normalize talking about mental health issues. Because I know from the bottom of my heart that if my husband would have sought and accepted help—this wouldn't have happened.

Matthew thought that he could solve the problem himself. He was used to having all of the answers, all of the time. He was feeling ashamed and embarrassed for even having a mental health issue. He was scared that if he did seek professional help that he would lose his medical license and the ability to provide for his family. He honestly thought that he'd no longer be able to be a practicing oncologist. The fear was real, and being a doctor meant everything to him.



Sarah Prom: Thanks, Betsy. So, tell me about, Dr. Matthew Gall.



Betsy Gall: Matthew, my late husband, was smart, super fun, and he was truly a happy-go-lucky guy. He was the life of the party—and usually the last one to leave the party!

He loved life, our children and he loved me. We were married for 20 years, together for 22 years. We had a large circle of friends. Matthew loved being with them and our family constantly.

Matthew loved the outdoors, biking, football (especially the Pittsburgh Steelers), grilling, traveling, spending time at our cabin, and being with friends. He loved being a physician—it was a large part of his identity—and he loved helping others. He had a huge soft spot in his heart for his cancer patients.

Matt talked about wanting to live to be 100 years old, and he dedicated his life to helping others as an oncology physician.

Matt enjoyed the field of oncology and he was always positive and hopeful about the future of medicine and finding cures. He simply loved the science and technology of medicine today.



Sarah Prom: What happened leading up to Matthew's death?



Betsy Gall: We had recently moved to Charlotte, North Carolina, for Matthew to join a small private practice. The new job proved to be a difficult transition for Matthew.

The practice was not what Matthew had expected it to be. His struggle came to light about three weeks in. It was then that depression hit Matthew like a ton of bricks. It was so sudden and so out of character for him. I was extremely confused about his condition and kept waiting for him to snap out of it.

Matthew wouldn't get off the couch, he wouldn't exercise or grill, he refused simple walks around the neighborhood with me. He even stopped drinking beer! All he could do was talk about his patients and his brain was not able to disconnect from work. He kept sinking, sinking, sinking further away from us mentally, and there was nothing I could do to pull him out of it. When it was all unraveling, Matthew stopped sleeping. He would go to work, come home and just lay on the couch. He would talk about his patients, and their care, non-stop. At the time I was so naïve—now I understand that you don't just snap out of depression.

I kept saying to him, "If you could just sleep for two weeks, you could think more clearly." He refused to see a psychiatrist, go to counseling or take sleep medication for fear of losing his medical license.



Sarah Prom: What was happening at work?



Betsy Gall: Matthew was under constant pressure. Decreasing reimbursements, administration issues, declining salary, political garbage, EMR systems that were difficult to navigate, constant surveys regarding performance, it was just a lot. I do think that taking care of the terminally ill can be tough, too. Being on call was always an issue. I have yet to meet a doctor who likes taking call. On top of that, people expect doctors to have all the answers all the time—they're always "on call" and that's a heavy load for one person to handle. Matthew was always willing to help and give his opinion, but it never ends. Sometimes you just want to come home and chill, but that isn't the norm for most doctors. Matthew frequently said,

I love my patients, but I hate my job.

I feel that he was becoming burned out by all the issues surrounding working in healthcare. Even more than his professional circumstances, there was obviously more to it—other contributing factors. Matthew was a perfectionist. He had nine concussions over his lifetime. He had a high-strung personality. Looking back, he managed his stress through several outlets—spending time at our cabin, soaking in the hot tub, biking, and seeing his friends. When depression overcame him, he didn't want to participate in any of his normal activities and hobbies. As I mentioned, it was sudden and many of us thought he was just having a hard time adjusting to his new job and new environment, but it was so much more than that, and it all happened so quickly.

I have a friend who was a practicing OB/GYN physician in North Carolina, and she just quit her job. She said eerily said to me, "I love my patients, but I hate my job." And that had to do with all of the non-medical crap that goes along with being a doctor. The medical community and the public just lost a great OB/GYN because of administrative and bureaucratic issues. While this example isn't about my husband, I think it illustrates what can happen in their profession, and the toll it takes on physicians.



300-400

physicians are estimated to have died by suicide each year²

2. 10 Facts About Physician Suicide and Mental Health. American Foundation for Suicide Prevention. <https://www.acgme.org/Portals/0/PDFs/ten%20facts%20about%20physician%20suicide.pdf>



Sarah Prom: You mentioned that Matthew didn't want to get help because he thought he had all the answers. Can you tell me more about that?



Betsy Gall: Matthew was kind of old school in thinking that he could overcome or hide his depression. He didn't believe in depression to begin with—it felt like a

foreign subject to him until it hit him. He was prescribed an anti-depressant by a physician friend who knew of his situation, but Matthew wouldn't take it. His friend urged him to see a psychiatrist and Matthew refused. It was frustrating and heartbreaking at the same time.

Matthew needed help but he wasn't going to get it because of the stigma of seeking help as a physician, the impact he thought it would have on his career and thinking he should have been able to fix it himself.

After talking to numerous physician friends, I feel that it's kind of this secret thing [mental health issues and high suicide rates regarding physicians] between physicians—that they are all aware of, but as the spouse of a physician, I had no clue. I was completely naïve about the pressures they experience.

I keep asking myself, if we're not helping our doctors, who is? They need and deserve that extra help and support. They are people, not machines. At the end of the day we need healthy doctors to take care of us! Believe me, if this could happen to Matthew Gall, it could happen to anyone.



1 Daily

On average, one physician dies by suicide every day³

3. 10 Facts About Physician Suicide and Mental Health. American Foundation for Suicide Prevention. <https://www.acgme.org/Portals/0/PDFs/ten%20facts%20about%20physician%20suicide.pdf>



Sarah Prom: Talk me through your grief process after Matthew died by suicide.



Betsy Gall: Suicide is the worst, the absolute worst. The whole ordeal was just so shocking. I was stunned and remained in shock for the better part of a year. Seriously, most days I still can't believe it. As if going through the grief process isn't hard enough, helping your kids navigate the loss of their father is something else when suicide is the cause of death. There are so many unanswered questions. I've needed to lean on God through all of the unknowns. I've needed His gentle reminders that He has all of the answers. I do not, and never will.

When suicide strikes your family, some people look at you differently. I've lost friends over this—people that I thought were my true friends. Why? I don't know. Do they think it was my fault? You're always questioning yourself as the spouse. I've also had friends who have leaned in during the grief process. I thank God every day for them.

If a spouse dies in a car accident, you can blame that, or if they get cancer and pass, you blame the cancer. But with suicide, people blame the person that died. The thing is, it wasn't him. Matthew got sick, just like his patients, yet the stigma surrounding his death and the issues that prevented him from getting help are just awful.

Two of the big emotions for me have been shame and guilt. There is such an indescribable stigma attached to suicide and I thought, "why I am I feeling shameful about this?" It's a highly sensitive topic. You think about what other people think of you and it causes a whole range of emotions. And then there is always the question of "did I do enough?"

I've chosen to put one foot in front of the other every day because I have three teenagers to raise. I'm lucky in many ways—I've been blessed with the best kids on earth, an amazing family and the most wonderful friends you could ask for. But truly my faith in God is what keeps me going. You have to have hope. Hope for a future and that your life will get better and will one day be better. Without hope, it would be hard to keep going.



55%

of physicians know a physician who has considered, attempted or died by suicide⁴

4. <https://physiciansfoundation.org/physician-and-patient-surveys/the-physicians-foundation-2021-physician-survey/>

I decided early on to “fake it until you make it”—to smile and try to laugh. I’ve thrown myself into weekly therapy sessions, exercise, yoga, education about mental health and journaling. I’m in a suicide support group and I talk about my feelings openly all the time. I completed two major remodel projects right after Matthew died because that is a passion of mine. It was chaotic but a great distraction for me. This is how I’ve chosen to cope because I knew I needed to remain strong and healthy for my kids. Some days chips and wine seem like good options, but I knew I needed to make healthy choices to persevere.

Maybe people thought (or think) that I’m doing “too good”, but no one knows what goes on behind closed doors. No one has walked in my shoes or sees me lying on the floor of my shower bawling my eyes out or breaking down as I drive by the church Matthew and I were married at. Every password had to do with my old life with Matthew. Going through every piece of Matthew’s clothing, getting a whiff of the cologne he wore, the photo memories that automatically pop up on your phone, it’s all devastating. It can suck the life out of you if you let it. Grief is tough, and most days you are just trying to keep your head above water. You have to keep paddling, because grief can easily swallow you whole if you let it.



Sarah Prom: What do you hope for the future?



Betsy Gall: I hope that the younger generations, particularly in medicine, are more educated about depression, suicide, the risks of trying to work it out yourself without getting professional help.

Matthew thought he was going to lose his medical license if he got help, and that is just not okay for that to be the “norm”. For my husband’s generation of physicians, there is such a stigma and really, fear, associated with getting professional help. For Matthew, because of that stigma and fear, there was no way he was going to get help from a professional and risk his career.

“The stigma and fear must be removed so physicians can safely seek help before it is too late. Personally, whatever I can do to help others, to support other families with this issue, I am dedicated to doing.”



Sarah Prom: What have been your take-aways from this tragedy?



Betsy Gall: Oh my gosh, what haven't I learned? I've learned so much about mental health and suicide. I've come to understand the enormous pressure that our doctors are under is incredible and it isn't fair.

I've come to the realization that if we don't take care of our doctors, or if they don't feel comfortable taking care of themselves or getting external help, then who is going to? We need to step up and help them be able to get help!

For me, after Matthew's death, getting support from others has been crucial because nobody really gets it until you go through it. I attend a women's group where all of the spouses have died by suicide, and that group has given me so much love and comfort and has been such an incredible source of support. The strength that has come out of that group is unbelievable. They don't judge me and that has been crucial to my healing. The fact is that death by suicide adds an indescribable layer to the grief process. It's shitty, I don't even know how else to describe it. I've learned that if you have a friend or colleague that has mental health issues or unfortunately dies, lean in—don't turn your back on them.

I've had a beautiful, blessed life and Matthew and I have been so fortunate—healthy kids, a cute dog, a beautiful home and cabin, but most importantly of all, we had a lot of love. I look back at all the blessings in my life and I can't believe how good God has been to me.

I share that to illustrate that we had a normal, all-American happy life. There was no double life, no marital or financial issues with us. I almost feel like it was the job that added so greatly to his stress that it eventually led to his death. And so, if Matthew Gall could get so sick as to actually die by suicide, I'm telling you, it could literally happen to anybody.

It has been the worst, hardest, most traumatic experience I have ever had to deal with in my life. It's extremely difficult. It's hard being a single parent, watching my kids miss their dad every day, trying to do everything without him. But by the grace of God, we are managing, and every day gets a little bit easier.



Sarah Prom: I can't thank you enough for sharing your story with us. Is there anything you would you like to end with?



Betsy Gall: We need to talk about these uncomfortable issues that are getting swept under the rug in the medical profession. There is a culture of silence in medicine, and that toxic culture—the bureaucracy of it all—cost my husband his life. If you do a quick Google search on physician suicide, you'll see so many similar stories to what Matthew was experiencing. The toxicity and stigma that these physicians experience is not okay.

I am dedicated to doing everything that I can to fight for change, to honor my husband's legacy and ensure no other family has to go through the same experience.



Betsy Gall

Betsy Gall and her three children, Grady, Gavin, Sophie, and their dog, Liberty, reside in Minneapolis, Minnesota. Betsy is an active real estate agent in Minneapolis and the surrounding metro area. Betsy is working on a book about her husband's suicide and her journey in faith. Hopefully it will get done one day!



**Sarah Prom
MA, LPC, ODCP**

Sarah leads the Solution Delivery Team for VITAL WorkLife and serves as a Senior Consultant and Practice Lead for the Consulting and the Training and Education solutions. She started with VITAL WorkLife in 2014 and has over 15 years of counseling, coaching, training and mediation experience. Sarah received her Master's in Counseling from the University of North Dakota and is a licensed Professional Counselor in North Dakota and Minnesota.

Sarah resides in Fargo, North Dakota with her husband Ryan and their two children, Connor and Linden. She enjoys traveling, spending time with family and photography.

If you, or someone you know, is having thoughts of suicide or is in crisis, call the National Suicide Prevention Lifeline at **800.273.8255**.
Lifeline Chat is also available 24/7.

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. suicidepreventionlifeline.org

National Physician Suicide Awareness Day is on September 17, 2021, which aims to shed light on physician suicide and change the culture of medicine to save lives. The organization calls for a commitment from those in healthcare to break down stigma, increase awareness, open conversations, decrease the fear of consequences, reach out to colleagues, recognize warning signs and approach colleagues who may be at risk. <https://www.cordem.org/npsa>



Our passion is helping organizations, teams and individuals to be their best.

VITAL WorkLife, Inc. is a physician-focused national behavioral health consulting practice supporting all dimensions of well being in the workplace with a multitude of solutions. Serving the U.S. healthcare industry since 2007, our national team of certified physician peer coaches and senior behavioral health consultants deliver life-changing well being solutions.