

a VITAL WorkLife article

A Healthcare Organization's Actions and Postvention Steps for Physician Death by Suicide

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Coming up in the article:

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Physician Suicide. It's an issue that's difficult to face, difficult to talk about but dangerous to ignore. The multiple stressors of contemporary medicine, along with other personal factors such as depression, emotional exhaustion and substance use, can drive physicians and other healthcare workers into a dark place where they feel trapped by thoughts of suicide, actually attempt suicide, or, most tragically, end their lives.



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Each year, anywhere from 300 to 400 physicians die by suicide;¹ the suicide rate for male physicians is 40 percent higher than that of the general population and is 130 percent higher for female physicians.²

One of the most important things we can do is foster a culture of care in the healthcare organization one that addresses mental health and suicide with compassion, regularly. There's also a lot we can do to recognize and intervene when we suspect a physician may be heading for that dark place.³ But what do we do when suicide becomes a real possibility or a present reality—when a colleague reveals that they are having suicidal thoughts, attempts suicide, or completes the attempt? How do colleagues and leadership respond, recover and re-establish their work culture so awareness increases and the risk of suicide decreases—hopefully, to zero?

When a Colleague Reveals Thoughts of Suicide

It is imperative to consider your approach when a colleague might be in a place where ending their life feels like an option—noticing and mentioning changes of behavior or attitude, tactfully asking if they're in need of support and so on. But if they share that they've engaged in what's called "suicidal ideation," it's time to make strong suggestions that they get coaching and/or counseling help. And the key here is to "normalize" their condition and the best response. It's about saying to that troubled colleague, "We are really concerned about you. Here are some of the resources that are available—and I'm going to ask around to see what other help we have. Is that okay with you?" The organization's EAP comes into play and hopefully there is a robust well-being program in place

1. The statistic is quoted in John Matheson, MD, "Physician Suicide," on the American College of Emergency Physicians web site's Wellness page. <https://www.acep.org/life-as-a-physician/wellness/wellness-week-articles/physician-suicide>

2. Statistics from Heather Stewart, "Physician Suicide: Contributing Factors and How to Prevent It," CHG Healthcare, March 29, 2023. <https://chghealthcare.com/blog/physician-suicide-prevention#:~:text=Physicians%20have%20one%20of%20the,physician%20suicide%20are%20explored%20below>.

3. See, for example, Gil Porat, MD, "The Struggling Physician," *Today's Hospitalist*, July, 2014. <https://www.todayshospitalist.com/the-struggling-physician>

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—Simon Mittal, MD, MMM

supporting physicians with peer coaching, counseling and related services. And if the organization doesn't have an EAP or well-being program in place, providing external crisis and non-crisis support options is crucial as well.

At the same time, it's extremely important to assure them that it's okay to need help, look for help and to avail yourself of that help. In short, it's key to let them know they can let down whatever walls of resistance their training or their self-image have built up about "toughing out" mental health crises. Healthcare workers are human beings, and every human being needs help sometimes.

When a Colleague Attempts Suicide

If a physician attempts suicide, colleagues need to amplify the suggestions I've mentioned above—but the organization needs to swing into action as well. Ideally, the organization will have a response team in place, or access to resources that will be able to mobilize one promptly. Response teams will help to stabilize the situation and likely work with leadership to ensure the physician gets what they need, e.g., time off, support concentrated on restoring mental and emotional health, assessment of workload and bandwidth, mentoring and so forth.

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When a Colleague Dies by Suicide: Your Response

In the most tragic of these three scenarios, the response team and support resources become even more important. One of the most crucial things the team coordinates is how the loss is communicated to the other members of the organization and how those team members, whom we can call suicide survivors, are being supported. It's important during this phase to provide accurate information about the death of the employee to avoid any rumors or misinformation to spiral throughout the organization. It's also important for colleagues and leaders to be able to convey a message of understanding and openness. For example, saying something like: "Some of you may be feeling really down, and this sad event may be a trigger for you. That's normal. Let's talk about it, let's be open about it." Colleagues will have many questions to grapple with in the aftermath, including how to understand what happened—and, since colleagueship goes beyond the boundaries of the organization, the best ways to interact with and support the family of the person who has died.

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Colleagues and the organization can play a part in providing care to the family as well. First of all, short-term help is crucial. Can the organization help secure care for the person's children, pick up groceries or deliver meals, fill up the family gas tank or give the surviving partner gift cards? These small but important things can get forgotten in the pain and confusion of navigating the loss. Considering long-term support for the family is important, too. It should include grief counseling for the surviving partner and for their children and consideration for needs of involved extended family as well.





When a Colleague Dies by Suicide: Honoring Them

In the wake of a suicide, it's natural to wonder what was going on with the person emotionally and professionally and to let that dominate our thoughts. It's natural to think that it might be best to limit what we say about a tragic and disturbing event and about the person involved in that event. But when we take deliberate steps to honor their memory, we're doing something important: we're saying they were more than their suicide and that they can't be reduced by it. We're remembering they were important to many people inside and outside the organization, and—this is key—that their life was bigger than their work, as important as their work was. Asserting that tells everyone in the organization we recognize their total humanity as well as their medical

skills and roles. Finding times and ways to honor the person, informally—"Guys, I was remembering Jack today and how he always took such care with the oldest patients"—and more formally, from leadership, like planting a tree in a memorial garden, commemorating a special space, etc.

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A Culture of Openness

There is a lot to think about and do when an organization is confronted with suicidal behavior, but I believe the only real mistake we can make is not to talk about the issue and its realities. Often, after an event, there's a short window during which suicide is talked about, risk factors are highlighted and the resources available to help struggling practitioners are shared—and then the window closes and the topic is gone. We need to admit to ourselves that the event will continue to impact the organization for a long period of time and that many people in the organization might have depression or anxiety and some may be suicidal.⁴

This means postvention efforts are crucial and need to be planned in advanced to support long term health of employees. Organizations also need to address mental health and suicidality regularly, with compassion and understanding. The point is to institutionalize the discussion, the awareness and the understanding of the topic. The ultimate goal is to create a culture of openness about these painful issues. That openness is crucial in creating what our profession needs so desperately—an overall culture of compassion for all our healthcare workers.

For more information on physician suicide and how your organization can help foster a culture of care to combat this experience for many, [contact VITAL WorkLife](#) to learn more.



Contact us to learn more about how to foster a culture of well-being and launch a well-being program for your organization.



Contact us by phone at 877.731.3949, or online at [VITALWorkLife.com/contact-us](https://vitalworklife.com/contact-us)



Scan the QR Code to
schedule a free consultation.

ABOUT VITAL WORKLIFE

VITAL WorkLife is the leading mental health and well-being expert for healthcare organizations and their workforce. We've focused on healthcare since 2007, and today our innovative solutions are leading the way in helping physicians, nurses and entire care teams address professional burnout, life challenges and barriers to seeking help.



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SOURCES

1. The statistic is quoted in John Matheson, MD, "Physician Suicide," on the American College of Emergency Physicians web site's Wellness page. <https://www.acep.org/life-as-a-physician/wellness/wellness/wellness-week-articles/physician-suicide>
2. Statistics from Heather Stewart, "Physician Suicide: Contributing Factors and How to Prevent It," CHG Healthcare, March 29, 2023 <https://chghealthcare.com/blog/physician-suicide-prevention#:~:text=Physicians%20have%20one%20of%20the,physician%20suicide%20are%20explored%20below>.
3. See, for example, Gil Porat, MD, "The Struggling Physician," Today's Hospitalist, July, 2014. <https://www.todayshospitalist.com/the-struggling-physician/>
4. In a 2022 Canadian survey, 36 percent of health care professionals reported having thoughts about suicide at some point in their lives, with 14 percent having thought about it during the previous year. Reported in Human Resources Director/Canada. <https://www.hcamag.com/ca/specialization/mental-health/more-than-a-third-of-healthcare-workers-have-suicidal-thoughts/418501>