

September 17th is National Physician Suicide Awareness Day

Physician suicide is a complex, difficult and painful topic to talk about. But we have a responsibility to push through the uncomfortableness to help prevent physician suicide and save lives. Physicians choose to end their lives at a rate around twice the rest of the population, and America loses 400 physicians a year to suicide.ⁱ

There are a multitude of factors that can contribute to suicide. Although we do not know how to fully predict or prevent suicide, there are many actions you can take to support your colleagues and the other physicians in your organization.



What factors might contribute to suicidal ideation?

Medicine is inherently and undeniably stressful, with incredibly high stakes. As a physician or provider – you are dealing with illness, with life and death, every day. Add the stressors of the contemporary practice of medicine such as high demands for productivity, EHRs, changes in administration, long hours, sleep deprivation and personal factors like family, finances, your own health and work/life balance—and burnout can surface.

Dr. Ronald Groat, a psychiatrist and physician peer coach for VITAL WorkLife, said the biggest factors pushing a physician who is experiencing burnout—which doesn't necessarily lead to suicidal thinking—toward the consideration of suicide are probably unnoticed and undiagnosed depression and substance abuse.

The American Foundation for Suicide Preventionⁱⁱ says “the risk for suicide increases when mental health conditions go unaddressed, and self-medication occurs as a way to address anxiety, insomnia or other distressing symptoms. Although self-medicating, mainly with prescription medications, may reduce some symptoms, the underlying health problem is not effectively treated. This can result in tragic outcome.”

You may also feel like being a physician is an integral part of your identity—that you need to be perfect. If something negative happens, whether professionally or personally, this could create feelings of depression or even suicidal ideation.ⁱⁱⁱ

In addition to these intense, deeply rooted experiences and feelings, there is an additional stigma of depression and other mental illnesses in our society. Many cannot find the time or have the opportunity to seek care, and these experiences cross all industries.

What Can You Do?

You never know what is going on behind closed doors, but you are likely close to other physicians and providers in your organization and may be most likely to spot warning signs. Below are some warning signs to take note of and tangible ways you can help your colleagues who may be struggling with inner demons.

- Pay attention to personality changes indicating burnout or deeper troubles in your colleagues
 - Are they beginning to isolate or withdraw, or showing sadness?

- Are they treating patients differently? Becoming more critical of them or less patient?
- Can you simply sense something is wrong?
- Pay attention to changes in the physical appearance of your colleagues
 - Are they taking less care of themselves? Do they look disheveled or overly tired? These can be signs of a troubled colleague
- Simply check-in on your colleagues and friends. It may only be a colleague who knows a troubled physician very well who can spot signs of trouble, because they may not show traditional signs of depression. Dr. Pamela Wible warns, “Happy doctors are dying by suicide, too. Many doctors who kill themselves appear to be the most optimistic, upbeat and confident people...Some of the happiest people—especially those who spend their days making other people happy—may be masking their own despair.”^{iv}
- Have a conversation with a colleague who may be at risk. Dr. Groat recommends using a “soft sell” as a first approach. He says, “you can simply express concern by saying something like ‘you seem a little silent these days. Is everything okay?’”
- If you are concerned that someone may be depressed or even considering suicide, come to the conversation prepared with resources for support. You may want to get some confidential coaching from VITAL WorkLife on how best to have the conversation. Don’t be afraid to ask someone if they are having suicidal thoughts directly. It is a misconception that addressing suicide will lead to someone having suicidal thoughts.
- If you see someone struggling, say something; whether it’s to them directly or to others within your organization who can provide the support that your colleague needs.
- When talking with a physician who is struggling, focus on the positive, avoid using clichés or passing judgement.

Read our article “*Recognizing and Addressing Signs of Suicide*” which your organization can share with you for more information on identifying signs of those who may be at risk for suicide, do’s and don’ts for supporting a colleague, when to take a step back and more.

We Can Help

You are not alone. Your VITAL WorkLife Well Being Resources offers in-the-moment telephonic support, available anytime, day or night. If you are experiencing distress, or if you notice a colleague who is struggling, please contact us at **877.731.3949** right away to use your in-the-moment counseling, or to set up face-to-face counseling sessions. These resources are completely free and confidential and made available to you to help you with whatever is going on in your professional or personal life.

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is available 24/7 at 800.273.8255. If you need it, please use this free, completely confidential resource to get the help you need. <https://suicidepreventionlifeline.org/>

Sources:

ⁱ <https://afsp.org/our-work/education/healthcare-professional-burnout-depression-suicide-prevention/>

ⁱⁱ 10 Facts about Physician Suicide and Mental Health,” American Foundation for Suicide Prevention.

ⁱⁱⁱ Colwell, Janet. "Preventing Physician Suicide," ACP Hospitalist, March 2018.

^{iv} Pamela Wible, MD, "Yes, 'Happy' Doctors Kill Themselves," Medpage Today, September 13, 2018.