Editorials

Preventing Physician Suicide

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In 2008, I wrote an essay about the suicide of my physician friend and colleague.[1] I shared my grief, guilt, and anger about this profound loss, cited studies describing the silent epidemic of physician suicide, and described our profession's paltry response. I ended the essay with a call to erase the stigma of mental health care among physicians; unfortunately, physician well-being has only worsened.

The article by Norris and Clark in this issue of *American Family Physician* reviews the care of a patient who is suicidal, noting that suicide rates in the general U.S. population increased from 20% to 30% between 2005 and 2015.[2,3] Physician suicide rates in the United States are not systematically tracked,[4] but because physicians attempt and complete suicide at higher rates than nonphysicians,[1] we can reasonably infer that physician suicides have also increased. Physicians' heightened risk of depression and suicide begins during the first year of medical school.[5] Medical students enter training with lower rates of depression compared with age-matched peers, but by the end of their first year, students have higher rates of depression and suicide.[5] Depression rates continue to increase during residency, regardless of a physician's specialty.[5] No formal studies of the prevalence of depression and suicide among physicians exist past residency.

Physicians who complete suicide are much less likely to have sought mental health care compared with nonphysicians, most commonly because of barriers to access and stigma in the medical community.[5] Maintaining confidentiality and objectivity between the patient who is a physician and their treating physician can be challenging. The treating physician may also be a friend, colleague, or a member of committees that determine privileges and advancement.[5] Mental health treatment can impact a physician's ability to obtain professional liability insurance, disability insurance, and health insurance.[5] Concerns about medical licensing repercussions also prevent many physicians from accessing mental health care because most state medical boards ask about mental health when issuing licenses.[4,5] Taken together, these systematic barriers are responsible for the ongoing loss of our friends and colleagues.

The COVID-19 pandemic has further escalated stress and burnout among health care workers.[6] Before COVID-19, 43% of physicians and 54% of primary care physicians in the United States reported symptoms of burnout.[7] Approximately 70% of Chinese health care workers surveyed in the spring of 2020 met diagnostic criteria for posttraumatic stress disorder, 50% met criteria for major depressive disorder, and 45% met criteria for generalized anxiety disorder.[6] Dr. Lorna Breen, an emergency medicine physician in New York City, committed suicide in April 2020 not long after sharing with family the heartbreaking stories of working in the pandemic's epicenter.[8]

The devastating, relentless crisis of physician suicide demands immediate action. Physicians deserve easy access to confidential mental health services. Family physicians should unfailingly apply the principles of care outlined by Norris and Clark to our colleague-patients.[2] Telehealth technologies can ease scheduling constraints and maximize confidentiality. Honest discussions about our profession's challenges should begin on the first day of medical school. Insurance policies and accreditation boards need to abolish care-seeking penalties. Health system leaders should promote practice environments that minimize administrative burdens and offer early intervention to mitigate burnout.[6] Physician organizations should collaboratively monitor physician well-being. We must all work together to mobilize mental health care resources for our colleagues—and ourselves—against the backdrop of the COVID-19 catastrophe.

I speculate that many of you reading this editorial are recalling your own lost friends and colleagues. Let us muster our collective outrage and compassion to promote these desperately needed reforms. Then, perhaps, the next editorial I write about physician suicide will celebrate our successes instead of lamenting our continued lack of progress.

If you or someone you know is considering suicide, call Doctor Lifeline (1-888-409-0141), the National Suicide Prevention Lifeline (1-800-273-8255); en Español (1-888-628-9454); for TTY users: use your preferred service or dial 711 then 1-800-273-8255, go to https://suicidepreventionlifeline.org, or text HOME to 741741.

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