Physician Suicide

A recent article in the Health Matters section of *Newsweek* (4/28/08, Vol. 515, issue 17, p. 16) entitled, "Doctors Who Kill Themselves" caught my attention. The lead paragraph indicated that between 300-400 physicians take their own lives each year and that no other profession has a higher suicide rate. The article alludes that physicians have significant rates of depression and substance abuse problems, and that may be a contributing factor. Women physicians were found to have double the rate of depression and a greater than two times rate of suicide when compared to the general female population.

In 1995, Boxer, Barnett, and Swanson made a comprehensive review of the literature. (1) Their article on suicide and occupation noted that suicide was the eighth leading cause of death in the United States. Most individuals who commit suicide suffer from a diagnosable psychiatric illness.(2) A conclusion drawn at the end of the review was that evidence (English language studies on suicide and occupation 1985-1995) supported the conclusion that both male and female physicians have elevated rates of suicide, with women physicians at particularly high risk.

A meta-analysis in 2004 looking at studies on physicians' suicide showed modest to highly elevated rates for physicians.(3) Despite consistent findings, the studies reviewed from 1996 to July 2003 had multiple methodological limitations.

A 2007 study by Wumsch, Knisely, Cropsey, Campbell, and Schnoll followed 969 impaired physicians (125 women, 844 men) enrolled in one of four state physician's health programs from 1995-1998. They found alcohol to be the primary drug of abuse for all physicians studied although women were more likely to abuse sedative hypnotics than men. (4)

An American Foundation for Suicide Prevention assembled a planning group in Philadelphia, PA October 6-7, 2002 to evaluate the state of knowledge about physician depression and suicide and the barriers to treatment. (5)

Fifteen experts in the fields of physician depression, suicide, and barriers to treatment were invited to evaluate the current literature and develop a consensus report. The participants had expertise in physician health, medical education, licensing and credentialing issues, public health, disability law, substance abuse, depression, and suicidiology. The experts found that:

1. Since the 1960's research confirmed physicians' higher suicide rate and identified depression as a major risk factor.
2. Female physicians had a particularly high suicide rate.
3. Even though physicians have easier access to treatment for depression, they face daunting regulatory and workplace barriers to do so.
4. Physicians who become more skilled at caring for their patients' depression and suicidality were more likely to get care for themselves.
5. Rates of depression are higher in medical students and residents than in the general population.
6. The risk for suicide is much greater when mood disorder and alcohol abuse are both present.

The expert panel, recognizing the need for more accurate and updated research encouraged further investigation. However, they had several specific recommendations for physician and for institutional change. These include:

1. All physicians should establish a regular source of healthcare and utilize it.
2. Physicians who are impaired should be referred to a physician's health program.
3. Physicians should screen all primary care patients for depression.
4. Steps need to be taken to educate physicians, state licensing boards, hospitals, group practices, and malpractice insurers about the public health benefits of encouraging physicians to seek treatment.
5. Ensure that licensure regulations, policies, and practices are nondiscriminatory, and require disclosure of misconduct, malpractice, or impaired professional abilities rather than a diagnosis.
6. The LCME and ACME should mandate that medical schools educate medical students and residents about depression and suicide, and support/encourage them to seek help.
7. Impose health system accountability through the Joint Commission for detection and treatment of depression in all primary care patients.

The physicians in West Virginia and other healthcare stakeholders have moved forward to address this critical issue. In collaborations with the Boards of Medicine, the insurance industry, the hospital association, the state medical association, state government, and higher education, the formation of the West Virginia Medical Professionals Health Program (WVMPHP) was accomplished. Its mission is, "to protect healthcare consumers through early identification and rehabilitation of physicians, surgeons, and other healthcare professionals with potentially impairing health

concerns including abuse of mood-altering drugs including alcohol, mental illness or physical illness affecting competency so that physicians, surgeons, and other healthcare professionals so afflicted may be treated, monitored, and returned to the safe practice of their profession to the benefit of the healthcare profession and the patients we serve."

The West Virginia Medical Professionals Health Program was recently recognized and presented at the annual meeting of the Federation of State Physician Health Programs. Thanks to P. Bradley Hall, MD, Medical Director, Renee Green, RN, Case Manager, and all others who have committed their time and resources to the success of this program. As you read this, please understand the program is at a critical point in its evolution. The board is in the process of securing long term funding. In the meantime, I need your help to secure the short term goal of operation on a daily basis. Currently there are nine participants, and we expect to have 25 participants by the end of 2008. The demonstration of physician support through direct contributions is essential as we move forward. Please send any contribution, $100, $500 or $1,000 to:

WVMPHP, PO Box 400027
ATTN: Renee Green
Charleston, WV 25364

Thank you for your support.

Joseph B. Selby, MD
Chairman of the Board
WVMPHP

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