Now’s the time to have a difficult talk about physician suicide

SEP 16, 2020

Susan R. Bailey, MD
Immediate Past President

As physicians, we are well-conditioned to deliver difficult truths to our patients whenever the situation demands it. We are not as comfortable accepting such truths about ourselves, even when we know that physicians can suffer from the same physical and emotional ailments that affect our patients—including depression and suicide.

The third annual observance of National Physician Suicide Awareness Day on Sept. 17 offers an opportunity to shine a light on this troubling issue, strip away the stigma that surrounds it, and encourage physicians and other health care professionals who are struggling with burnout and depression to seek the help they need.

The facts are devastating. U.S. physicians have one of the highest rates of suicide of any profession. Multiple factors fuel this tragic situation. The modern working environment for physicians and other health professionals can best be described as high-stakes dysfunction. Physicians are under increasing demands and scrutiny to deliver quality care amid ever-changing rules and administrative hassles that interfere with their primary mission.

Strains at each career stage

Starting in medical school, or even earlier at the undergraduate level, an emphasis on physical stamina and mental toughness leads to a normalization of high levels of stress, sleep deprivation, excessively long workdays and a lack of free time to spend with family or friends.
Many physicians face anxiety that stems from crushing levels of student debt, the hassles posed by a poorly designed digital workplace, administrative burdens and red tape, and a host of other stress-inducing factors, plus the added strain that comes with raising children and other responsibilities in the home.

All of this and more leads to higher levels of stress, burnout and depression within our physician ranks. Such feelings of stress and anxiety may never factor into a person’s decision for self-harm. But it is also true that our profession is becoming more complex, more burdensome and more challenging by the day.

The COVID-19 pandemic has exacerbated this situation and brought physician wellness to a crisis point through increased social isolation, reduced access to community support and fewer opportunities to seek counseling or other mental health resources, among other factors.

**Seeking help shouldn’t be penalized**

Our AMA is well aware of the physical and mental demands that modern medicine places on medical students, residents, practicing physicians and their colleagues. We continue to speak out against the long-held stigma placed against those who might otherwise choose to seek care for behavioral health issues, partly because they fear doing so might jeopardize their medical licenses and careers.

Long-standing AMA policy encourages state licensing boards and other credentialing bodies to ensure confidentiality when physicians seek out counseling or other services to address their feelings of burnout, career fatigue, stress or depression. A physician’s mental health should only factor into licensing and credentialing when it currently adversely affects his or her ability to practice medicine in a competent, ethical and professional manner.

Earlier this year, the Medical Society of Virginia played a key role in securing a new state law creating the SafeHaven program, which provides confidential behavioral health resources and ongoing wellness support to physicians in a manner that does not place their medical license at risk, except in extraordinary circumstances.

Texas, Idaho and other states provide confidentiality protections for physicians undergoing the care of a mental health professional; these protections should be available to physicians in every state. The AMA has also drafted model legislation to raise awareness of this critical issue and to influence policymakers.
Additional resources designed to reduce stress and foster well-being can be found in our AMA STEPS Forward™ practice-improvement strategies and elsewhere on the AMA Ed Hub™. For example, one of the evidence-based online modules focuses on assessing risk factors and warning signs for suicidal ideation, while another helps identify at-risk physicians with an emphasis on prevention strategies and facilitating access to care.

**Use the right words**

Finally, I urge physicians to join the movement to change the way we talk about suicide. A great deal of stigma and a sense of shame surrounds the phrase “to commit suicide.” The verb “commit” frequently has a negative connotation, and is often used when discussing crimes or sins. It needlessly distinguishes a self-inflicted death from all other types of death, conveys guilt and culpability, and depicts the person who died as an offender rather than a victim of a mental health condition. Saying that someone died by suicide helps dispel the sense of shame that still surrounds it.

If we are to end the devastation wrought by physician suicide, a single day that calls attention to this crisis is merely a starting point. We must be vigilant for signs of burnout and depression within ourselves and among our colleagues, and we must not hesitate to seek help when we recognize something is amiss. Physicians have resilience and self-reliance in abundance, but when we rely on those traits above all others, we put our own well-being and that of our patients and colleagues at risk.