Preventing physician suicide

"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."

Susan R. Bailey, MD, AMA Immediate Past President

Suicide among physicians

Physicians are at a higher risk of suicide and suicidal ideation than the general population\(^1\). Suicidal ideation has been associated with high workload volume\(^2\) and medical errors\(^3\). Although previous research linked physician burnout to depression and suicide, a recent investigation suggests that burnout and depression are separate experiences, with distinct consequences for physicians and their patients\(^4\). Physicians who experience suicidal ideation have been shown to be less likely to seek the help they need.

Factors associated with suicide among physicians include:

- Depression\(^5\)
- Emotional exhaustion\(^1\)
- Substance-use disorder\(^5\)
- Impaired relationships\(^5\)
- Self-destructive tendency\(^5\)

Understanding the incidence of suicide among physicians, residents and medical students will help inform the AMA's continued efforts to promote access to mental health care, improve physician professional satisfaction and well-being and reduce suicide risk for our nation’s healthcare workforce.

Identifying and addressing warning signs and risk factors


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Taking proactive steps to identify and address physician distress can help to ensure the well-being of colleagues and reduce the risk of suicidal ideation. Additionally, it is imperative that physicians recognize the importance of self-care, model wellness behaviors and encourage others to do the same.

Organizations should also note the importance of creating a supportive atmosphere in the workplace, which can be instrumental in addressing physician distress. Physician advocates can be valuable assets to an organization by providing support services to those in need of help.

Additionally, referral lists for confidential resources inside and outside of the organization should be updated regularly and available to all team members, including physicians.

**AMA efforts and resources to prioritize well-being and mental health**

The AMA has joined the American Nurses Foundation, American Hospital Association and Schwartz Center for Compassionate Healthcare for the All In: WellBeing First for Healthcare campaign. The campaign is a call to action from #FirstRespondersFirst and the Dr. Lorna Breen Heroes’ Foundation to prioritize front-line worker well-being and mental health.

In an episode of the AMA's Moving Medicine video series, J. Corey Feist, JD, MBA, and Jennifer Feist, JD, founders of the Dr. Lorna Breen Heroes' Foundation, discuss physician suicide and ways to reduce burnout of health care professionals and safeguard their well-being.

The AMA's STEPS Forward® practice innovation toolkits provide resources to help identify and support at-risk physicians, identify and respond to suicide risk and respond compassionately and effectively on the organizational level after suicide occurs.

**AMA resources**

- Identifying and responding to suicide risk
- Preventing physician Suicide: Identify and support at-risk physicians
- HEAR to identify care team members at risk of suicide
- Medical student well-being: Minimize burnout and improve mental health among medical students
- Stress first aid for health care professionals: Recognize and respond early to stress injuries
After a physician suicide: Respond compassionately and effectively as an organization

Collective Trauma: Respond Effectively as an Organization
Peer Support Programs for Physicians
Caring for the Health Care Workforce During Crisis

AMA news stories

Now’s the time to have a difficult talk about physician suicide
Is your physician colleague at risk for suicide? Signs to look for
When doctors ponder suicide, depression—not burnout—is key driver
Q&A: Clearing up confusion on physician burnout and depression
To encourage physicians’ healing, make it OK to ask for help
To ease physician burnout, ditch the stigma against getting help

Podcasts

Creating a Culture that Supports Well-Being
Creating a Peer Support Program
Mental health counseling for physicians and APPs
No one left behind: Expanded peer support and second victim syndrome
Three simple STEPS for diagnosing your own mental patterns

Caring for the Health Care Workforce During a Crisis Research

Association of physician burnout with suicidal ideation and medical errors
Suicidal ideation and attitudes regarding help seeking in U.S. physicians relative to the U.S. working population

Webinars

Practical strategies for managing suicidal ideation and reducing risk
The association of physician burnout with suicidal ideation and medical errors

AMA-Sponsored Campaign

All In: WellBeing First for Healthcare
Note: If you or a colleague are thinking about suicide, please contact the Suicide Hotline at 800-273-8255.

References


988 Suicide & Crisis Lifeline

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) telephone program.

People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.