

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 population¹. Suicidal ideation has been associated with high workload volume² and medical errors³. 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 patients⁴. 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:

- Depression⁵
- Emotional exhaustion¹
- Substance-use disorder⁵
- Impaired relationships⁵
- Self-destructive tendency⁵

Efforts to understand physician suicide

American Medical Association policy commits the AMA to study suicide rates among physicians, residents and medical students (AMA Policy D-345.983) to provide an accurate representation and

understanding of the incidence rate. The AMA is working with research partners at Stanford Medicine's WellMD Center to conduct this research and plans to use data from the National Death Index to capture a retrospective view.

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

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 this 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

Educational toolkits

- Identifying and responding to suicide risk
- AMA STEPS Forward® program resources:
 - Preventing physician Suicide: Identify and support at-risk physicians
 - Featured case study: 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

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
- Silos must be broken to help health care heroes exhausted by pandemic

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

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:

- ¹ Shanafelt TD, Dyrbye L?, et al. Suicidal ideation and attitudes regarding help seeking in US physicians relative to the us working population. *Mayo Clinic Proceedings*. 2021; 96(8):
- ² Duarte D?, El-Hagrassy MM?, Couto TCE?, Gurgel W?, Fregni F?, Correa H?. Male and female physician suicidality: a systematic review and meta-analysis. *JAMA Psychiatry*. 2020;77(6):587-597.
- ³ Shanafelt TD?, Balch CM?, Dyrbye L?, et al. Special report: Suicidal ideation among American surgeons. *Arch Surg*. 2011;146(1):54-62.
- ⁴ Nikitha K. Menon BA. Association of physician burnout with suicidal ideation and medical errors. *JAMA Network Open*. 2020;3(12):e2028780.
- ⁵ Epstein LC?, Thomas CB?, Shaffer JW?, Perlin S?. Clinical prediction of physician suicide based on medical student data. *J Nerv Ment Dis*. 1973; 156(1):19-29. doi:10.1097/00005053-197301000-00002