WHEREAS, In 2015, suicide was the tenth leading cause of death in the United States and is the second leading cause of death of people aged 15-24; and

WHEREAS, In 2015, the State of Michigan had a suicide rate of 14.2 per 100,000 people; and

WHEREAS, In 2012, the Surgeon General and Institute of Medicine called for health care systems around the nation to aid in reducing the number of yearly suicides stating, "clinical preventive services, including suicide assessment and preventive screening by primary care and other health care providers, are crucial to assessing suicide risk and connecting individuals at risk for suicide to available clinical services and other sources of care;" and

WHEREAS, More potential years of life are lost to suicide than to any other single cause except heart disease and cancer; and

WHEREAS, In 2013, the cost of one suicide in the United States was assessed to be $1,329,553; and

WHEREAS, Sixty-four percent of people who attempt suicide have visited a physician in the month prior to their suicide attempt, and 38 percent of those who attempt suicide visit a physician in the week before; and

WHEREAS, Community-based suicide prevention programs have been shown to be a cost-effective way to lower costs to the health care system from averted suicide attempts and decrease the number of suicides in communities with prevention programs; and

WHEREAS, The Henry Ford Health System started a ZEROSuicide initiative in 2001 to cut the suicide rate among its patients, and demonstrated an 80 percent reduction in suicide among the Henry Ford Medical Group HMO membership that has been maintained for a decade since the implementation of this program; and

WHEREAS, Centerstone of Tennessee saw a reduction in the rate of suicides from 3.1 to 1.7 per 10,000 two years after initiating the ZEROSuicide initiative within their health system; and

WHEREAS, The Texas Department of Health and Human Services implemented the ZEROSuicide initiative statewide beginning in 2014; therefore be it

RESOLVED, That our American Medical Association engage with the Liaison Committee on Medical Education to encourage the inclusion of formalized suicide awareness training, using an evidence-based multidisciplinary approach, in the curriculum of all accredited medical schools.
Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Teen and Young Adult Suicide in the United States H-60.937
Our AMA recognizes teen and young-adult suicide as a serious health concern in the US. Citation: Res. 424, A-05; Reaffirmed: CSAPH Rep. 1, A-15; Reaffirmed in lieu of: Res. 001, I-16;

Senior Suicide H-25.992
It is the policy of the AMA to (1) educate physicians to be aware of the increased rates of suicide among the elderly and to encourage seniors to consult their physicians regarding depression and loneliness; and (2) to encourage local, regional, state, and national cooperation between physicians and advocacy agencies for these endangered seniors. Citation: (Res. 107, I-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10)

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2 Ibid