

Beyond Burnout: Physician Depression And Suicide

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“We masquerade as strong and untroubled professionals even in our darkest and most self-doubting moments. How, then, are we supposed to identify colleagues in trouble- or admit that we may need help ourselves?”
-P. Sinha. NTY, 2014.

Sobering Statistics

- Each year approximately **400** physicians commit suicide. That is more than 1 per day and roughly the equivalent of 2 entire classes of graduating medical students.
- When screened approximately **10%** of medical students, resident and physicians report current suicidal thoughts.
- Suicide accounts for 26% of deaths among physicians aged 25-39 compared to 11% of death in the same group in the general public.
- Male physicians have a 40% increased risk of suicide compared to non-physician counterparts.
- Female physicians have a **130%** increased risk of suicide compared to non-physician counterparts.

Depression is not the Same as Burnout

Burnout is defined in many ways but generally encompasses emotional exhaustion, depersonalization, and a sense of decreased personal accomplishment. Burnout is related to your professional environment. Personal things can contribute and burnout is a risk factor for depression and suicide but they are not the same. Depression is a medical condition with set diagnostic criteria.

Potential Reasons Why Physicians have Increased Risk of Depression and Suicide

- Physicians are much less likely to seek treatment for mental health conditions. Treatment for depression and other conditions has been shown to be protective against suicide.
- A stigma of mental health persists even with physicians.
- State medical boards and hospital credentialing form ask about mental health treatment and physicians fear that reporting this could jeopardize careers.
- Physicians have access and knowledge of medications and other lethal techniques.
- Increased rates for female physicians may be due to increased work-family conflicts (more time on domestic tasks, higher rates of divorce, etc) and gender bias in medicine (pay differential, less career advancement).

What Can be Done

- Take care of ourselves- find outlets to cope with stress and prevent burnout, build a support network.
- Reach out for help if you need it

- Take care of each other- reach out to people who are struggling, combat stigma about mental health, do not participate in shaming of people with mental health conditions.
- Advocate for change to medical board licensing criteria.

References & Further Reading/Listening

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1-800-273-8255 National Suicide Prevention Lifeline