

### Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/clinicians-roundtable/a-look-at-physician-suicide/3693/>

### ReachMD

www.reachmd.com

info@reachmd.com

(866) 423-7849

---

## A Look at Physician Suicide

You are listening to ReachMD XM 157, The Channel for Medical Professionals. Physician suicide rates are often reported as being higher than the general population or higher than other academics. What does the research really say? Welcome to The Clinician's Roundtable. I am Dr. Leslie Lundt, your host and with me today is Dr. Eva Scherhammer. Dr. Scherhammer is Assistant Professor of Medicine at the Harvard Medical School and Assistant Professor of the Epidemiology at the Harvard School of Public Health.

### DR. LUNDT:

Welcome to ReachMD.

### DR. SCHERHAMMER:

Well, thank you Leslie. I am happy to be here. I look forward to \_\_\_\_\_.

**DR. LUNDT:**

This is such an important topic of course for all of us. What is the common knowledge about physicians and suicide?

**DR. SCHERHAMMER:**

Well, there have only been a few studies that have tried to address that question with the true reason increased risk for physicians to commit suicide and generally, what we think we see in those studies is that there is an increased risk of suicide among physicians, particularly perhaps still among female physicians.

**DR. LUNDT:**

Among female physicians?

**DR. SCHERHAMMER:**

Yes, as you probably know women have only entered medicine couple of decades ago and the studies that we are looking at span the last century. So, there is only about half of all studies that do include female physicians. So, we are speaking about much smaller number of studies that have been able to look into this, but though it seemed to suggest that women encounter about 3 times higher risk of committing suicide than men do in this profession.

**DR. LUNDT:**

So, female physicians are 3 times more likely to kill themselves than male physicians?

**DR. SCHERHAMMER:**

Roughly. So, if you, we have stated that compare physicians to the general population and if you look at the combined evidence, men have about 40% higher risk of committing suicide, whereas women physicians commit suicide at 130% higher rate than the general population.

**DR. LUNDT:**

So, in the general population, women attempt suicide more frequently than men, but are nearly is, I hate this expression, a successful which does not seem like success, but completor shall we say, it sounds like women physicians that is not the case.

**DR. SCHERHAMMER:**

I think that is a very important observation, Leslie. It is true that in the general population about 1 in 15 attempted suicides, especially among women is successful. Among female physicians on the other hand the rate of suicide attempts is actually lower than that of successful suicides and I think what that point too is perhaps one of the reasons that have been proposed for the increased rate of physician suicide among women and that could pertain to the methods that are chosen by female physicians as compared to women in the general population.

**DR. LUNDT:**

So, we know how to kill yourself better than the general population?

**DR. SCHERHAMMER:**

Perhaps so. We do know that in the general population, men tend to choose methods that are more likely to lead success if you will. So men tend to use firearms by far more often than women when they commit suicide. Among physicians, you see that because of the access to drugs that physicians have both men and women, they tend to use more safe methods if you will and they know how to apply these drugs who also successfully commit suicide.

**DR. LUNDT:**

Now, you have actually done some research about physicians and suicide. How did you get interested in this topic?

**DR. SCHERHAMMER:**

My interest in physician suicide is a very personal story. It relates back to the time when I was still in a fellowship for oncology and I remember the time when I was working around with a female colleague of mine who I did not know too well, but I knew she was married. She has a small child and one day, I would come to work and I would hear that my colleague wasn't able to come because she had hung herself in the toilet of her apartment. That was very traumatic in many ways to me because there is a sense of could I have done anything to prevent this from happening, even though that I was working so closely with her and that still I think is something a message perhaps for other colleagues that clearly there could be something in the way colleagues may interact or behave that could point towards an increased risk perhaps for them to be suicidal and that certainly would be something to pay attention to and to reach out to these colleagues.

**DR. LUNDT:**

Tell us about the work you have done.

**DR. SCHERHAMMER:**

Perhaps to continue that story, the reason why I am doing this research is after my colleague committed suicide, three more colleagues in the same hospital committed suicide which is not actually not uncommon, but once we saw, it ends up leading to a suicide streak. So, that two years or so, within that time, four colleagues of mine committed suicide, left an impression on me and made me think that I would like to do some research that perhaps could highlight that if there is any increased risk among physician suicide and perhaps even stimulate more research in order to understand what the actual risk factors are for a potentially higher rate of suicide among physicians.

**If you are just joining us, you are listening to The Clinician's Round Table on ReachMD, The Channel for Medical Professionals. I am Dr. Leslie Lundt, your host and with me today is Dr. Eva Scherhammer. We are discussing the high rates of physician suicide.**

**DR. LUNDT:**

So, what have you found in terms of risk factors?

**DR. SCHERHAMMER:**

Well, we conducted a study where we were trying to combine all the evidence that have been published and in that combined evidence, we did see that there is a gender difference among male and female physicians. Now, we did not have data to actually look into the causality of that increased risk of suicide, but there is some literature out there that tries to sort of look at known suicide risk factors and how that pertains to this physician community and having said that, I also would like to point out that apart from this, perhaps higher suicide rate among my colleagues, there is also a lot of good things to be said about physicians, which in many ways are living a role model life in terms of the smoking rates, pertaining to great diets, exercising at a higher level than the general population and it has also been shown that physicians tend to live a couple of years longer than non-physicians. So, generally that

profession is doing very well, but there are certain things they may encounter in the profession and may actually add to underlying risk factors such as perhaps the high prevalence of psychiatric disorders or social factors that then may lead to a crisis and in the combination of an underlying risk factors can perhaps leads to an acute increase in the risk of committing suicide.

**DR. LUNDT:**

Does specialty seems to matter?

**DR. SCHERHAMMER:**

There are some studies that support this. So, especially specialties that have better access to drugs such as anesthesiologist perhaps, but there are also studies supporting that psychiatrist have a higher rate of suicide, even higher than colleagues from other sub disciplines and there is also evidence that physicians working in the emergency room may also have a higher rate.

**DR. LUNDT:**

So, we see gender differences, some specialty differences, risk of comorbid psychiatric problems, substance abuse, any other factors that seem to increase the rate of suicide among physicians?

**DR. SCHERHAMMER:**

Well, there has been arguments given the particularly higher rate among female physicians that perhaps gender-based harassment may play a role and there are also some interesting studies supporting especially in male-dominated professions, for instance among female surgeons that there is a really high rate of gender-based harassment. There are data supporting that up to 50% to 75% of all women in that profession have at one point or more than once been gender-based harassed or

sexually harassed and clearly that could add to the stress that female and male physicians already encounter in their profession. So, there has been talk about that gender inequality in certain subspecialties that may contribute to perhaps higher risk among the women.

**DR. LUNDT:**

Now, any idea as what we as a profession can do to prevent physician suicide?

**DR. SCHERHAMMER:**

Well, my advice would be based on my own experience to clearly watch out for your colleagues for one and if you do notice any differences, if you know the colleague is encountering a crisis and such crisis could be the loss of relative, of a child, of a spouse, could be retirement or woman going through menopause, all sorts of crisis that you might encounter in your colleagues that you think warrants perhaps your particular attention. When I say this particularly because there is also evidence that physicians have a harder time reaching out for help if they need help and in addition if they do reach out for help, often times they do not receive the type of help they would perhaps receive if they were not physicians themselves. So, I think it is one thing is for us to look out for colleagues who might be in need and then there has also been suggestions that perhaps one should try to establish more visually confidential access to psychotherapy to perhaps encourage an open discussion about the stressors that physicians encounter in their daily practice and of course also to equalize professional conditions and this is going back again perhaps to gender-based differences and the stresses that women as opposed to male physicians encounter.

**DR. LUNDT:**

Are there any resources that our listeners might turn into for more information?

**DR. SCHERHAMMER:**

The American Medical Association, I am sure would have information, definitely each hospital should already have in place some sort of access to help for physicians who are in need of either psychotherapy or counseling. So, probably to check with the individual hospital or with the American Medical Association would seem the best starting place for more information.

**DR. LUNDT:**

It seems like confidentiality is such a huge issue for physicians in need of treatment that seems like a perfect opportunity for some sort of internet-based treatment or evaluation service. I wonder if anybody is working on that?

**DR. SCHERHAMMER:**

Yes, that is a good suggestion. I do not know whether anyone is working on that, but I truly think that new technology may open up new venues and ways how one could do this in a very confidential way because you are right, there is this threat of losing their medical licence for physicians if they do seek help for certain psychiatric problem. So, clearly, there is a need for confidentiality, particularly when it comes to counseling physicians. So, yes, I think your suggestion is a good one, I am not aware of. I need particular effort if that currently is being undertaken in that regard.

**DR. LUNDT:**

Certainly, at least in Idaho where I practiced every time you renew your medical life and if you have to answer that question, you know on the license renewal form, if ever in the past year received any sort of psychiatric treatments, I wonder if it does prevent people from seeking help.



**DR. SCHERHAMMER:**

It might, it might, and that clearly is something that could perhaps be improved by ensuring that these types of reasons for counseling do not threaten the loss of licenses among physicians.

**DR. LUNDT:**

Do you have any other studies planned in this area?

**DR. SCHERHAMMER:**

I would love to explore the risk factors for suicide and perhaps cohered of nurses to sort of see what especially in medical professions where chronic stressors are for sure more prevalent than in any other professions, what sort of risk factors we could find and perhaps eventually by preventing certain risks, reduce the risk of suicide in this profession.

**DR. LUNDT:**

Thank you so much for sharing your work with us today.

**DR. SCHERHAMMER:**

It was my pleasure. Thanks Leslie.

**DR. LUNDT:**

We have been speaking with Dr. Eva Scherhammer about physicians and suicides. I am Dr. Leslie Lundt. You are listening to ReachMD, The Channel For Medical Professionals. For a complete program guide and downloadable pod cast, visit our website at [www.reachmd.com](http://www.reachmd.com). Thank you for listening.