

PHYSICIANS PRACTICE

EDITOR'S NOTE

BOB KEAVENEY



HEALTHCARE'S QUIET TRAGEDY

IT WAS A SUNDAY MORNING AND I WAS JUST SETTLING DOWN TO MY COFFEE AND NEWSPAPER WHEN A FRANTIC KNOCK CAME AT MY DOOR.

The woman on the other side introduced herself as the ex-wife of my neighbor, a fellow so reclusive that I'd only seen him once or twice in the few months I'd lived in the building. I had left him alone. Now his former spouse was at my door, distraught. She'd received an e-mail from him, she explained, that made her think he might hurt himself. He wasn't answering his phone. He wasn't coming to the door. Could I help?

We called the landlord. He came over with a spare key, entered, and found my neighbor's body on the sofa. I'll spare you the grisly details, but he had taken his own life.

That horrific episode happened years ago, and to my knowledge my neighbor was not a physician, but it came to mind when I heard about the new documentary, "Struggling In Silence," on the subject of doctors who kill themselves. Nearly one American physician each day commits suicide. One a day. It's as if the entire graduating class of two mid-sized medical schools commits suicide *en masse* every year.

Doctors' higher-than-average suicide rate is well-known among physicians, even if it seems counterintuitive to the

general public. Physicians, after all, are smarter, more accomplished, and better-paid than the average person. They're on top of the world, right? They dedicate themselves to others' health. They take an oath to do no harm.

"Anyone's life who is lost to suicide is a tragedy, but it just seems like such irony that we lose physicians who should be most aware of the medical conditions that precipitate suicide," says Wendy Hambrough in the film, which has been running on PBS stations around the country. (Order the

male-dominated, albeit less so now than ever — discourage treatment.

Stephen Sideroff thinks all these factors are at work. He's a clinical psychologist in Los Angeles who specializes in stress-management in high achievers such as executives, athletes, and physicians. "For many of us, it's not OK to acknowledge stress," he told me. "It's discouraged. For physicians, that's magnified. ... There is a sort of macho thing: How much stress can you take?"

But are physicians more prone to depression because of the nature of

STRESS MANAGEMENT "For physicians ... there is a sort of macho thing: How much stress can you take?"

Stephen Sideroff, PhD

DVD at the Web site of the American Foundation for Suicide Prevention, www.afsp.org.) Hambrough is a nurse whose burn-specialist husband, John Hambrough, took his life in 2001.

The irony is bitter indeed, yet the reasons are manifest. For one thing, it's likely that the sort of person who tends to be drawn to medicine in the first place — type-A perfectionists for whom a mistake is a personal affront — is more vulnerable to depression. And no doubt physicians' medical expertise and access to deadly drugs simply makes them more likely to succeed in a suicide attempt than the average person.

Women physicians are at particular risk: They take their own lives at a rate 2.2 times greater than women in the general population; the ratio for men is 1.4 to 1. Why? Does the physician culture — still

medicine? Doctors in England began noticing higher suicide rates among their colleagues as far back as the 1850s. Is the job so grueling that it leads to greater stress, and in turn to depression?

Perhaps. But I think something simpler is going on, too: Physicians are afraid to get treatment for mental health issues because of very real concerns about professional backlash. State licensing boards and hospitals have been known to punish doctors who seek treatment for depression. The reason is patient safety, but are patients made safer by driving troubled physicians underground?

One a day. ■

Bob Keaveney is the executive editor of Physicians Practice. Tell him what you think at bkeaveney@physicianspractice.com.