Opinion

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Safeguarding Our Mental Health

A medical school classmate of mine died of suicide the night before Match Day. Instead of celebrating at the Match Day party, my classmates and I clustered in stunned silence. I spoke at David's memorial service because we were friends. One year when neither of us had time off to go home, we had Thanksgiving dinner together, and he played the first movement of Rachmaninoff's "Piano Concerto No. 3." I rarely mention his death because it's as unsettling today as it was so many years ago.

Jaya Kumar, a retina specialist in Florida, agrees that physician suicide is a haunting topic. "We don't even know how to start talking about it," she says. "There's a persistent stigma against mental illness in our medical community, and we expect ourselves and our colleagues to tough it out." Jaya's father, an internist, died of suicide 3½ years ago, and now she is devoted to cultivating more safety and empathy around the topic of suicide, its warning signs, and resources for help.

Why is this a particularly difficult topic for us to discuss—and why are physicians at increased risk? To begin with, we are taught that patients come first. Also, we value emotional steadiness and clear thinking even (or especially) after being up all night for surgery. It's a badge of honor to be stoic. We have exacting standards and little tolerance for error. Moreover, we work long hours providing ophthalmic care and emotional support to dozens of patients each day and performing high-intensity surgery. The threat or reality of a malpractice suit looms. We are available after hours, and—perhaps most importantly—we care so much about our patients.

Physicians may seem to accept these stressors as normal, but a meta-analysis of physician suicide rates suggests otherwise: Compared to the general population, the suicide rate ratio for male physicians is 1.41; for female physicians, it's 2.27.[1] Why don't they seek help? Perhaps they fear confidentiality breaches. Certainly, many doctors don't even attend to routine medical care, let alone mental health care.[2]

Our medical students, residents, and fellows are a particular concern. Suicide is the second most common cause of death in people aged 25-34.[3] Nearly 29% of medical students experience depression (range, 21%-43%)—and the incidence increases each year of their training.[4] Aspiring physicians go through the rigors of medical training—complete with sleep deprivation—when they are at a vulnerable age for depression and suicide.

Why are physician suicide rates so much higher for women than for men? While the data are scant, Jaya suggests that women physicians are expected to multitask and excel at several demanding roles. Many report that they have had to overachieve to be recognized as competent, and many of us are perfectionistic. She thinks that women tend to internalize, for example, thinking that surgical complications are their own fault, instead of recognizing that some cases are just tough.

For the fourth year in a row, Jaya invited physicians and staff from her practice to participate in an annual Out of the Darkness fundraising walk for the American Foundation for Suicide Prevention. "Walking together makes you feel like you're not alone," Jaya says. About 50 people walked with her this year; all wore T-shirts that featured a sunflower and the phrase "You Are My Sunshine."

There are myriad resources and proposed solutions for addressing physician suicide, but Jaya thinks one of the first and most important steps is loosening the shame around the topic. As powerful as these walks have been for Jaya, it's the frank conversations she's had with colleagues—opening up about mental health—that are most meaningful.

1 Schernhammer ES, Colditz GA. *Am J Psychiatry.* 2004;161(12):2295-2302.
2 Cedfeldt AS et al. *Acad Med.* 2012;87(3):327-331.
3 https://wisqars.cdc.gov/fatal-leading. Accessed March 1, 2022.
4 Mata DA et al. *JAMA.* 2015;314(22):2373-2383.