Breaking the Silence: The Need to Respond to Physician Mental Illness and Suicide

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Disclosure

- We have no financial or clinical conflict of interest in relationship to this presentation.
Objectives

- Identify risk factors for suicide in physicians.
- Recognize the current barriers to accessing mental health support by physicians.
- Acknowledge health providers who have died by suicide.
- Understand warning signs of suicide.
- Establish awareness of resources nationally and locally that can be provided to support physicians.
- Embrace the need to maintain a medical culture of openness and positive encouragement to help promote wellness.
SUICIDE IN THE GENERAL POPULATION: US & OREGON

According to the American Foundation for Suicide Prevention:

- 10th leading cause of death in the US
- 45,000 Americans annually
- 51% by firearm
- Men vs Women: 3.5:1
- In 2016, Caucasian males = 70% of suicides
- Highest in middle age (45-54yrs)

Per 2016 CDC report, suicide rates in the US climbed 24% from 1999-2014 to a 28 yr high


*Deaths. Final Data for 2014. Cdc.gov. Retrieved 2 March 2018; https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6217a1.htm?s_cid=mm6217a1_w#tab1
SUICIDE RATES PER PROFESSION

- Per 2012 CDC study:

Are physicians at elevated risk of suicide?

- 1858, London England
  - Dr. Bucknill and Dr. Tuke publish *A Manual of Psychological Medicine*
  - Noted higher rate of suicide in physicians

Dr. Charles Bucknill, 1817-1897

Dr. Daniel Tuke, 1827-1895

Physicians vs similarly educated professionals

- **Emory University (2000):**
  - National Occupational Mortality Surveillance Database
  - From 1984-1995 in 28 states (including Oregon)
    - Physicians: LESS likely to die from chronic diseases

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Are there differences between men and women?

- **2004 American Journal Of Psychiatry Meta-analysis:**
  - Reviewed 25 studies (2100 suicides among physicians) and found the following:
    - Female physicians VS *general female population* die by suicide by a ratio of: **2.3 : 1**
    - Male physicians VS *general male population* die by suicide by a ratio of: **1.4 : 1**

**Male doctors : Female doctors**

**3.5-7 : 1**

Physician suicide findings cont…


Shame likely plays a role (Meyers, 2016)

Alcohol/drug use disorders associated (GenHospPsych, 1982)

Anesthesiologists may be at the highest risk (Wible, 2017)

“Doctors are masters of disguise. Even fun-loving happy docs who crack jokes and make patients smile all day may be suffering in silence. We are all at risk.”

-Dr. Pamela Wible

Dr. Pamela Wible is Family Medicine doctor from Eugene, Oregon.
Physician suicide findings cont…

- Gen Hosp Psychiatry 2013 study:
  - Methods: firearms (48%), poisoning/OD (23.5%)
  - Married, middle aged males with family history
  - Depression → significant risk factor in suicide
  - LESS likely to receive mental health treatment
  - Job-related problems more likely to contribute
    - Burn out (aka “a state of vital exhaustion”)


Tx barriers:
- stigma
- licensure
- privacy

Suicide risk increases in med school by 4% \( \rightarrow \) increases to 25% intern year (Arch Gen Psych 2010)

Medical students & residents report a low rate of treatment (JAMA Psychiatry 2010)

28% residents \( \rightarrow \) major depressive episode (JAMA 2015 meta-analysis)

#1 cause of death in male residents, #2 in female residents (Acad Medicine 2017)
OREGON IS NOT IMMUNE

2 doctors per year die by suicide in Oregon
Their stories

• Written by Michael Myers, MD
  Professor of Clinical Psychiatry, SUNY
  Downstate

• Spurred by personal experience
  Death of medical school roommate Bill by
  suicide in 1962

• A collection of stories from families, colleagues, and
  patients of physicians who have died by suicide
Their stories

• Note - the following stories are in the public domain
Their stories: Dr. August “Gus” Watanabe

- Born in Portland, OR - attended Wheaton College, Indiana University School of Medicine
- Cardiologist, department of medicine chairman, biopharmaceutical executive, non-profit director
- Developed depression following family deaths and other stressors, briefly saw a psychiatrist
- Died by shooting self in 2009 in Brown County, IN at age 67
- Wife Dr. Peggy Watanabe, participates in efforts to promote physician wellness programs
Potential vulnerabilities of Physicians

• Perfectionism (Center for Clinical Intervention)
  • Relentless striving for extremely high standards
  • Judging your self-worth based largely on your ability to strive for and achieve such unrelenting standards
  • Experience negative consequences of setting such demanding standards, yet continuing to go for them despite huge cost to you

• The Wounded Healer

• Stress & everyday losses

• Stigma & untreated mental illness
Potential vulnerabilities of Physicians

“A good friend told me about her death. We didn’t know right away that it was suicide. It was horrible to hear the truth. It came out that she had been struggling. Why is there so much stigma? Why is there that message of ‘don’t show any weakness’ in the everyday world of medicine?”

-Pam Swift, MD on the suicide of a doctor colleague
Their stories: Kathryn Stascavage

• Grew up in Brookfield, CT - attended Stevens Institute of technology, Icahn School of Medicine at Mount Sinai

• 4th year medical student, orthopedic research, varsity soccer and hockey player

• Suspect academic pressure as contributor

• Died by jumping from medical school dormitory in 2016 in New York City, NY at age 27

• Dr. David Muller, Icahn SoM Dean, wrote a NEMJ editorial – plans to de-emphasize MCAT & USMLE Step 1, changed to pass-fail grading, withdraw school from annual rankings, & starting annual mental health check-ups
The Culture of Medicine

- Burden of Student Debt & Business Costs
  - Maintaining Certification & Licensing
- Demands of Patient-care
- Documentation Burden & Electronic Health Records
- Threats of Lawsuits
- Potential for Negative Effect on Career when Seeking Mental Health Treatment
“Since Carla’s death, I’ve thought very deeply about her – and our work together. I wonder how much she kept from me, how much she didn’t share. She was in recovery and being monitored – and although I didn’t have to file any reports to the physician health program, I wonder if that inhibited her from being fully truthful with me. Just the process of oversight, I wonder how much that might work against doctors being completely forthright with their therapists.”

-Dr. Wilson (pseudonym) about death of a patient in ophthalmology residency
Sadly, not just an American story...

Doctor commits suicide at Kochi hotel

Kochi: A young doctor, Mambai Rai who was in the city for a dermatology conference reportedly committed suicide at a Kochi hotel on Friday. Police have found a suicide note from the room where she cites her battle with depression as the reason for the extreme step.

"I am a patient of depression. I am fed up of fighting it. I am quitting. No one is responsible for this. Sorry Pappa," reads the suicide note of the doctor which the police found.
Their stories: Adam Hill

- Grew up in the Midwest – attended Butler University, Indiana University School of Medicine, St Louis University, Duke University

- Palliative Care Physician at Riley Hospital for Children, medical director for pediatric oncology summer camp

- Developed depression during medical school, prescribed antidepressants, coped with alcohol during fellowship, suicidal thoughts with plan to kill self

- Sought help, enrolled in physician treatment program, had inpatient substance treatment for relapses, shared personal story in NEJM, proponent of physician wellness and self-care
Revitalizing the Practice of Medicine

• Fighting stigma with openness & acceptance
  • We need to talk about mental illness, burnout, work stressors/trauma & suicide

• Education for medical trainees & physicians & their families & patients

• Confidential & non-punitive access to mental health & substance treatment

• Organizational change & quality improvement that prioritizes staff well-being in addition to patient and organizational outcomes
“Healers are attracted to the profession to be a helper, not a helpee. They haven’t been given permission to ask for help, they have no experience in asking for help. Someone needs to tell us ‘it’s okay to get help’... How could I seek help from a profession that wounded me... This is a systems issue. There is a collective wound that is best healed by a collective healing.”

-Dr. Pamela Wible, author of Physicians Suicide Letters Answered
IT CAN HAPPEN TO US.
IT IS HAPPENING HERE.
THERE MAY NOT BE ANY RED FLAGS
NEVER WORRY ALONE

WWW.TRUDYMURPHY.COM

DR NED HALLOWELL
I'M WORRIED ABOUT MYSELF/CO-WORKER

The Resident and Faculty Wellness Program

Contact us
Schedule with any one of these providers below:

Sydney Ey, Ph.D., Psychologist
Email: eys@ohsu.edu
Pager: 12191

Mary Moffit, Ph.D., Psychologist
Email: moffitm@ohsu.edu
Pager: 12047

Marie Soller, M.D., Psychiatrist
Email: soller@ohsu.edu
Pager: 10767

Marie Soller, M.D., Mary Moffit, Ph.D., and Sydney Ey, Ph.D. (left to right)
Wellness Resources

Take Your Temp

- Take our anonymous, interactive [OHSU Stress and Depression Survey](#).
  How stressed are you? How would you score on depression and anxiety screening questions? Are you struggling with maintaining good health habits? Do you have questions about seeking counseling through our program?

- Visit these sites to learn more about yourself:
  - [Alcohol Intake](#)
  - [Anxiety](#)
  - [Burnout](#)
  - [Depression](#)
  - [Perfectionism (Multidimensional Perfectionism Scale in section below)](#)
  - [Self-Compassion](#)
  - [Stress](#)
  - [Work life balance](#)
I’m not ok.

I’m here, and I’m listening.

CRISIS TEXT LINE | Text HELLO to 741741.

Lifeline Chat

Lifeline Chat is a service of the National Suicide Prevention Lifeline, connecting individuals with counselors for emotional support and other services via web chat. All chat centers in the Lifeline network are accredited by CONTACT USA. Lifeline Chat is available 24/7 across the U.S.

Start a Chat

Ready to chat? Please review and agree to the terms of service, then enter your zip code. A crisis counselor will soon start a conversation with you. There may be a wait time to connect. To speak to a counselor now, please call the Lifeline at 1-800-273-TALK (82555).

You’re now in line. There are 7 people ahead of you.

THINGS TO REMEMBER

Thank you for your patience. There may be a wait time to connect with a counselor. To speak to a counselor now, please call the Lifeline at 1-800-273-TALK (82555).
LOCAL RESOURCES

**CASCADIA WHOLE HEALTH CARE™**

The Urgent Walk-in Clinic

Monday-Sunday
7am to 10:30pm
4212 SE Division St.
Suite 100
Portland, OR 97206
503-963-2575

**Physician Wellness Program**

The purpose of the Physician Wellness Program is to create a safe harbor for physicians to obtain help.

**MEDICAL SOCIETY OF METROPOLITAN PORTLAND**

Connecting Physicians in Community
SUICIDE PREVENTION

Healthcare Professional Burnout, Depression and Suicide Prevention

Placing a priority on mental health enables healthcare professionals to better take care of themselves and their patients.
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>At a Glance</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Proactively Developing a Suicide Crisis Plan</td>
<td>3</td>
</tr>
<tr>
<td>Checklist for After a Suicide</td>
<td>4</td>
</tr>
<tr>
<td>Crisis Response Team</td>
<td>5</td>
</tr>
<tr>
<td>Crisis Response Communication Plan</td>
<td>6</td>
</tr>
<tr>
<td>Get the Facts First</td>
<td>7</td>
</tr>
<tr>
<td>Missing Resident</td>
<td>7</td>
</tr>
<tr>
<td>Informing the Emergency Contact Person</td>
<td>8</td>
</tr>
<tr>
<td>Sharing the News</td>
<td>10</td>
</tr>
<tr>
<td>Helping Residents Cope</td>
<td>14</td>
</tr>
<tr>
<td>Supporting Faculty and Staff</td>
<td>15</td>
</tr>
<tr>
<td>Working with the Community</td>
<td>16</td>
</tr>
<tr>
<td>Memorialization</td>
<td>17</td>
</tr>
<tr>
<td>Online Memorial Pages and Social Media</td>
<td>18</td>
</tr>
<tr>
<td>Media and the Press</td>
<td>19</td>
</tr>
<tr>
<td>Moving Forward</td>
<td>19</td>
</tr>
<tr>
<td>Appendix: Crisis Response Tools</td>
<td>20</td>
</tr>
<tr>
<td>A: Suggested Internal Communication List</td>
<td>21</td>
</tr>
<tr>
<td>B: Tips for Talking about Suicide</td>
<td>23</td>
</tr>
<tr>
<td>C: Sample Scripts to be Used in Face-to-Face Communication</td>
<td>25</td>
</tr>
<tr>
<td>D: Sample Email Death Notifications</td>
<td>27</td>
</tr>
<tr>
<td>E: Memorial Service Planning Checklist</td>
<td>30</td>
</tr>
<tr>
<td>F: Sample Media Statement</td>
<td>32</td>
</tr>
</tbody>
</table>
RESIDENT PERSPECTIVE

- “The idea of teaching people how to be more resilient against stress instead of modifying these stresses is pushing the burden of responsibility onto the most powerless in the system.”
  
  – Dr. Thomas Schwenk

- “It’s not in the culture to say, ‘I’m burned out; can I leave early?’ It’s not culturally acceptable, so you would have to have somebody offer provide relief. And if you don’t have leadership modeling that kind of offer of respite, then it’s not going to happen from the bottom up.”
  
  – Dr. Margaret Chisolm (director of education for Johns Hopkins Bayview Medical Center’s Department of Psychiatry and Behavioral Sciences)
400 Physicians a Year...

“When a colleague dies from suicide, we become angry, we mourn, we search for understanding and try to process the death . . . and then we go on doing things the same way we always have, somehow expecting different results — one definition of insanity.

It’s way past time for a change.”

– Dr. Adam B. Hill