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The Physician Suicide Crisis

Abstract

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Background: Mental health has been a serious issue among physicians over the past century. It is clear if we do not address this issue, the doctor shortage in America will continue to rise and the quality of care that patients receive will continue to deteriorate.

Methods: Literary research was conducted using both primary and secondary sources in order to find historical evidence of the mental health crisis among physicians.

Findings: It is clear that there is a mental health crisis among physicians by the staggering statistics that will be discussed throughout the paper. It is also evident that more change is required if we are going to fix this issue in our healthcare system.

Summary: In recent years, there have been changes to past policies that have been beneficial to physicians and their mental health such as hour restrictions and mandatory time off between shifts. This is a step in the right direction of a long journey to a better environment for physicians and their health.

Key words: Mental Health, Stigma, Physicians.

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Is there a better career out there than being a physician? It is a prestigious, well paid, and honorable career. Physicians are viewed as real life superheroes who have the notoriety and deep pockets to back up their persona. This is oftentimes the current perception of what being a physician in America is like today. Unfortunately, the television shows and media usually portray only one side of the story and this is almost always the glamorous one. Physicians have always been glorified and even to some degree deified. This is often due to the powerful role they have held in society. In the early 19th century physicians were beginning to be viewed in a better light. With new discoveries such as chloroform (which made procedures a lot more effective), physicians were no longer looked at as a person you seek as a last resort, but rather as someone who could heal you from illness. Their societal position only rose from the 19th to 20th century as physicians were viewed as well educated, wealthy, and valued contributors to society (Legha, 2012). However, the journey it takes to become a physician is often overlooked. One must go through four years of a rigorous pre-med journey, four years of medical school, three to seven years of residency followed by one

to two years of fellowship. Not only this, but one must perform at an extremely high level during these periods. Becoming a physician has never been easy, and it is important to look at how physicians' roles have evolved over time to get a better understanding of why there is a mental health crisis currently among physicians today.

Where the Problem Begins Among Current Physicians

The concern regarding “physician burnout” has been around for decades but is now just receiving attention. Physician burnout is a physical or mental collapse caused by being overworked or exceedingly stressed. The difference between everyday stress and physician burnout is the ability to recover in your time off. Physicians begin to experience burnout when they are not able to recuperate from being on-call twenty-four hours at a time or working for several days in a row without time off. Approximately 44% of doctors have experienced physician burnout (Drummond MD, 2016). Physician burnout, along with the pressure of performing at a high level each and every day, and working upwards of eighty hours a week, leads doctors to commit suicide.

The suicide rate among male physicians is 1.41 times higher than the general male population, and female physicians have a suicide rate 2.27 times higher than the general female population. The average number of interns that have been recorded to have suicidal thoughts is twenty three percent. Twenty eight percent of resident physicians experienced a major depressive episode during training while only 7-8 percent have for other Americans in similar age groups (American Foundation for Suicide Prevention, 2015).

The core of the problem begins with the daunting task of trying to get accepted into medical school. Only forty-one percent of applicants matriculate, illustrating how difficult acceptance into medical school is. The stress then moves into student life as a medical student, where they are faced with pressure to master an overwhelming amount of material. Competition with peers can also contribute to their stress, considering less than half of medical students match with their first choice for residency. Sleep deprivation is common, and students can face criticism from faculty who have no tolerance for ignorance, signs of weakness, or emotional displays (Graham, 2016). This is a drastic change from the previous century as medical schools were a lot less stringent during this time. Part of this was due to the mass increase in medical schools. For example, during the early 1800s there were only four medical schools in the United States, while only half a century later over sixty new medical schools were founded (Buford 2020). Due to this large increase, and medical schools relying mainly on tuition as their main source of funding, medical students were admitted with ease. Not only this, but this was a time where medical training was transitioning from the apprenticeship program to a formal classroom setting and due to the lack of planning the transition was rough. Leading

to the quality of education deteriorating, ultimately leading to entrance requirements being nonexistent other than the students' ability to pay the required fees (Buford 2020). Not only was the application process a lot different during this time, but the actual medical training was nowhere near as rigorous as it is today. During this time frame medical students were only subjected to two four-month sessions of classes (compared to the four six-month sessions required today). Even how medical schools were judged is completely different today than it was during the 18th and 19th century. During the previous centuries medical schools were viewed as successful if they were profitable, compared to current standards where research and residency placements are at the helm of success.

What's Causing the Extreme Distress Among Physicians?

Why has the rate of suicide been increasing among physicians and why is it the highest suicide rate among all professions? One reason could be that physicians are also often their own worst doctors and feel they can handle their own health issues and stress (Vliet, 2014). There is the ever-present social stigma about seeking mental health treatment, but for physicians this is magnified by the fear of being penalized and having their medical license jeopardized if they seek treatment for depression or stress. Most physicians are afraid to seek mental health professionals because the treatment must be reported on each medical license renewal application and potentially increases the risk of losing one's license and livelihood. Some examples of physicians never-ending stressors include: having the responsibility for patients' lives, fear of making mistakes that might cost a life or cause a malpractice lawsuit, fear of losing one's medical license and livelihood, long hours (doctors can work up to 80

hours/week), and time away from family. This can lead to physicians experiencing higher rates of unrecognized or untreated depression, alcohol or substance abuse, and divorce than the general population (Vliet, 2014).

The Issues with Past and Present Initiatives

Has there always been a mental health crisis among physicians? This is a challenging question to answer as mental health issues have been frowned upon for years. Due to this public stigma, people were often scared to “come out” and say that they needed help leading to a lack of data for many years until recently. Especially physicians, as they were looked upon to cure the sick, and if people perceived them as “weak” or ill in any way, they very well could have been seen as an inadequate provider (Anderson, 2015).

The mental health crisis among physicians has been a critical issue for the past 150 years. However, there has been a lack of awareness and support for these physicians. Only within the past half a century has this situation come to light. In the 1970’s the PHP (Practitioner Health Programme) was established. The PHP is a confidential health service for doctors with mental illness and addiction problems. Their objective is to improve the mental health of clinical workers, reduce the stigma they face, and ensure that individuals can return to work. The problem regarding this program is that physicians who voluntarily reveal they have a mental health problem can be forced into treatment without an alternative, face expensive contracts, and are frequently sent out of their home state to receive the prescribed therapy. Some physicians have even reported that large sums of money were demanded up front before any assessment was conducted (Anderson, 2015). Not surprisingly, the PHP also has

preferred evaluation sites that have financial ties with themselves. These facilities often recommend more treatment because of the financial gain they will receive. Often, a four-day treatment can cost up to 4,500 dollars (Boyd, 2016). In some cases, ninety-day treatment programs may be recommended where a physician is sent to a facility for treatment. However, there has been no scientific evidence to prove this has any greater medical benefits than a thirty-day treatment plan (Boyd, 2019). Not only are these health programs expensive, but many physicians believe they are “punitive, unmonitored, and deprive doctors of due process rights, preventing them from challenging diagnoses they disagree with” (Lenzer, 2016). Some doctors also said their medical license was suspended or revoked without evidence of professional impairment, ruining their reputation, and potentially ending their careers (Lenzer, 2016). Because physicians fear losing their license or being sent away to “prison”, they stop reaching out for help, which then leads to them not receiving adequate mental health treatment. This issue can still clearly be seen as the average number of suicides among physicians is still hovering at 300-400 cases per year (Graham, 2016).

The unintended consequence of scaring doctors away from seeking mental health treatment and the somewhat intended consequence of charging physicians an extraordinary amount for the PHP services, are undoubtedly the downfall of the past and ironically, current systems in place. Without a doubt, what has been tried before has shown to be truly ineffective. Looking at this scope through a new lens is required to solve this issue. We must implement more changes and quickly if we hope to even make a small dent in this large issue.

What Is the Impact That the Mental Health Crisis Is Having on the Medical Field?

How is the mental health crisis among physicians impacting the medical field? Well, it is not hard to see the immediate impact this mental crisis is having on patients. Already in America, there is a physician shortage upwards of 100,000 doctors (Boyle, 2020). With the mental health crisis in medicine leading to over 1 million patients losing their doctor to suicide every year, this shortage is almost certainly to rise (Nyguen, 2020). A recent survey showed that when physicians are sick it is oftentimes due to the places where they work being dysfunctional. This has a trickle-down effect as residents are then asked to carry on the burden of work and it is estimated that residents are asked on average to work 2.5 times the amount of the average full-time employee (Nyguen, 2020). This is simply not sustainable over a long period of time. Not only this, but with the absurd requirements that are set in place to even become a physician, it is leading more and more people away from this career path (Nyguen, 2020). This will only contribute further to the physician shortage resulting in a lower quality of care for the patients. Which has a direct impact on the quality of care we as patients receive.

Fewer physicians equals less time each physician can spend with their patients which is already a minimal amount of time. In fact, a recent study showed that on average physicians spend about sixteen minutes on a patient with only a fraction of this time spent physically with the patient (the other time is spent charting, documenting, and ordering prescriptions) (Finnegan, 2020). It is not only physicians and patients who should worry about the current mental health crisis among physicians, but CEO's as well. A recent

study found that on average it costs anywhere between 500,000 to 1,000,000 dollars to replace a physician who quits/retires early (Noseworthy, 2017). These costs are due to the recruitment process, training, and lost revenue that occurs when a physician decides to leave their place of work. The number of unhappy physicians is rising and this is leading to more physicians to retire early than ever before. A warning sign that CEOs should pay attention to if they want to keep their revenue numbers afloat (Noseworthy, 2017). So, if the health of the physicians is not the number one reason we should want change in the medical system, then at least for the sake of the hospital's bottom line they should care about this issue.

Final Thoughts on the Mental Health Crisis for Physicians

For decades we have been asking medical students, residents, and physicians to do more. Whether this has been an increase in hours worked or tasks performed while working, we have demanded physicians continuously to give and do more. Physicians' roles have certainly changed over time. They serve the role of a healer and as a leader of tomorrow for medical innovation, but with these new roles and responsibilities comes consequences and we are certainly seeing the results of these demands. Not only has physician burnout increased tremendously over the past few decades, but physician suicide rates are through the roof. When a single profession has a suicide rate twice as high as the average for the general population, there is a serious issue at hand. As stated before, it is not only physicians who should be seriously concerned about this issue. The effects that this crisis is having on the quality of care that physicians are able to provide and the amount of revenue hospitals are able to make is startling. Due to these very real

consequences, this crisis should be on the very top of our priority list. The solution to this issue is not one that is simple, and it starts with looking at the entire process from undergraduate to attending physician.

Although this paper has focused on the issues within the education system and workplace of the physician, there is still some good to take away from the current situation. Mental health has come a long way over the past few centuries. In fact, now more than ever people in the public are willing to talk about mental health issues. The stigma that was placed on people who had mental health issues is slowly starting to be peeled away. This can be seen simply by looking at the treatment options available for people with mental health illnesses.

Treatment is moving away from hospitals and moving more towards community settings (Mechanic, 2007). Not only this, but more people are seeking mental health

services than ever before which shows people are willing to admit they need help (Mechanic, 2007). The mindset of our health policy officials is also changing. With their mindset being more focused on care that is focused on the patient and even their willingness to make new policies regarding mental health is a huge step in the right direction (Mechanic, 2007). This is evident with recent policy changes coming out that limit physicians and residents to 80-hour work weeks and a mandatory 10 hours off between consecutive shifts (Mechanic, 2007). This allows physicians to have the time off that they need in order to recuperate, so that they may not only provide the most optimal care for the patient, but also to maintain their own health. Overall, these small, but crucial changes in the way society views mental illness are pivotal in the change required to fix the mental health crisis among physicians.

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