1. Suicide is generally caused by the convergence of multiple risk factors, the most common being untreated or inadequately managed mental health conditions.

2. An estimated 300 physicians die by suicide in the U.S. per year.¹

3. In cases where physicians died by suicide, depression is found to be a significant risk factor leading to their death at approximately the same rate as among non-physician suicide deaths; but physicians who took their lives were less likely to be receiving mental health treatment compared with non-physicians who took their lives.²

4. The suicide rate among male physicians is 1.41x higher than the general male population. And among female physicians the relative risk is even more pronounced — 2.27x greater than the general female population.³

5. Suicide is the second leading cause of death in the 24-34 age range (accidents are the first).⁴

6. The prevalence of depression among residents is higher than in similarly aged individuals in the general U.S. population — 28 percent of residents experience a major depressive episode during training versus the general population rate of 7-8 percent.⁵

7. Among physicians, risk for suicide increases when mental health conditions go unaddressed and when self-medication occurs as a way to address anxiety, insomnia, or other distressing symptoms. Although self-medicating may reduce some symptoms, the underlying health problem is not effectively treated and this can lead to a tragic outcome.

8. In one prospective study, 23 percent of interns had suicidal thoughts, but among those interns who completed four sessions of web-based Cognitive Behavior Therapy nearly 50 percent fewer had suicidal ideation.⁶

9. Drivers of burnout include work load, work inefficiency, lack of autonomy and meaning in work, and work-home conflict.

10. Unaddressed mental health conditions are, in the long run, more likely to negatively impact one’s professional reputation and practice than reaching out for help early.

SOURCES


