Confronting Reality-Suicidal Risk Among Medical Students and Physicians

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Ulrick Vieux, DO, MS does not have any disclosures.
Stephanie Kuntz, DO does not have any disclosures.
Eric Jarmon, DO does not have any disclosures
Addressing the problem:
Physician Suicide

Road Map:

I. Overview of Suicide – risks and warning signs
II. Steps to Suicide Prevention
III. UCSD HEAR Program – one hospital’s response
IV. Conclusion
V. Vignettes
The following slides were used with permission from Dr. Christine Moutier, Chief Medical Officer of the American Foundation for Suicide Prevention (AFSP), and from the AFSP
Suicide Behavior Disorder (a condition for further study discussed in DSM-5)

• Proposed Criteria:
  A. Suicide attempt within the last 24 months.
  B. Does not meet the criteria of non-suicidal self-injury.
  C. Does not apply to suicidal ideation.
  D. Not in the context of delirium or confusion.
  E. Undertaken for political or religious reasons.

Kathryn

• “She was a medical student, the stresses are always high,” the student said. “This girl wasn’t able to handle the stress, I’ll say that. She joined my class, and I saw her in review sessions. She was happy to be here, she was engaged. I knew her group of friends. She wasn’t quiet or detached.

• “[But] she was trying extra hard to do well and succeed. Her stress level was very high, she was somewhat anxious. Many of us have anxiety, she always did.”

• Moore, T and Rosner, E Medical Student Jumps to Her Death from Dorm Room Window. New York Post: Metro Section. 8/18/16.
A multi-site study on depression and suicide on medical students and residents

- surveys of 6 sites between 2003-2004, asking medical students and residents to report on rates of depression and suicidal ideation (measures for depression utilizing the Center for Epidemiological Studies-Depression scale and the Primary Care Evaluation for Mental Disorders).
- 2,000 medical students and residents responded (89%);
- Results: 12% likely major depression; 9.2% likely mild/moderate depression; higher rates of depression were among medical students, and females; 6% reported suicidal ideation with higher rates among medical students and black/African Americans and lowest among Caucasians.
DSM-5 – Major Depressive Disorder

• 5 of the following symptoms for a 2 week period; at least 1 symptom is depression or loss of interest/pleasure:

1. Depressed mood
2. Anhedonia
3. Significant unintentional weight loss or loss of appetite
4. Insomnia or hypersomnia
5. Psychomotor agitation or retardation
6. Anergy
7. Feelings of worthlessness or guilt
8. Loss of concentration
9. Thoughts of death or suicidality

A problematic pattern of drinking that causing significant impairment or distress occurring within a 12 month period and includes at least 2 of the following:

1. drink in larger amounts or over longer time than intended
2. Constant desire or unsuccessful attempts at cutting back or control use
3. Great deal of time spent obtaining, using, or recovering
4. Craving, strong desire, or urge to drink
5. Recurrent use resulting in failure to fulfill obligations of work, school, or home
6. Continued use despite recurrent interpersonal problems
7. Important social, occupation, or recreational activities hindered due to use
8. Recurrent use in physically hazardous situations
9. Recurrent use despite knowledge of persistent physical or psychological problem related to use
10. Tolerance
11. withdrawal

Statistics on physician suicide:

1. 30,000 suicides per year in the United States (roughly 1 in 8,000); 300-400 physicians commit suicide every year, according to the American Foundation for Suicide Prevention

2. Physician suicide among males is 40% higher than for males in the general population;

3. Physician suicide among females is 130% higher than for females in the general population;

4. residents and physicians are far more effective in completing suicide than the general population.

More statistics:

• Physicians have an overall longer life span than other professionals in the general population, and are less likely to die due to medical causes (e.g., COPD, pneumonia, liver disease).
• Completion rate of suicide among physicians is estimated to be 1.4-2.3 times that for the general population, due to greater knowledge and better access to lethal means.
• Female and male physicians have equal completion rate of suicide.
• Note: the actual incidence of suicide among physicians may be greater due to the likely under-reporting of sympathetic colleagues certifying death.

Risk Factors for Physician Suicide

• 45 years of age or older
• Caucasian
• Divorced, single, separated, or disruption in relationship status
• Workaholic or impulsive personality traits
• History of psychiatric or medical illness
• Recent change in role status (e.g., lawsuit, bankruptcy, loss of spouse or child, loss of professional esteem)
• Access to lethal medications or firearms.

DMS-5 – Borderline Personality Disorder

A pervasive pattern of instability in interpersonal relationships, self-image, and affects, and impulsivity beginning in early adulthood and present in a variety of contexts, including 5 of the following:

1. Frantic efforts to avoid abandonment
2. Pattern of unstable and intense interpersonal relationships fluctuating between extremes
3. Marked and persistent unstable self image
4. Impulsivity in self-damaging behaviors in at least 2 areas (e.g., sex, spending, drugs, reckless driving, binge eating)
5. Recurrent suicidal behaviors, threats, gestures, or self-mutilation
6. Affective instability due to a marked reactivity of mood
7. Chronic feelings of emptiness
8. Inappropriate or intense anger
9. Transient, stress-related paranoid ideation or severe dissociative symptoms

Picture of Physician Suicide

- Mental disorders (depression) - as highly prevalent as in other suicide deaths, substance abuse lower 14% v 23%
- Methods - OD/poisoning 23.5% v 18% and more lethal: attempt/death ratio much lower
- MH conditions same to sl elevated, but lower rates AD med
- Psychosocial: **Job problem 3x higher**, crisis/bereaved lower
- **Tox** - much higher presence of BZD, barb, antipsychotics (OR 21-40)

Most Common Psychiatric Illnesses Among Physicians Who Completed Suicide and Methods

- Affective disorders (e.g., depression, anxiety, and bipolar disorder), substance abuse, and alcoholism are the most common psychiatric illnesses of physicians who complete suicide.

- Lethal medication overdose and firearms are the most common means of suicide among physicians.

Bipolar disorders are both common and chronic conditions involving episodes of mood elevation and (most commonly) depression.

Bipolar diagnosis is based on both current presentation and past history, since individuals will more often present during depressed episode, rather than during mania or hypomania.

Bipolar I disorder requires at least one manic episode, which may include: psychosis, severe functional impairment, hospitalization, and episodes lasting least seven days.

Bipolar II disorder requires at least one hypomanic and one major depressive episode.

Substance Abuse
Substance Abuse in Providers

• Cottler et al (2013)

• Physicians undergoing monitoring for substance use or behavioral problems were more likely than a matched general population sample to meet criteria for alcohol, opiate, and sedative abuse/dependence

• Physicians suspected of impairment had significantly lower lifetime use of cannabis and cocaine/crack than the comparison group, but among those who had ever used, had a higher prevalence of abuse/dependence
# Substance Abuse in Providers

Substance Use Disorders of Physicians and NESARC Wave 1 Matched Comparison Group

<table>
<thead>
<tr>
<th>Substance</th>
<th>Physicians (n=99)</th>
<th>NESARC Wave 1 matched comparison group (n=99)</th>
<th>OR (95% CI)</th>
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<tbody>
<tr>
<td>Alcohol</td>
<td>89 (91.8%)</td>
<td>97 (98.0%)</td>
<td>0.23 (0.05, 1.11)</td>
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<tr>
<td>Abuse/Dependence</td>
<td>31 (35.2%)</td>
<td>17 (17.5%)</td>
<td>2.56 (1.29, 5.06)</td>
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<tr>
<td>Amphetamines</td>
<td>8 (8.3%)</td>
<td>30 (30.3%)</td>
<td>0.21 (0.09, 0.48)</td>
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<tr>
<td>Abuse/Dependence</td>
<td>1 (12.5%)</td>
<td>0 (0.0%)</td>
<td>12.2 (0.45, 330.38)</td>
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<tr>
<td>Cannabis</td>
<td>28 (29.2%)</td>
<td>64 (64.6%)</td>
<td>0.23 (0.12, 0.41)</td>
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<td>Abuse/Dependence</td>
<td>5 (17.9%)</td>
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<td>Cocaine/Crack</td>
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<td>71 (71.7%)</td>
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<tr>
<td>Dependence</td>
<td>6 (9.5%)</td>
<td>45 (63.4%)</td>
<td>0.06 (0.02, 0.16)</td>
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*Percentages out of participants with data*

**Abbreviations:** NESARC, National Epidemiologic Survey on Alcohol and Related Conditions; OR, Odds Ratio
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* Percentages out of participants with data
Substance Abuse in Providers

Substances Used by Physicians Who Reported Misusing Prescription Medications (N = 38)

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<tr>
<th>Substance Used (# responding)</th>
<th># Reporting Lifetime Use</th>
<th>%</th>
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<tbody>
<tr>
<td>Alcohol (n = 34)</td>
<td>32</td>
<td>94.1</td>
</tr>
<tr>
<td>Illicit substances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana (n = 34)</td>
<td>23</td>
<td>67.6</td>
</tr>
<tr>
<td>Cocaine (n = 33)</td>
<td>19</td>
<td>57.6</td>
</tr>
<tr>
<td>Illegal stimulants (n = 31)</td>
<td>19</td>
<td>61.3</td>
</tr>
<tr>
<td>Hallucinogens (n = 32)</td>
<td>15</td>
<td>46.9</td>
</tr>
<tr>
<td>Club drugs (n = 31)</td>
<td>11</td>
<td>35.5</td>
</tr>
<tr>
<td>Non-Rx Opioids (n = 31)</td>
<td>6</td>
<td>19.4</td>
</tr>
<tr>
<td>Inhalants (n = 31)</td>
<td>2</td>
<td>6.5</td>
</tr>
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<td>Prescription Medications</td>
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DSM-5 – Anxiety Disorders
(including panic disorder, generalized anxiety disorder, and social phobia)

• Includes symptoms of fear, panic, worry, and anxiety that are pathological and disrupt daily functioning.
• Fear is often coupled with attempts to avoid the feared situation.
• In panic disorder, bouts of fear occur repeatedly and without warning.
• In generalized anxiety disorder, the individual worries about several things in various aspects of daily living.
• In social phobia, the individual avoids social situations for fear of being judged, embarrassed, or humiliated.

AMA steps forward: Identified 4 steps to identifying at risk physicians and helping them to access the right resources

1. Talk about the risk factors and warning signs of suicide
2. Take steps to standardize care-seeking in your organization
3. Make it easy to find help
4. Consider creating a support system for physicians in your organization

https://www.stepsforward.org/modules/preventing-physician-suicide
1. Talk about the risk factors and warning signs of suicide

   - Includes:
     - Increased alcohol or drug use
     - Feeling or expressing no reason for living/sense of purpose
     - Anxiety, agitation, difficulty sleeping, or sleeping too much
     - Feeling trapped
     - Hopelessness
     - Withdrawing from others
     - Uncontrolled anger, rage, seeking revenge
     - Engaging in risky activities
     - Changes in mood
     - Threatening or talking about hurting oneself
     - Talking or writing about death and suicide when this is unusual


2. Take steps to standardize care seeking in your organization

• Take time to recharge – make use of personal time off, make time to relax, be with friends and family.
• Talk to colleagues about your own stress.
• Learn to say “no”.
• Learn to recognize signs of stress, depression, and burnout in yourself.
• Follow basic health rules! Get enough sleep, eat right, and exercise regularly.
• Foster a positive culture in your work place.

https://www.stepsforward.org/modules/preventing-physician-suicide
3. Make it Easy to Find Help

- Leadership should keep updated referral lists for resources and make them readily available (and visible!) to staff.
- There are several confidential resources out there. Almost every state has a Physician Health Program (PHP), which can provide evaluations, referrals, and monitoring. The Federation of State Physician Health Programs keeps an updated list of programs and services.
- Identify policy barriers to care-seeking in your organization and take steps to minimize them (i.e., can physicians be treated confidentially? Are physicians required in our state to report mental health treatment when applying/renewing their license?)
- https://www.stepsforward.org/modules/preventing-physician-suicide
4. Consider creating a support system for physicians in your organization

- Encourage physicians to establish and utilize a regular source of health care.
- Reduce patient caseload in the short term.
- Develop internal peer network programs and opportunities.
- Offer regular screenings for depression, distress, and burnout.
- Identify and adapt approaches used by other suicide prevention programs.

Creating a supportive atmosphere is key to addressing physician stress!

- https://www.stepsforward.org/modules/preventing-physician-suicide
University of California- San Diego

• Established first suicide prevention and depression awareness program, goal was to destigmatize help-seeking and prevent suicide among medical student, residents and faculty physicians.
• Program consisted of screening, assessment, referral and education. The education part consisted of Grand Rounds on students’ and physicians’ exhaustion, depression, and suicide.
One Medical Center’s History

- Our medical community experienced suicide losses
- Reached a turning point in 2005 - loss of a prominent faculty physician at UCSD
- Galvanized to action
  - Medical Staff Executive Committee charged the Physician Well-Being Committee (PWBC) to conduct an anonymous survey
  - Similar to other studies, found significant distress, burnout, substance use, suicidal ideation
- UCSD HEAR Program: Healer Education, Assessment, Referral (full spectrum with goal of suicide prevention)
UCSD Program: A Two-Pronged Approach for all Staff and Trainees

EDUCATIONAL CAMPAIGN:
Burnout, MH and suicide educ to destigmatize help seeking and treatment.

AFSP’s web-based screening, assessment, and referral ISP PROGRAM

Goals:
• Educate
• Destigmatize
• Refer
• Increase MH
• Prevent suicide

Montier et al. Acad Med 2012
Interactive Screening Program

HOW ISP WORKS

CONNECTION
Individuals voluntarily complete an anonymous questionnaire to assess their mental health.

ENGAGEMENT
A site-based counselor reviews the questionnaire and engages in an anonymous dialogue via the ISP website.

TREATMENT
The counselor connects the individuals to the appropriate mental health service.

GHVHS
GREATER HUDSON VALLEY HEALTH SYSTEM
Impact of the UCSD Program

• Response rates of individuals completing on-line questionnaire have increased
  • 39% of medical students
• Physicians/trainees are engaging with counselor
  • 300 individuals have dialogued with the Counselors
• Number of referrals have gone up
  • 160 have accepted referrals to psychiatrists or psychologists
• Trainees and faculty have started initiatives
• School of Med policies changed
• Curriculum incorporated self-care, mindfulness
Low rates of seeking help among medical students:

- Only 22 percent of those screening positive for depression used mental health services
- Only 42 percent of those with suicidal ideation received treatment

Reasons:

- lack of time (48%)
- lack of confidentiality (37%)
- stigma (30%)
- cost (28%)
- fear of documentation on academic record (24%)

Gross et al., Arch Intern Med, 2000
Access and Barriers to Care (2)

35 percent of physicians do not have a regular source of health care

Among practicing physicians, barriers to mental health care include:

- discrimination in medical licensing
- hospital privileges
- health insurance
- malpractice insurance

## Best Strategy to Prevent Suicide

<table>
<thead>
<tr>
<th>Action</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destigmatize help-seeking</td>
<td>• Use education and policy to impact culture.</td>
</tr>
<tr>
<td>Provide prompt and targeted assessment</td>
<td>• Inform entire community- how to recognize and refer.</td>
</tr>
<tr>
<td>Treat effectively</td>
<td>• Remove barriers to care.</td>
</tr>
</tbody>
</table>
Conclusion:

• The biopsychosocial model is intrinsic to understanding suicidality.
• Medical students, residents, and physicians are more likely to complete suicide due to access to lethal means.
• Affective disorders (ie, Depression, Anxiety, Bipolar disorders) substance abuse, and stress of work environment are all contributors to suicidality.
• Barriers to care include stigma of mental illness, fear of losing hospital privileges, and insurance concerns.
• Cultural change is required to encourage those in need of help to seek it!
Bio Psycho Social Spiritual Model
Kathryn

• “From their very first shadowing experience to their first foray in the lab; from high school advanced-placement courses and college admissions tests to grade point averages and the Medical College Admissions Test (MCAT); with helicopter parents, peer pressure, violins and varsity soccer, college rankings, medical school rankings, medical licensing exams, and the residency Match, we never let up on them — and it’s killing them.

• At Icahn School of Medicine, we will significantly enhance mental health and well-being resources for our students. But we have also committed ourselves to a genuine paradigm shift in the way we define performance and achievement. We must minimize the importance of MCAT scores and grade point averages in admissions, pull out of school ranking systems that are neither valid nor holistic, stop pretending that high scores on standardized exams can be equated with clinical or scientific excellence, and take other bold steps to relieve the pressure that we know is contributing at least to distress, if not to mental illness, among our students.”

Resources for physicians

- Accreditation Council for Graduate Medical Education (ACGME)- Resources to share with programs, institutions, residents, and fellows that promote a culture of physician well-being and provide support in the case of burnout, depression, or suicide.

- Breaking the Culture of Silence on Physician Suicide – A sharable graphic and information about physician suicide from the National Academy of Medicine.

- Creating a Safety Net: Preventing Physician Suicide – An article by AFSP Chief Medical Officer Christine Moutier, M.D., for the Association of American Medical Colleges’ AAMC News.

- Reducing the Stigma: Faculty Speak Out About Suicide Rates Among Medical Students, Physicians – An article by Dana Cook Grossman, for the Association of American Medical Colleges’ AAMC News.

- Preventing Suicide in Physicians, Residents and Medical Students (Video) – Dr. Christine Moutier addresses the American Psychiatric Association, May 20, 2016.

- Struggling in Silence/Out of the Silence (DVD) – Two short videos (15 minutes each) describing physician and medical student depression and suicide risk. A printable resource guide and slide set are available for both films. These films can be used in medical school physician wellness, humanism and professionalism curricula.

- American Medical Student Association – The oldest and largest independent association of physicians-in-training in the United States.
Vignette #1

- Nancy is a 31 year old Family Medicine PGY-2. She was doing well at work and received good evaluations from her attending's. However, away from the hospital she was struggling with several personal issues. During her semi-annual meeting with her program director, the director noticed that Nancy wasn’t her usual cheerful self, and Nancy didn’t want to talk about her personal problems. Concerned, the program coordinator encouraged Nancy to contact the state physician health program (PHP). Nancy contemplated making the call, before finally contacting the PHP to schedule an appointment. During her appointment, Nancy completed a computer-assisted intake and later spoke with an clinician for a thorough interview.
A physician’s assistant called the PHP, worried that the behavior of a physician at the clinic. The 43 year old internist, Pat, exhibited mood swings at the office and often missed days of work. The PHP asked the physician’s assistant if she was concerned about patient safety, which she denied. The PHP then explained the referral process and confidentiality information, and then asked that the workplace encourage Pat to present for a voluntary evaluation. The PA eventually approached Pat who agreed to contact the PHP. During the initial intake, Pat expressed that he had started to drink more frequently and was contemplating suicide due to financial stressors at work. Pat was successfully referred to an outpatient substance treatment program and soon thereafter enrolled in AA. Pat was able to continue to work during this time.
Vignette #3

• Jim is a 28 year old intern who started residency 3 months ago. Jim had been feeling particularly overwhelmed at the hospital, getting poor sleep and often drinking to excess on his few days off. Jim had always been an over-achiever, but was feeling alone in his daily work. Jim began to lose his appetite, stopped going to the gym, and started to have serious doubts about his career choice, particularly after he was berated over the telephone by his attending. Jim felt embarrassed and then irate about the incident. His roommate noticed the change in Jim, but didn’t know what to say.
Vignette #4

- Jeff is a 24 year old third year medical student who has failed Comlex I and is preparing to re-take the examination. Jeff who went into medical school with the goal of going into Orthopedic Surgery is experiencing feelings of hopelessness, embarrassment, sadness and despair. He is having difficulty in studying for the retake and due to his college and medical school loan feels that he “has to finish this” and regrets his choice to go into medicine. His medical school roommate is concerned about Jeff and is requesting assistance on how to help him.
Warning signs for physician suicide –

- Talking or writing about death
- Feeling trapped
- Withdrawal from society
- No sense of purpose in life
- No reason for living
- Anxiety
- Agitation
- Threatening to hurt or kill oneself
- Unable to sleep
- Excessive sleeping
- Hopelessness
- Increased substance use

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Risk factors of physician suicide –

- Prior suicide attempt
- Family history of mood disorders
- Being named as defendant in a lawsuit
- Difficult childhood
- Domestic Violence
- Diagnosis of major depressive disorder
- Relationship problems
- History of sexual abuse
- Financial problems
- License restrictions
Thank you