

Unhealthy Workplace Conditions Contribute to Physician Suicide

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Every day in the United States, a physician takes their life. Physicians have the highest suicide rate of all professions.¹ High-stress working environments, long hours, burnout, substance use, and financial stress all contribute to high physician suicide rates.² Adding fuel to the fire, COVID-19 has intensified this long-term problem.³

In this brief, we argue that the current policy environment for healthcare providers, including privatized health care, the high cost of medical school, gender wage gaps, and license renewal processes leads to work-related stress and burnout and discourages physicians from seeking treatment for mental health challenges. We urge medical schools and hospital administrators to address aspects of workplace culture that are contributing to worsening mental health among physicians. Policymakers and licensing agencies should establish policies that encourage physicians to seek treatment without the looming threat of punishment or fear of compromising their medical privacy.

Our Privatized Health Care System Contributes to Physician Burnout

The privatization of health care in the United States creates financial incentives for physicians to take on additional work. According to the American Medical Association's Physician Practice Benchmark Surveys, 32.2% of a physician's salary is determined by their productivity during the previous year.⁴ This may lead many physicians to feel that they need to take on a significant patient load to receive a salary increase. This financial incentive to overwork may be a strong one for medical school graduates, who have average student loan debts of over \$200,000 upon graduating.⁵ Taking on too many patients may cause physicians to feel overwhelmed and face burnout.

There is also a gender pay gap among physicians that may be contributing to work related stress. Female physicians are more likely to take on collaborative work and nonpromotional work, but they are paid

KEY TAKEAWAYS

- Physicians have higher rates of suicide compared to the general population.
- Hospital policies often discourage physicians from seeking help for mental health and substance use problems.
- Stress from the COVID-19 pandemic has exacerbated mental health problems among healthcare providers.
- Healthcare administrators must implement policies that encourage physicians to seek help and rest without the threat of punishment.

less than their male colleagues, on average. Women who experience a gender pay gap are at 2.5 times higher risk of depression and are four times more likely to experience anxiety compared to men.⁶ Combined with burnout, gender pay gaps and student loan debt further exacerbate conditions that may contribute to higher rates of mental health problems and suicide among physicians, especially for women.

The License Renewal Process Discourages Seeking Help for Mental Health Problems

The license renewal process may be an additional stressor for medical professionals who are contemplating seeking mental health treatment. Renewal applications often ask broad questions concerning the physician's mental health history. While this is considered impermissible by law, nearly half of all licensure applications ask broad mental health questions beyond a physician's current mental health status, violating disability law.⁷ This creates a difficult situation for physicians because once they admit to having depression, it can lead to discrimination in health, disability, life, and liability insurances. Further, physicians with a history of depression are often subjected to repeated, "humiliating and invasive" examinations.⁷ While identifying and understanding physician mental health may be important to their ability to practice medicine, this lack of medical privacy perpetuates suffering and stigmatizes individuals with mental health problems.

Substance Use and Mental Health often Intersect

The high rates of substance use among physicians also contribute to higher suicide risk. Like the general population, between 10-15% of U.S. physicians are diagnosed with a substance use disorder at some point in their lives. However, the rate of physician alcohol use is 6.2% higher than the general population.⁸ It is estimated that nearly a quarter of physicians use alcohol to cope with burnout,⁹ and rates of opioid use disorders among physicians are high.¹⁰

Physicians with easy access to prescription drugs may be at especially high risk. For example, anesthesiologists have been found to have substance use-related mortality and suicide mortality rates that are twice the rates for other healthcare professionals.¹¹ Worsening the problem, substance use disorders among physicians are typically diagnosed at more advanced stages than the general public. This may be attributed to physicians' desire to protect their employment and their prestige within their workplace. The longer the delay in defining addiction and seeking interventions, the greater the risk of accidental overdose or suicide.¹²

Mental Health from the Frontlines of a Global Pandemic

COVID-19 has exacerbated the existing mental health crisis among physicians. Many frontline workers have experienced burnout from the long-lasting and dynamic pandemic. Physicians must not only take care of their patients, but also themselves. The effect of the pandemic on medical professionals includes increased distress, anxiety, and depressive symptoms. In a 2021 survey, more than 1 in 5 essential workers reported considering suicide in the past 30 days.¹³ A study examining physician mental health during the COVID-19 pandemic found that a physician's depression, suicidal ideation, and burnout were associated with higher on-call burdens.³

We Need Policies that Encourage Physicians to Seek Help

Burnout, depression, substance misuse, and suicide do not need to be occupational hazards for physicians. Below we discuss three strategies to address this crisis. We argue that changes at the institutional level, rather than the individual level, are needed to confront this public health concern.

Hospitals and Licensing Boards Should Encourage Help-Seeking

Like other populations, physicians remain hesitant to seek mental health care.¹⁴ Consequences for seeking help for substance use or alcohol use disorders are severe for physicians, often including termination of employment and/or medical license suspension.¹⁵ This is poor public health policy. Policy solutions need to strike a balance between protecting the right of a patient to have a mentally stable provider and the rights of a physician to seek help while maintaining their employment.

Currently, there is little incentive for struggling medical professionals to receive the help they want and need. Hospital leadership and state agencies that monitor physician conduct should encourage physicians to seek treatment when needed without fear of losing their livelihoods and carrying the burden of stigma. While Professional Assistance Programs exist, these programs are often rigid and based on outdated models of substance use treatment, such as requiring observed drug screenings, total abstinence from all mood altering substances, including alcohol, and voluntary surrendering of their professional license.¹⁶ These actions are both punitive and potentially stigmatizing. What's more, they do not incentivize physicians to seek the assistance they may need.

The license renewal process should avoid broad health questions that go beyond the scope of a physician's current mental health. Further, licensing agencies should reevaluate how they approach physicians who have a documented history of mental illness. While fitness to practice medicine must include determining their moral, ethical, and mental abilities, this can be done through patient surveys, participation in continuing education seminars, background checks, and reviews of any malpractice documentation.

Hospitals Must Enact Early Interventions

To help prevent mental health challenges among physicians, early interventions can help alleviate various stressors while future physicians are in medical school or beginning their residency. Burnout and depression are rampant among medical students. Nearly half of medical students report experiencing burnout and depressive symptoms.¹⁷ Medical schools must do a better job of detecting and intervening early among medical students. Early interventions to address burnout and promote mental health should include increasing access to mental health services, establishing group advising and mentoring programs, and consider systematic changes to grading systems.¹⁸

Eliminate Stigmatizing Language

Finally, in addition to encouraging treatment-friendly policies, we must also consider the language that we use when discussing physician suicide. Dialogue should shift from "committed suicide" to someone "died by suicide" to reduce the stigma associated with the act.² Shifting away from stigmatizing language can be an effective way to reduce barriers to medical students and physicians seeking and accepting mental health services while promoting health for both providers and their patients.

If you have been experiencing thoughts of suicide or self-harm, please call the National Suicide Prevention Lifeline at 1-800-273-8255 or the Doctor Lifeline at 1-888-409-0141.

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