

# Physician suicide

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*CMAJ* Podcasts: author interview at <https://soundcloud.com/cmajpodcasts/181687-five>

## 1 Suicide is an occupational hazard for physicians

Suicide is the only cause of mortality that is higher in physicians than nonphysicians. Compared with nonphysicians, male physicians are 40% more likely to die by suicide (rate ratio 1.41, 95% confidence interval [CI] 1.21–1.65), and the risk to female physicians is more than doubled (rate ratio 2.27, 95% CI 1.90–2.73).<sup>1</sup>

## 2 Firearms, poisoning and blunt force trauma are the most common means of suicide among physicians

Whereas firearms are the most common suicide method in both physicians and nonphysicians, physicians are more likely than nonphysicians to use poisoning and blunt force trauma. The increased use of poisoning may be owing to increased access, as physicians who completed a suicide were more likely to have benzodiazepines (odds ratio [OR] 21.0, 95% CI 11.4–38.6), barbiturates (OR 39.5, 95% CI 15.8–99.0) or antipsychotics (OR 28.7, 95% CI 7.94–103.9) detectable in their blood.<sup>2</sup>

## 3 Increased suicidal ideation begins in medical school

In a recent meta-analysis, the prevalence of suicidal ideation among medical students was 11.1%. In analyses subdivided by time, 7.4% of students reported suicidal ideation within the past 2 weeks, and 24.2% within the past year.<sup>3</sup>

## 4 Regulatory complaints are associated with increased rates of suicidal ideation

In a cross-sectional survey of nearly 8000 physicians in the United Kingdom, those with either a past or current regulatory complaint were significantly more likely to report suicidal ideation. Physicians without complaints reported suicidal ideation at a rate of 2.5%, but this was increased to 9.3% in those with a current or recent complaint (relative risk 3.78, 95% CI 2.68–5.32) and 13.4% in those with a past complaint (relative risk 5.39, 95% CI 3.99–7.30).<sup>4</sup>

## 5 Suicidal physicians face unique barriers to care

Suicidal physicians encounter additional barriers to care, compared with the general population. Whereas both groups face concerns about stigma, lack of time and lack of access to care, physicians have the added burden of concerns regarding confidentiality, and fear of discrimination in licensing and applications for hospital privileges.<sup>5</sup>

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