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Provider Suicide

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Abstract

The purpose of this research and systematic literature review is to determine the risks factors for, the identification of and repercussions of provider suicide. In this review, databases searched included Pubmed, Cochran Database of Systematic Reviews, PsycInfo, National Institute of Health, Medscape and Google Scholar from September 8, 2018 to January 13, 2019. A variety of key terms were used when searching include *suicide, provider suicide, suicide, costs of suicide, physician burnout, physician assistant burnout, nurse burnout, doctor suicide, physician assistant suicide, and nurse practitioner suicide*. Works chosen for review were published between 1979 and 2018, as the topic has an extended history. Peer reviewed articles including systematic reviews and meta-analysis are included. Editorials were also included for the psychological factors of the topic. The research presented shows evidence that suicide is increased in healthcare providers, especially in women. This is an extremely important topic when considering the number of women entering healthcare. More research still needs to be done to address how suicide also affects all types of providers including nurse practitioners and physician assistants.

Introduction

Provider suicide is a significant issue to society. Currently, society and social media outlets are taking an active stance in addressing suicide among veterans, adolescents and the elderly. Alternatively, there is little evidence that illustrates an awareness of provider suicide. The purpose of this study is to identify characteristics of suicidal providers, investigate why and how providers are committing suicide, and explore the ramifications of the losses to society and the medical field. The paper and will offer recommendations on how to identify and protect providers that are at an increased risk of suicide.

Statement of the Problem

For over 150 years providers have had increased tendency to die by suicide (Center et al., 2003). While the exact number is unknown, it is estimated on average the United States loses enough providers yearly to equal the amount of at least one medical school class to suicide. When comparing the medical profession and other occupations, the providers are constantly at the highest risk of death by suicide.

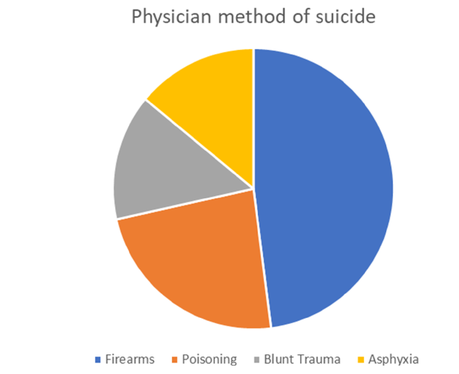

Figure 1 by Amy Quinn, adapted from data from Gold, K., Sen, A., & Schwenk, T. (2013, January 1). Details on suicide among US physicians: Data from the National Violent Death Reporting System. General Hospital Psychiatry, 35(1), 45-49. http://doi10.1016/j.genhosppsych.2012.08.005

Research Question

Are male providers compared to female providers at a higher risk of suicide?

Literature Review

Theme 1: Risk factors and causality of provider suicide.

- Depression is a major risk factor for provider suicide and women have a particularly higher rate of suicide (Short, 1979).
- Providers have extreme working stress, as well as mental health issues (Hawton, Malmberg & Simkin, 2004).
- 10% of medical students have psychiatric disturbances (Short, 1979).
- Women are three-times more likely to commit suicide when compared to non-physician females (Short, 1979).
- 50 % of physicians admitted to psychiatric hospitals suffer from drug and/or alcohol addiction (Schernhammer & Colditz, 2004).
- Women were nine times more likely to report previous suicide attempts. (Wunsch et al., 2007).

Theme 2: Ramifications of provider suicide.

- National cost of suicides and attempts in 2013 was $58.4 billion based on the reported numbers alone (Shepard, Gurewich, Lwin, Reed & Silverman, 2105)
- The suicides of providers in Brazil produces a huge economic burden, estimated at $1.3 billion in 2001 (Palhares-Alves et al., 2015).
- Estimated cost of $1 million to recruit or train a replacement for a doctor who leaves (or dies) because of burnout (Steenhuysen, 2017).
- Burnout is correlated to the suicide of providers and almost 7,000 doctors have considered suicide in the last year (Steenhuysen, 2017).
- 10% of medical trainees recognize suicidal thoughts and female physicians are four times as likely as other women to complete suicide (Vogel, 2016).
- Self-medicating is likely unreported, as the ramifications for mental illness potentially include the loss of their job (Vogel, 2016).

Theme 3: Identification of suicidal provider and recommendations.

- The majority of suicide deaths can be prevented with accurate identification, assessment and intervention (Osteen et al., 2014).
- U.S. Air Force Plan dropped suicide rates from 16.4 to 9.4 per 100,000 members within two years. The plan includes discrete and confidential access to psychotherapeutic assistance programs (Schernhammer & Colditz, 2004).
- Train “gatekeepers” to identify and intervene suicidal people (Osteen, Frey, & Ko, 2014).
- Transform attitudes of the medical community, decreasing barriers to physicians seeking help, and by decreasing the punitive and discriminatory ramifications of obtaining help, this will decrease the depression and suicide risk of providers (Center et al., 2003).

Discussion

There is not one specific thing that leads a person to commit suicide. The internal and external forces at work on the provider can be almost impossible to understand. Risk factors identified for a suicidal provider include depression, substance abuse, access to lethal means, medical illness or chronic pain, overwork and burnout. Most of the general population is not expected to be “perfect”. Providers expect themselves to be perfect; patients expect perfection as well. Medical errors are sadly linked to burnout and provider suicide. Also, providers with mental illness will often not seek treatment out of fear of discrimination, loss of hospital privileges and insurance costs (Center et al., 2003). Mental health problems are seen as making the provider “impaired”. This can lead to detrimental loss of license, autonomy and financial security. Based on the literature and recommendations, the first step to decrease provider suicide is to end the stigma with mental health within medicine. Secondly, organizations need to make wellness programs a priority for providers. Lastly, the most important thing is for providers to “Be acutely aware of their own vulnerability and that of their colleagues” (Short, 1979, p. 288).

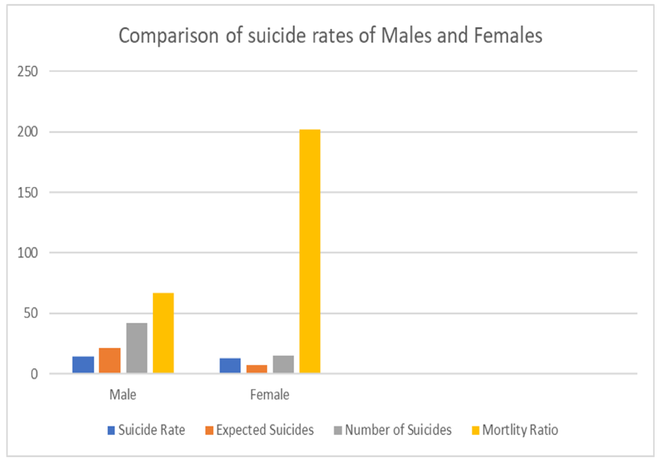

Figure 2 by Amy Quinn, data from Hawton, K., Clements, A., Sakarovitch, C., Simkin, S., & Deeks, J. (2001, May 1). Suicide in doctors: A study of risk according to gender, seniority and specialty in medical practitioners in England and Wales, 1979-1995. J Epidemiol Community Health, 55, 296-300. http://doi:10.1136/jech.55.5.296

Roughly 452 providers commit suicide yearly, this includes 400 doctors, 31 NP’s, and 21 PA’s.

Applicability to Clinical Practice

With the information provided in the literature review, the provider to patient (who is also a provider) relationship will be changed to encompass a more active role in decreasing suicidality of the patient. Clinicians that treat other providers need to be trained to identify and counsel other providers that might be at risk for suicide or other problems. By making the provider well, it will increase the health and wellbeing of an entire community.

References

Center, C., Davis, M., Detre, T., Ford, D., Hansbrough, W., Hendin, H., . . . Silverman, M. (2003, June 18). Confronting depression and suicide in physicians: A consensus statement. *Journal of the American Medical Association*, *289*(23), 3161-3166. http://doi:10.1001/jama.28923.3161

Hawton, K., Malmberg, A., & Simkin, S. (2004, April 15). Suicide in doctors: A psychological autposy study. *Journal of Psychosomatic Research*, *57*, 1-4. http://doi:10.1016/S0022-3999(03)00372-6

Osteen, P., Frey, J., & Ko, J. (2014). Advancing training to identify, intervene, and follow up with individuals at risk for suicide through research. *American Journal of Preventive Medicine*, *47*, 216-221. http://doi:10.1016/j.amepre.2014.05.003

Palhares-Alves, H., Palharas, D., Laranjeira, R., Nogueira-Martins, K., & Sanchez, Z. (2015). Suicide among physicians in the sate od Sao Paulo Brazil, across one decade. *Revista Brazileira de Psiquiatria*, *37*, 164-149. http://doi:10.1590/1516-4446-2014-1534

Schernhammer, E., & Colditz, G. (2004). Suicide rates among physicians: A quantitative and gender assessment (Meta-Analysis). *The American Journal of Psychiatry, 161*(12) 2295-2302. https://doi,org/10.1176/appi.ajp.161.12.2295

Shepard, D., Gurewich, D., Aung, L., Reed, G., & Silverman, M. (2015). Suicide and suicidal attempts in the United States: Cost and policy implications. *The Official Journal of The American Association of Suicidology 46*(3), 352-362. http://doi:10.1111/sltb.12225

Short, S. (1979, August 4). Psychiatric illness in physicians. *Canadian Medical Association*, *121*, 283-288.

Vogel, L. (2016, December 6). Physician suicide still shrouded in secrecy. *Canadian Medical Association Journal*, *188*(17-18), 1213-1214. http://doi:10.1503/cmaj.109-5337

Wunsch, M., Knisely, J., Cropsey, K., Campbell, E., & Schnoll, S. (2007). Women physicians and addiction. *Journal of Addictive Diseases*, *26*(2), 35-43. http://dx.doi:10.1300/J069v26n02 05

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