

The Silent Cry of Physicians: Suicide

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ABSTRACT

Suicidal behavior is frequently observed in association with diagnosable psychiatric disorders. Psychiatry is the only branch of medicine that has a tradition of suicide prevention and defines suicidal ideation as a disorder criterion. Recently, there has been growing international interest in the increasing number of suicides among physicians. The reason for this is the increasing accumulation of data reporting completed suicides among physicians. As one of the most respected and sought-after professions, medicine carries with it stressors specific to professions that require high levels of responsibility and equipment. Physicians who have access to lethal means and the knowledge to use them effectively are the most important part of countries' health systems, and given the increased risk of suicide, it can be said that it has the potential to become a serious public health problem. Physician suicide must therefore go beyond the desire of psychiatrists to care for their colleagues. As a result, physicians may have attitudes that make it difficult to access psychiatry, and misconceptions and prejudices that can lead to stigma. These difficulties can be transformed into more acceptable norms. It may be appropriate to assess factors that increase risk in the workplace. Physicians may benefit from psychoeducational programmes that provide information about suicide. Crisis intervention aimed at early warning signs of psychiatric disorders can save lives. Medicine is influenced by biopsychosocial factors that can change. In this regard, regular periodic evaluations can be planned.

Dear Editor,

Psychiatry is the only branch of medicine with a tradition of suicide prevention. Recently, there has been growing international interest in the increasing number of suicides among physicians. The reason for this is the rising accumulation of data reporting completed suicides among physicians (1). Suicide is not an act that can occur alone and whose social consequences can be ignored.

Being a physician requires a high level of responsibility and equipment, and long working hours can mean that they spend most of their time away from their families. As a result, they may feel unable to meet their families' emotional and physical needs. Physicians face unique demands that are not understood by those outside the medical field. In this context, physicians may avoid discussing workplace difficulties with people outside of medicine (2). In addition, the recent difficulties in physicians' working conditions and the increase in violent behaviour towards physicians may affect people's basic need to belong. Physicians are more likely than the general population to be exposed to a variety of deaths and injuries in the course of their work. Physicians' exposure to serious injury and death in the course of their work may reduce their fear of death (3). Another factor explaining the increase in suicide rates among physicians is that certain conditions prevent them from accessing treatment and support in a timely manner. Based on a limited number of studies, the rate of help-seeking among physicians with psychiatric disorders is estimated to be 13-36% (4). Reasons for physicians' reluctance to seek psychiatric help include concerns about confidentiality, negative consequences for their careers, lack of time due to busy work schedules, and the misconception that they can manage any symptoms on their own (5). It can raise concerns about cultural stigma, as the general population perceives doctors with psychiatric disorders as strong and invincible. It has been suggested that these factors may inhibit help-seeking and recovery (6).

One meta-analysis emphasises that female physicians are particularly at risk. A study to assess differences between specialities found that anaesthetists, psychiatrists and general practitioners may have higher suicide rates than other specialities. For example, increased suicide risk among anaesthetists appears to be associated with a combination of higher rates of psychological distress and access to lethal means.

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Psychiatrists and emergency physicians can become familiar with different suicide methods by interviewing patients with suicidal thoughts, behaviours and plans. Given this situation, it can be said that the suicide methods learnt, rather than access to tools alone, contribute significantly to the risk (6).

At a time when physicians' mental health is becoming increasingly important, there is still uncertainty about which individual, organisational and systemic interventions should be prioritised to improve physicians' working conditions and quality of life. Physicians who have access to lethal means constitute the most important part of countries' health systems, and given the increased risk of suicide, it can be said that they have the potential to become a serious public health problem. Therefore, physician suicide must go beyond the desire of psychiatrists to care for their colleagues.

As a result, physicians may have attitudes that make it difficult to access psychiatry, and misconceptions and prejudices that can lead to stigma. These difficulties can be transformed into more acceptable norms. It may be appropriate to assess factors that increase risk in the workplace. Physicians may benefit from psychoeducational programmes that provide information about suicide. Crisis intervention aimed at early warning signs of psychiatric disorders can save lives. In this regard, regular periodic evaluations can be planned.

Yours sincerely.

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