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Physician Suicide: My Journey

Our culture expects doctors to be strong and stoic. Physicians do nothing to belie that impression. For instance, they rarely discuss their personal issues. It's an unspoken rule that if you're ever feeling stressed, you put your head down and persevere. That's why I didn't know that my close friend and fellow surgeon, Mark, was on the edge. Months earlier, we had discussed some of the issues he was having with his practice. He seemed to be having trouble coping, but I thought he was doing better. One afternoon last year, Mark was assisting me in a complicated spine surgery. At 2:30 he had to leave a little early for a 3:00 appointment. We shook hands and he said, "nice case." It came as an incredible shock when I heard that three hours later he was dead from a self-inflicted gunshot to his head.

I later found out that Mark, in fact, was under enormous personal stress. Mark's problems were complicated, but I know that much of his stress stemmed from his perfectionist tendencies—if he made the slightest error at work, or in his personal life, it destroyed him. His habit of constantly beating himself up led to uncontrollable anxiety, which had been building for several years. The tragedy is that he didn't seek out any help. He didn't feel that he could.

Mark is not an isolated case. In fact, one in 16 physicians reported having contemplated suicide, according to a study published in the January 2011 issue of *Archives of Surgery*. This rate is higher than the general public (6.3% versus 3.3%). Only 26% had sought out help.¹

Out of my 80 medical school classmates, four killed themselves within three years of completing their training. I know of another dozen colleagues who have committed suicide.

I can imagine how those doctors felt before deciding to end their lives. About 10 years ago, I was driving home around 6:30 at night after a busy day at the clinic. I was agitated. I was in my mid forties, and was experiencing crippling anxiety on a daily basis. My anxiety had started to rear its head 12 years earlier, beginning with panic attacks and progressing into a full-blown obsessive-compulsive disorder. For the past year, I had struggled. I saw no way out. I was done.

That night, I weighed all of my options and decided that was it—once I pulled into the garage, I would close the door behind me and leave the car running. But at the final moment, I turned off the car. I thought of two classmates whose physician fathers had taken their own lives during their teenage years. I knew how devastating it was; how hard it had been on them. I had a young son. I felt that I couldn't abandon him and leave a legacy of death. If it weren't for my family, I have no doubt that I would've left the car on.

Burnout

Burnout contributes to the stress that can drive physicians to thoughts of suicide. About 40% of physicians experience burnout, according to the California Medical Board.² Doctors live with a combination of pressures that can result in burnout: (1) suppressed anxiety, (2) perfectionism and (3) massive amounts of stress. These forces eventually converge and create a crisis. For some, the crisis is relatively mild. For many, it's disruptive to their life and career. For others, it's deadly.

Medical authorities have made some effort to limit stress on doctors. For example, there are now laws limiting residents' work to 80 hours per week. Enforcement of these rules is

spotty, though, and the older hierarchy feels these guidelines are too lenient. In a typical medical practice, the missiles are coming in from every direction and the stresses are many: the pressures of running a business, angry patients, surgical complications, threat of litigation, partner problems, etc. It's not uncommon for me to operate for 10 or 12 hours and then go to my office for another four hours to catch up on my paperwork. This is a typical workday for most of my colleagues.

Stress management skills aren't part of our medical training process. No one provides us with the tools to assess our own mental health. When we do get into trouble, there's no place to turn. The safety nets that are in place—the state physician mental health board, for instance—are there only to stop the free-fall just before we completely hit bottom. Their main role is to take disabled physicians off-line. There are no preventive mental health resources, such as mental health professionals on staff; there's no one to easily talk to if we feel the stress is getting to us. Many feel uncomfortable talking to their colleagues about their problems for fear of seeming weak. In fact, our medical system is quite punitive if we seek help at any level. Any hint of mental distress causes the hospital to examine the physician's "ability to practice" under a microscope.

Doctors also usually try to maintain a healthy family life. But being married to a physician is trying for many spouses. They often become frustrated at the amount of time their husband or wife spends at work or being on call. It is also difficult to be really present for your family if you are frustrated with work and exhausted. This creates tension, and then, instead of our home being a haven, it may turn into our worst source of stress. Often the collapse of a marriage or relationship is the final stressor on the path to suicide.

Suppressed Anxiety

Physicians are conditioned to be really tough. It starts in college, where the competition among pre-med student is fierce, and lasts all the way through medical school. There is an unspoken "badge of honor" as we "complain" about our workload and the stress we can endure. No one dares ask for mercy and very little is given. From the first day we walk into the anatomy lab of medical school, it's understood that we are essentially in "boot camp." The intention is to quickly weed out those who cannot cut it. The ones who can suppress their anxiety are the ones who survive.

I remember sitting at my desk one night during my second year in practice. I had a 320-pound patient who had just gotten in a fight with the hospital security guard. Another patient had developed a deep wound infection and was extremely angry with everyone, especially me. My billing department had made some mistakes and in spite of my 60-80 hour work weeks, I had not received a paycheck. I sat down at my desk and looked at a subpoena from a patient who was filing a malpractice suit. But despite all this, I remained calm. I remember thinking how resilient I was. "I can take it," I thought. "Bring it on."

I thought I was in control. All physicians are used to being in control, especially when it comes to anxiety. This scenario

is particularly true with surgeons. The patient wants us to be confident during surgery, so we are. As we take on the patient's expectations, we become skillful in keeping our anxieties hidden even from ourselves. Over time, a surgeon's anxieties begin to manifest in aberrant thoughts or behaviors, which we often don't acknowledge.

You can't suppress anxiety forever, though. Research has shown that the more you try not to think about something, the higher the chance you'll think about it. In my observations of my peers, anxiety starts "breaking through" in physicians around age 35-40. Many physicians find themselves in a state of chronic anxiety. When this happens, surgeons may quit doing the bigger cases or stop doing surgery altogether. Addictions begin to surface. Other dysfunctional coping mechanisms, such as aggressive behavior towards staff and residents, are common. And then there is suicide.

Perfectionism

Doctors hold up perfectionism as one of the highest virtues of their profession. When I ask a group of physicians how many consider themselves perfectionists, usually about half of them raise their hands. If I phrase it differently and ask how many of them are hard on themselves if they make a mistake, all of their hands shoot up. If I ask how many of them feel that "perfect" is the standard for our medical culture, most agree that it's both implicitly and explicitly taught from the time they enter medical school. Unfortunately, many mentors react severely to their underlings when a given task is performed in a "less than perfect" manner.

But what does perfectionism really accomplish? Nothing. It's a destructive trait. As doctors, our goal is 100% success for every patient. But that's not humanly possible. If you torture yourself over every case that doesn't turn out perfectly, you can't do your job well. The energy burned up by judging yourself negatively is the energy you need to perform at the highest level.

Since there's no such thing as perfection in the human experience, the difference between reality and expectation will determine the degree of your unhappiness. For many physicians, failure to meet the standard of perfection engenders growing anxiety, anger and guilt that facilitates suicide.

Reprogramming

I feel extremely grateful that I escaped from the abyss of anxiety driven by frustration that touches so many of my peers. Not only did I survive, but the tools that pulled me out have positively affected the rest of my life. I am able to live the kind of full, rich life that I never knew existed. People often don't believe that I could have been in such a dark place. On the surface, I always appeared to be living a good life. However, every ounce of my energy not spent working was directed toward staying alive.

During my darkest period, I lived on the razor's edge of life for almost 18 months. I had tried every conceivable option available. I sought out counseling and healers; took medica-

tion; and read dozens of self-help books. Although all had some benefit, my journey downward continued.

My recovery finally began in 2002 when I picked up a book by David Burns, *Feeling Good*.³ One of Burns's tools was to write down your negative thoughts and then categorize them. I had nowhere else to turn, so I began to write with a vengeance. I wrote down thoughts connected to all aspects of my life, including work and the frustrations inherent to my job. Within a few weeks, I felt a little better and continued the process. I felt like I had a chance.

Learning how to deal with my anxiety through Burns's writing techniques, and later, facing my anger, were how I worked myself out of the abyss. It also helped me to escape the perfectionist trap. Eight years later, I know that Burns's techniques fall into a category of treatment called neuro-cognitive reprogramming. You "reprogram" your thoughts by writing them down. Connecting your thoughts with any physical sensation such as writing allows you to create new, alternate neurological pathways. With writing you are connecting your thoughts with sight and feel. For me, it has been life altering.

There are other reprogramming methods. They include mindfulness/meditation, awareness, group dialogue, auditory methods, art, role-playing, music and many other techniques. Broken down, each follows a pattern of three parts: (1) awareness, (2) detachment and (3) reprogramming. Each person's journey will be unique.

Going Forward

As a medical community, we must recognize that anxiety is not a dirty word and that it's not a sign of weakness to admit that you have anxiety. Members of the medical community must engage in a dialogue about allowing doctors to speak openly about their stresses. Each of us is so good with our façade that we couldn't imagine the other physician is anything less than completely together. We are human, too, however, and we are suffering—badly. With an open dialogue, the medical community can start to heal its own members.

References

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Author Disclosure

D Hanscom: nothing to disclose.