Medical community begins to address physician suicide

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How could they have missed the signs?

That was the question that haunted the mourners as they filed into the Arkansas hospital auditorium last New Year's Eve, clad in dark suits or brightly hued scrubs. They had come to mark the passing of one of their own, Dr. Jonathan Drummond-Webb, a renowned pediatric heart surgeon who died at his own hand.

"It caused people to ask, 'Was there anything we could have done?' " said Dr. Jeannette Shorey, associate dean of faculty affairs at the University of Arkansas' medical college and a veteran of several Boston hospitals. "One of us had been in despair, and we didn't notice enough to do anything about it."

For decades, across the country, doctors have been killing themselves at a far higher rate than other people.

This month, an issue of the New England Journal of Medicine carried an article analyzing 25 studies on the topic. Next month, two dozen representatives from medical associations, academic groups, and research foundations are expected to convene in New York to explore why doctors turn to pills, alcohol, and guns to silence their suffering.

The fraternity of medicine, mental health specialists said, is populated by hard-charging professionals taught to pursue perfection and abhor weakness. It's a high-stress profession. And it is a field uniquely positioned to have access to the tools of suicide -- and the knowledge of how to use them.

"It's embarrassing for a physician who is held up by society as an icon to admit that we may need help," said Dr. Luis Sanchez, director of the Physician Health Services in Massachusetts, which was created to aid doctors with mental health and substance abuse problems. "We don't want to admit we might have some faults or frailties."

And that, doctors said, is especially true when a physician is confronting mental illness.

"If you're out with a broken leg, nobody thinks anything about it," said Dr. Alexander Vuckovic, a McLean Hospital psychiatrist who has treated depressed doctors. "If you're out for a depressive episode, there is absolutely a stigma -- even, weirdly enough, within the field."

Campaigns of increasing urgency are attempting to erase that stigma.

Major teaching hospitals such as Brigham and Women's continue to expand their efforts to reach doctors in peril, providing counseling to physicians-in-training as well as briefings for veteran doctors, helping them recognize that there's no shame in seeking help.

The Massachusetts Board of Registration in Medicine, which regulates doctors' licenses to practice, has made similar efforts. The board directs doctors in trouble to somewhere they can get help.

"It's about changing a culture of shame and blame to adopting a culture of safety, so that when doctors have a problem they feel they can talk about it," said Dr. John Fromson, chairman of the American Psychiatric Association's committee on physician health who compared the efforts to initiatives aimed at reducing medical errors. "We need to reward people who ask for help rather than punish them."

Earlier this month, Dr. Eva Schernhammer, an epidemiologist at Brigham and Women's, recounted in the New England Journal of Medicine the chilling spate of suicides that traumatized the Vienna hospital at which she underwent her training.

First, another medical resident suffocated herself. Then, over the next year, another resident, and two more senior physicians, including the chairman of a hospital department, took their own lives.

In this month's article, Schernhammer synthesizes 25 previous studies of physician suicide, and found that female doctors kill themselves at a rate 130 percent higher than other adult women, while the rate among male physicians is 40 percent higher than men in general. "When I encountered this suicide streak back in Vienna, there were no measures in place at all to address such issues," Schernhammer said.

In an earlier presentation of her findings in the American Journal of Psychiatry, Schernhammer conceded that studies included in her review were of varying quality and that some of them included small numbers of suicides. Because women have entered medicine in large numbers only recently, she acknowledged, it is challenging to locate suicide studies that adequately represent female physicians.

Dr. Herbert Hendin, medical director of the American Foundation for Suicide Prevention, provided one potential explanation for the higher suicide rates among doctors: When they try to commit suicide, they usually to do it. "They're less into *attempted* suicide," Hendin said. "They're more into *successful* suicide."

In the case of Drummond-Webb, who received national acclaim when he was the star of a four-part television documentary, a depressive period last summer had gone largely unnoticed. He bounced back. But a few hours after Christmas, Drummond-Webb barricaded himself in the study of his Little Rock, Ark., home and swallowed a lethal mixture of percocet pills and bourbon.

Drummond-Webb, 45, had transformed the heart transplant program at Arkansas Children's Hospital into a national leader with a high success rate. Still, press accounts at the time of his death portrayed him as a man tormented by a sense of failure because, sometimes, not even he could save some patients.

As a result of the surgeon's death, leaders of the hospital and its affiliated medical school adopted a sweeping initiative to provide round-the-clock, confidential counseling opportunities to other doctors suffering in silence.

The university is also reviewing whether mental health insurance benefits are adequate for faculty members. "We know as physicians that not all suicides are preventable," Shorey said. "Still, it was important for us to ask ourselves: Are there ways we're not attending to physician well-being that we could improve upon?"

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