Toward Preventing Physician Suicide: Enlisting Decedents' Families and Colleagues in Driving Meaningful Change

Michael F Myers, MD

October 11, 2018

Learning Objectives

1. Discuss the insights gleaned from the loved ones of doctors who have killed themselves
2. Understand the ways in which stigma works against timely and effective life-saving treatment of suicidal physicians
3. Describe systemic, diagnostic, and therapeutic changes that will help to save lives of symptomatic physicians

Methods/Approach

- Qualitative study of “survivors” of 39 decedents
- Survivors = family members, medical colleagues, employers, training directors, therapists and patients of decedents
- 65 interviews (19 in person, 46 by telephone)
- Interview duration 45 minutes to 2 hours
- Signed release obtained from all interviewees
- Feedback from grand rounds, book, blog pieces, workshops with survivors, podcasts, webinars, other print and e-interviews

Findings/Results

Number one

- 10-15% of MDs killed themselves without receiving an assessment or Rx by a health professional
- Their families are calling for increased education about common psychiatric illnesses in doctors:
    - Basic education for families i.e. what to watch for
    - Education for physicians themselves

A friend of Dr Tom Baxter (pseudonym) who died during his fellowship

“Tom was the last person I’d expect this to happen to. He was remarkable…so talented…he was a musician…and he was very funny…he had a great social life. I know now that this could happen to anyone. He helped me through a rough time when we were in medical school…it’s so sad that he couldn’t reach out…that I didn’t get a chance to help him…I just wish he would’ve reached out.”

Anna Rosen, MD who lost her brother, a medical student, to suicide

“Anthony didn’t realize he was in such a severe depression; he didn’t have the experience that I have as a psychiatrist. No one could understand why he’d be depressed. And I think that this inhibited him from getting treatment. He was gifted, he was super-smart, his work ethic was profound. I said ‘Anthony, please see someone’ [meaning a psychiatrist]. But he was super-averse to seeking treatment. He was too ill to think it through.”

Peggy Watanabe, MD, who lost her husband Dr. August Watanabe to suicide

“I don’t want other people to go through what I’ve been through. I know so much more now than I did before Gus got sick…and before he died. We, in the medical profession, need to learn more about this, about depression. We got to talk about it more.”

Number two

- For those doctors in care, stigma was huge and adversely affected the therapeutic alliance and treatment adherence
- Survivors are calling for education of those who treat physicians about unique transference and countertransference dynamics

Author Carla Fine who lost her urologist husband Dr Harry Reiss

"I finally made it a condition of our marriage that he seek professional help. After one session, Harry dismissed the first psychiatrist he saw – a widely respected expert on depression – as a pompous jerk. Next he went for several visits to a social worker…He then refused to continue treatment because the social worker was, as Harry put it, too enamored by the simplistic twelve-step recovery movement."

Dr Gray (pseudonym) lost her physician husband to suicide

"I'm wondering about all that can go wrong when one doctor goes to another doctor for help. In my husband's case, one of his doctors was someone who was once his employee…I really wonder about a power imbalance…like too many connections, too close, too much history. I'm not faulting her, I'm not blaming her…

Dr Gray (pseudonym) lost her physician husband to suicide

…it's possible that he went to her because he already knew her, liked her, respected her. But she may have let him get away with too much, wasn't firm enough with him, or maybe she let him 'manipulate' her. I don't know, it's all speculation, but I'm looking for things we can learn. Losing Art was, and is, so hard. I'm just trying to spare other families this heartache."

Dr Wilson, psychiatrist, who lost a resident physician-pt to suicide

"Since Carla's death, I've thought very deeply about her – and our work together. I wonder how much she kept from me, how much she didn't share. She was in recovery and being monitored – and although I didn't have to file any reports to the physician health program, I wonder if that inhibited her from being fully truthful with me. Just the process of oversight, I wonder how much that might work against

Dr Wilson cont'd

doctors being completely forthcoming with their therapists. And putting your best foot forward, how much does that play a role when doctors go for help? I learned a lot after her death that she had never shared with me. I wish I had grilled her more. Losing a patient to suicide is like a psychic bomb. It's very traumatic – you feel betrayed, you're angry, you feel so guilty and very ashamed. It's very haunting. I've become a suicide hawk."

Number three

- There are perceived shortcomings of some physician health programs i.e. overemphasis on substance use disorders and the abstinence model, neglect of comorbid mental health conditions, lack of psychiatric consultation
- Survivors are calling for state-of-the-art national standards

Drs Karen and Robert Miday who lost their 29 year old son

“We think he panicked; he had a history of anxiety and panic. He also suffered from substance dependence. But despite all the treatment, he never really accepted it. He admitted that he didn’t think he was in full recovery. He was about to start his fellowship. His Caduceus group had ended. He was afraid he’d lose his medical license….

Drs Miday cont'd

The Physician Health Programs vary a lot across the country. In Greg's case there was no psychiatric consultation, no notion of concurrent co-morbidities, and no internal review of any conflicts of interest. There need to be better guidelines nationally, a model program needs to be mandated. We think that Greg died because of shame."

Number four

- Physician loved ones are often not interviewed by treating professionals for collateral information or psychoeducation
- They are calling for a more inclusive model when physicians are in treatment

Words of Dr Judy Melinek, forensic pathologist and co-author with TJ Mitchell 'Working Stiff: Two Years, 262 Bodies, and the Making of a Medical Examiner'

"Mental health professionals who treat doctors need to realize that if you only see the physician, you're only getting their side of the story, what they want you to know or what they're willing to share with you. You must talk with the family members who live with the person, your patient, and have their own particular observations, hunches, ideas and fears….

Dr Melinek cont'd

The more we perpetuate the silence surrounding suicide the more survivors suffer after losing a loved one to suicide and the more isolated that suicidal people themselves feel and the more at risk they are for dying of their suicidality."

Number five

- Survivors of physician suicide are hosting grand rounds, speaking at events, writing articles and books, and volunteering at postvention events
- They are committed to making a difference – to save even one ailing doctor's life – and to honor their deceased physician loved one, to remember and to insure that he/she has not died in vain

Some examples

- Virginia Leary-Majda and Dr Lev Gertsik – the John A Majda, MD Memorial Fund at UCSD School of Medicine
- Dave Emson book “Dust and Dreams” (unpublished)
- Gary Marson book “Just Carry on Breathing: A Year Surviving Suicide and Widowhood”
- Peter J Warshaw book “Convergence”
- Sally Heckel film “Unspeakable”
- Matthew Ogston “Naz and Matt Foundation” https://www.nazandmattfoundation.org

End Note

(from an email, subject line “Half way through your book”)

“I am stunned at the breadth of information I did not know. Needless to say, my impulsive poorly planned event was decided and acted on in about 30 minutes. Healthy with therapy, and doing well otherwise. One thing that I have noticed over and over again, is physicians varying ability to cope with my event….

Email cont’d

living in a smaller community, my story is well known. When talking with someone and they figure out who I am, a wall goes up. What was a collegial appointment turns into an emotionless contact. I have become that thing they don’t understand and don’t want to admit exists. Thank you for speaking out to all of us.”

John Doe, MD

In appreciation

- To all the individuals who have been interviewed for their generosity and commitment to prevention
- To all my colleagues and friends in the physician health movement and the field of suicidology
- To all of you for coming. Please share your insights with your colleagues who can't be here today.
- To the many physicians whose tragically interrupted lives have informed this work
- Contact: 718 270-1166 or michael.myers@downstate.edu or www.michaelfmyers.com