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Letter to the Editor

What does the future hold for doctors and suicide?

Physician suicide is topic of growing professional and public health concern. Despite working to improve the health of others, physicians often sacrifice their own well-being to do so. Furthermore, there are systemic barriers in place that discourage self-care and help-seeking behaviors among physicians (Kalmoe et al., 2019). However, each death is a tragedy which sends repercussions through the system and poses the risk of creating contagion. Going forward, we have to halt the decline in morale among doctors. This will mean addressing many systemic issues that are creating unhappiness: tackling the culture of naming, blaming and shaming and the constant denigration (Gerada, 2018).

Although there is no effective algorithm to predict suicide in clinical practice, improved recognition and understanding of clinical, psychological, sociological, and biological factors might help the detection of high-risk individuals and assist in treatment (Turecki and Brent, 2016). At medical school, competitiveness, the quest for perfection, too much autonomy coupled with responsibility, and the fear of showing vulnerability are all been cited as triggers for mental ill health (Devi, 2011). Pooled global prevalence estimates were 25•5% for lifetime suicidal thoughts, 9•8% for suicidal thoughts in the past 12 months, and 8•0% for recent suicidal thoughts among medical professionals (Que et al., 2019).

Preventive strategies on the risk of suicides in physicians are strongly needed. Physicians are an at-risk profession of suicide, with a global SMR of 1.44 (95CI 1.16, 1.72), and an important heterogeneity between studies. Women are particularly at risk compared to male physicians (Dutheil et al., 2019). Change of state anhedonia and its component of loss of pleasure measuring dissatisfaction in life could be a risk factor of suicidal ideation in medical students. Dissatisfaction, particularly in the medical course, could be a strong predictor of suicidal ideation in medical students (Loas et al., 2019).

The important contribution of habitual poor coping, serious financial problems,and expressed regret into suicide intent further enhances our understanding for how these factors could be incorporated in the formulation of intervention strategies in our efforts to prevent premature deaths by suicide in vulnerable individuals (Choo et al. 2019). To create the necessary cultural shift, individuals and institutions must not only agree that physician wellness is a priority, but also make tangible changes. Otherwise, the ranks of the medical profession will continue to be decimated—and that is a loss for everyone (Kamoe et al. 2019).

The need for taking care of doctors is obvious. It has become imperative that doctors should not only work better on healing themselves, but that the environment they work in should also be facilitated to promote better health and wellbeing. A doctor's complaints must be addressed immediately. Prolonged misery and work-related problems only results in increased stress and depression, which ultimately causes either health problems or suicide incidents (Pandey and Sharma, 2019).

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Dr. Neto and Dr Moreira wrote this commentary

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