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SUICIDE IN PHYSICIANS: AN OVERVIEW

A. Paraschakis[1], ***I. Michopoulos***[2]

[1]Psychiatric Hospital of Attica 'Dafni', [2]2nd Department of Psychiatry, Attikon Hospital, Medical School, University of Athens, Athens, Greece

Introduction: Physicians have an increased risk of dying by suicide in comparison with the general population.
Objectives: This difference has been studied in the literature.
Aims: To present the characteristics of this phenomenon.
Methods: Literature review using Medline and hand search of relevant articles.
Results: The suicide risk is slightly higher for male and substantially higher for female physicians in comparison with the general population (relative risk 1.1-3.4 and 2.5-5.7 respectively). It also varies from 1.5-3.8 in males and 3.7-4.5 in females as compared with other professionals. Depression, drug & alcohol abuse problems, history of prior attempts, availability of method (drugs), physical illness, burn-out syndrome, interpersonal difficulties and loneliness constitute risk factors. Physicians rarely do “unsuccessful” attempts and most commonly die by drug poisoning. This may be due to the fact that they have easy access to drugs, knowing better their lethal doses. Anesthesiologists, Psychiatrists and General Practitioners have the highest risk. The increased risk in female physicians is concerning given the rising number of women in the medical profession. However, as poor status integration has been proposed as an explanation, their increasing proportion in the medical workforce could hopefully help reverse this trend.
Conclusions: Physicians -particularly female- present high risk of suicide. Adequate services of counseling, support and care that provide anonymity and confidentiality should be the cornerstones of preventive efforts. The last are complicated by the fact that restriction in the main suicide method (drugs) seems a hardly applicable preventive measure in this population.

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