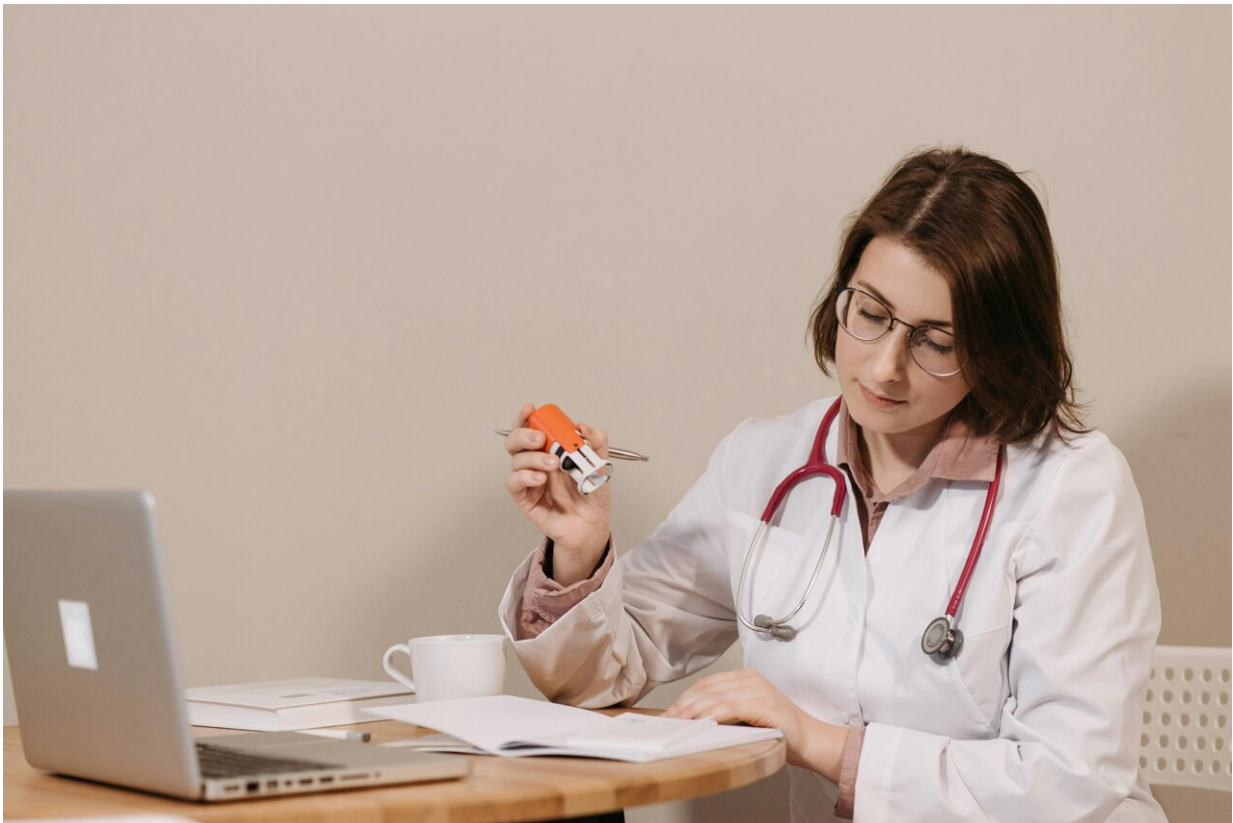


Suicide rates among doctors have declined, but female doctors still at high risk

August 21 2024



Credit: Pavel Danilyuk from Pexels

Suicide rates among doctors have declined over time, but are still significantly higher for female doctors compared with the general population, finds an analysis of evidence from 20 countries published by

The BMJ today.

The researchers acknowledge that physician [suicide](#) risk varies across different countries and regions, but say the results highlight the ongoing need for continued research and prevention efforts, particularly among female physicians.

According to some estimates, one doctor dies by suicide every day in the US, and around one every 10 days in the UK, but evidence on suicide rates for physicians is inconsistent across countries.

To address this, researchers analyzed the results of observational studies published between 1960 and 31 March 2024 that compared suicide rates among physicians with the general population.

A total of 39 studies from 20 countries (mainly Europe, the U.S., and Australasia) were included. Together, they reported 3,303 male and 587 female suicides over two observation periods (1935–2020 and 1960–2020).

Across all studies, the researchers found no overall increase in suicide risk for male doctors compared with the general population. For female doctors, however, suicide risk was significantly higher (76%) than the general population.

Analysis of the 10 most recent studies versus older studies showed a decline in suicide rates for both male and female physicians over time, although the rate for female physicians remained significantly elevated (24% higher) compared with the general population.

The exact causes of this decline are unknown, but more [mental health](#) awareness and workplace support for physicians in recent years might have played a role, say the authors.

The high level of variation (heterogeneity) between studies also suggests that physician suicide risk is not consistent across different populations, they add. This is likely to be due to training and work environments across health care systems and varying attitudes and stigma regarding mental health and suicide.

Additional analysis showed a significant (81%) higher suicide rate among male physicians compared with other professional groups of similar social and economic status. Results appeared similar for female physicians, but the number of eligible studies was too low to draw any firm conclusions.

The researchers acknowledge several limitations, including scarcity of studies from outside Europe, the US, and Australasia and likely underreporting of suicide as a cause of death because of stigma. Nevertheless, their analysis was based on a complete assessment of the available evidence and explored a range of factors as potential causes for the variation.

As such, the researchers call for continued efforts in research and prevention of [physician](#) deaths by suicide, particularly among [female physicians](#), and say future research is also needed to assess any COVID-19-related effects on suicide rates among physicians around the world.

In a linked editorial, Dr. Clare Gerada and colleagues explain that while doctors share risk factors with their non-medical peers, they face additional risks such as burnout and barriers to accessing timely help for poor mental health.

Selection for the medical profession also favors [personality traits](#) such as perfectionism, obsessiveness, and competitiveness, which in highly stressful [work environments](#) can result in a triad of guilt, low self-

esteem, and a persistent sense of failure. Doctors also have access to potentially dangerous drugs.

Some studies have also reported links between mental illness and suicide and being the subject of a complaint or regulatory processes.

They argue that measures to reduce mental distress and [suicide risk](#) among doctors, particularly women, mean addressing longstanding systemic issues that create distress, such as tackling poor work and regulatory cultures, allowing doctors a sensible work–life balance, and paying attention to the basic emotional and psychological needs of all staff.

Finally, they say all doctors must have access to early intervention and confidential treatment services so that they do not suffer in silence.

More information: Suicide rates among physicians compared with the general population in studies from 20 countries: gender stratified systematic review and meta-analysis, *The BMJ* (2024). [DOI: 10.1136/bmj-2023-078964](#)

Provided by British Medical Journal

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