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Beyond burnout: Talking about physician suicide in dermatology



Michelle S. Lee, BA, and Vinod E. Nambudiri, MD, MBA
Boston, Massachusetts

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Physician suicide made headlines during the COVID-19 pandemic when emergency medicine physician Dr Lorna Breen committed suicide in April 2020. While this prompted discussions about burnout and physician suicide, especially among frontline workers, the conversation has remained limited in the dermatology community.¹ Although burnout rates in dermatology have traditionally been lower compared with other specialties, the rates have been rising more quickly.² With the increasing rates of physician burnout and suicide, we believe that it is time for the dermatology community to raise awareness and support efforts around physician suicide.

Multiple factors that influence physician suicide have been impacted by higher levels of stress, burnout, and depression during the COVID-19 pandemic. Over 50% of physicians currently experience burnout, contributing to reduced productivity, worse patient outcomes, and poor physician mental health and suicidality.² Nearly 400 physicians die by suicide each year in the United States, with the rates especially high among female physicians, who die by suicide at rates 2-4 times higher than women in the general population.³ Physicians with histories of mental illness or substance use may also be at an increased risk.

Within dermatology, it is imperative to encourage discourse around physician suicide for several reasons. First, burnout rates are rising among dermatologists; a recent survey found that nearly 50% of dermatologists reported burnout, similar to the national average across the specialties.² The contributors to burnout among dermatologists include excessive documentation and time spent on the electronic medical record, which have increased

during the pandemic due to the transition to virtual care. Given the link between burnout, depression, and suicide, future studies must investigate the implications of these workplace shifts in dermatology. While suicide rates among dermatologists are unknown, an estimated 19% have experienced suicidal ideation—already a significant cause for concern.⁴ Second, an increasing majority of the dermatologist workforce is female, a population at higher risk of suicide given stressors that may include increased household responsibilities, sex- or gender-based workplace harassment, and navigating through a historically male-dominated profession.⁵ Third, the perceptions of high job satisfaction and low burnout rates may construct barriers to normalizing discussion around suicide in dermatology, leading to a stifling culture of silence and hesitancy to seek help. Therefore, we must increase the collective efforts to support each other as peers and dismantle the stigma around suicide in our specialty.

Dermatologists can act against physician suicide in several meaningful ways (Table 1). Organizations such as the American Academy of Dermatology can join and support nationwide efforts including National Physician Suicide Awareness Day. Individually and collectively, we can support policies including the Dr Lorna Breen Healthcare Provider Protection Act, which spearheads research and awareness around provider mental health. Perhaps most importantly, we must destigmatize physician suicide within dermatology by starting conversations about this difficult topic, encouraging support groups, increasing our vigilance of the signs of burnout and depression, and not hesitating to act when we recognize the suffering in our colleagues or ourselves.

From the Harvard Medical School and Department of Dermatology, Brigham and Women's Hospital, Boston.

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Correspondence to: Vinod E. Nambudiri, MD, MBA, Department of Dermatology, Brigham and Women's Hospital, 221 Longwood

Avenue, Boston, MA 02115. E-mail: vnambudiri@bwh.harvard.edu.

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Table I. Resources for addressing physician suicide

Category	Resources
Wellness and burnout resources	Accreditation Council for Graduate Medical Education physician well-being resources: https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources American Psychiatric Association: wellness education, self-assessment, and physician resources for burnout and depression: https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout
Suicide prevention	National Suicide Prevention Lifeline: 1-800-273-8255 Crisis Text Line: Text TALK to 741-741 American Foundation for Suicide Prevention suicide prevention resources: https://afsp.org/suicide-prevention-resources Suicide Prevention Resource Center: https://sprc.org American Hospital Association: Be well: preventing physician suicide: https://www.aha.org/advancing-health-podcast/be-well-preventing-physician-suicide
Taking action	Dr Lorna Breen Heroes' Foundation: https://drlornabreen.org Dr Lorna Breen Health Care Provider Protection Act: https://drlornabreen.org/about-the-legislation/ Association of American Medical Colleges: "Time to talk about it: physician depression and suicide" video/discussion session for interns, residents, and fellows https://www.mededportal.org/doi/10.15766/mep_2374-8265.10508 National Academies of Medicine: "Breaking the culture of silence of physician suicide" https://nam.edu/breaking-the-culture-of-silence-on-physician-suicide/ American Medical Association: "Now's the time to have a difficult talk about physician suicide" https://www.ama-assn.org/about/leadership/now-s-time-have-difficult-talk-about-physician-suicide
Coping with physician suicide	American Foundation for Suicide Prevention: After a suicide: a toolkit for physician residency/fellowship programs https://www.acgme.org/Portals/0/PDFs/13287_AFSP_After_Suicide_Clinician_Toolkit_Final_2.pdf

It is time for us, as a specialty, to raise awareness, encourage dialogue, and support efforts around physician suicide to promote openness around the topic and ensure the well-being of all the dermatologists.

Conflicts of interest

None disclosed.

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