Self-immolation Among Medical Practitioners and Medical Students: More Evidence is Needed from Developing Countries

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vidence suggests the high rates of "burnout," "depression," and "suicidal ideation" among medical doctors and medical students. However, due to privacy, possible job impact, stigma, etc. these two groups might not seek proper mental health treatment (1). As a result, medical practitioners and medical students have a higher suicide rate compared with the general population (2-7). It has been suggested that familiarity with and easy access to dangerous means of suicide such as drugs could partially explain this elevated risk (8, 9).

For example, the results of a study that carried out in England and Wales have highlighted that using drugs was common in doctors in comparison with the general population. During the period of study, that is, 1979-1995, 115 (54.8%) male doctors and 40 (64.5%) female doctors committed suicide applying drugs or poisoning. Interestingly, the same study also revealed that only 2 (2.3%) male doctors and no female doctors committed suicide applying self-burning (10). Furthermore, the results of another study have demonstrated that doctors in a general hospital medicine have lower rates compare with anesthetists and psychiatrists (11).

However, the problem with above studies is that almost all of them were carried out in the developed countries and very few studies originated from developing countries (12). As a result, evidence is lacking regarding suicide methods applied in medical practitioners and medical students in developing countries, especially from those countries such as India, Iran, Sri Lanka, etc. where self-immolation is common (13, 14). Self-burning as a fatal and gruesome mean of committing suicide (15) is believed to occur mainly through copycatting phenomenon (16-18).

Therefore, it would be necessary to determine that medical practitioners and medical students in the above-mentioned countries apply what type of methods to commit suicide. This should help to reveal that what proportion of suicides in these two groups could be attributable to familiarity with and easy access to dangerous means of suicide, that is, drugs and what proportion to copycat phenomenon, that is, self-immolation.

References

- 1. Downs N, Feng W, Kirby B, McGuire T, Moutier C, Norcross W, et al. Listening to Depression and Suicide Risk in Medical Students: the Healer Education Assessment and Referral (HEAR) Program. Acad Psychiatry 2014.
- 2. Aasland OG, Hem E, Haldorsen T, Ekeberg O. Mortality among Norwegian doctors 1960-2000. BMC Public Health

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- 2011; 11: 173.
- 3. Schernhammer E. Taking their own lives the high rate of physician suicide. N Engl J Med 2005; 352(24): 2473-6.
- 4. Schernhammer ES, Colditz GA. Suicide rates among physicians: a quantitative and gender assessment (meta-analysis). Am J Psychiatry 2004; 161(12): 2295-302.
- 5. Frank E, Biola H, Burnett CA. Mortality rates and causes among U.S. physicians. Am J Prev Med 2000; 19(3): 155-9.
- Cheng J, Kumar S, Nelson E, Harris T, Coverdale J. A National Survey of Medical Student Suicides. Acad Psychiatry 2014.
- Pepitone-Arreola-Rockwell F, Rockwell D, Core N. Fifty-two medical student suicides. Am J Psychiatry 1981; 138(2): 198-201.
- 8. Hawton K, Agerbo E, Simkin S, Platt B, Mellanby RJ. Risk of suicide in medical and related occupational groups: a national study based on Danish case population-based registers. J Affect Disord 2011; 134(1-3): 320-6.
- 9. Agerbo E, Gunnell D, Bonde JP, Mortensen PB, Nordentoft M. Suicide and occupation: the impact of socio-economic, demographic and psychiatric differences. Psychol Med 2007; 37(8): 1131-40.
- 10. Hawton K, Clements A, Simkin S, Malmberg A. Doctors who kill themselves: a study of the methods used

- for suicide. QJM 2000; 93(6): 351-7.
- 11. Hawton K, Clements A, Sakarovitch C, Simkin S, Deeks JJ. Suicide in doctors: a study of risk according to gender, seniority and specialty in medical practitioners in England and Wales, 1979-1995. J Epidemiol Community Health 2001; 55(5): 296-300.
- 12. Visanuyothin T, Srivaranundh K, Siriwej P, Suttineam K, Kongkum C, Kunrattanayan D, et al. Risk factors for suicide among Thai physicians. J Med Assoc Thai 2004; 87 Suppl 4: S14-S18.
- 13. Rezaeian M. Epidemiology of self-immolation. Burns 2013; 39(1): 184-6.
- 14. Rezaeian M. Suicide among young Middle Eastern Muslim females. Crisis 2010; 31(1): 36-42.
- 15. Kamolz LP. Attempted suicide by selfimmolation is a powerful predictive variable for survival of burn injuries. J Burn Care Res 2013; 34(4): e271.
- 16. Mesoudi A. The cultural dynamics of copycat suicide. PLoS One 2009; 4(9): e7252.
- 17. Zarghami M. Selection of person of the year from public health perspective: Promotion of mass clusters of copycat self-immolation. Iran J Psychiatry Behav Sci 2012; 6(1): 1-11.
- 18. Rezaeian M. Suicide clusters: introducing a novel type of categorization. Violence Vict 2012; 27(1): 125-32.