



Distress among residents

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Where was she? She was supposed to be at the office and her patients had been waiting forever. Her supervisor was furious. Not only did he have to supervise all of the other trainees—medical students, externs, nurse practitioners—now he was having to see her patients as well. Find her! he commanded. It wasn't the first time that he had had problems with her. She was clearly brilliant but hard to manage. They were wondering when she would knuckle down, meet the requirements of the program, and do what it took to become a good family physician.

But Marie was nowhere to be found. They tried her cell phone. Her home phone. Finally, they called her parents who had started to worry. After a few days, worry gave way to panic. Finally, an ad was placed in the newspaper. And then, one day, Marie's body was found.

We don't hear much about resident distress until it makes the headlines.¹⁻⁴ And yet, each year, medical students and residents, including family medicine residents, take their lives. And each death seems completely shocking and unbelievable. How can this happen to someone so young and so talented, with so much to look forward to? It's impossible—unbelievable!

And yet, burnout and psychological distress among medical students and residents is a well-known phenomenon. Several studies bear this out.⁵⁻⁸ According to a 2009 study of medical students and residents in 6 American faculties of medicine, 12% probably suffered from major depression.⁹ According to a recent study, the mental health of students entering medical school is as good as, if not better than, that of other young people their age.¹⁰ If this is so, something is happening to them later that is causing them to experience distress.

Perhaps our expectations of medical students and residents—the program expectations, the expectations others place on them, their own expectations of themselves—are too high. Perhaps it's the long hours spent working, studying, and being on call, combined with the chronic lack of sleep. Perhaps the constant evaluations undermine their mental health. And perhaps it is all of these factors combined that form a lethal mix.

Often, when we hear about a student dying by suicide, we wonder what could have been going through the student's mind at the time. Why didn't they reach out for help when they realized they were overwhelmed? Was it fear of being stigmatized, or fear of being judged for not measuring up, or fear of failure? How can a physician who studied for so many years,

jumped through so many hoops, and beat out so many other capable individuals reach a point where he or she can't take it anymore? Yet reaching out for help might be perceived as pointless, as residency is a rite of passage that seems unattainable.

Most suicide prevention efforts focus on one-on-one interventions with individuals who are depressed or suicidal. And yet, social support from family, friends, and peers is an important factor in prevention that should be given close consideration by prevention workers.¹¹

Some authors are of the opinion that there are substantial benefits to working with those close to the person in need, particularly if support is offered by peers.¹² Such support makes it possible to create a stronger safety net around the person in distress.

Faculties of medicine should be concerned about the situation. Apart from the message that many faculties are already sending out ("Don't hesitate to use our support services"), training programs should include interventions that promote student well-being, job satisfaction, and professionalism, drawing on recent studies demonstrating that these approaches work.¹³

References

- Schernhammer E. Taking their own lives—the high rate of physician suicide. *N Engl J Med* 2005;352(24):2473-6.
- Touzin C. Suicide d'une résidente du CHUM: «ses études en médecine l'ont tuée». *La Presse* 2014 Nov 26. Available from: www.lapresse.ca/actualites/justice-et-affaires-criminelles/faits-divers/201411/26/01-4822661-suicide-dune-residente-du-chum-ses-etudes-en-medecine-lont-tuee.php. Accessed 2014 Dec 18.
- Champagne S. Médecins en détresse. *La Presse* 2011 Sep 29. Available from: www.lapresse.ca/actualites/sante/2011/09/28/01-4452363-medecins-en-detresse.php. Accessed 2014 Dec 18.
- Rubin R. Recent suicides highlight need to address depression in medical students and residents. *JAMA* 2014;312(17):1725-7.
- Dyrbye LN, Thomas MR, Massie FS, Power DV, Eacker A, Harper W, et al. Burnout and suicidal ideation among U.S. medical students. *Ann Intern Med* 2008;149(5):334-41.
- Dyrbye LN, Massie FS Jr, Eacker A, Harper W, Power D, Durning SJ, et al. Relationship between burnout and professional conduct and attitudes among US medical students. *JAMA* 2010;304(11):1173-80.
- Dyrbye LN, Power DV, Massie FS, Eacker A, Harper W, Thomas MR, et al. Factors associated with resilience to and recovery from burnout: a prospective, multi-institutional study of US medical students. *Med Educ* 2010;44(10):1016-26.
- Dyrbye LN, Thomas MR, Power DV, Durning S, Moutier C, Massie FS Jr, et al. Burnout and serious thoughts of dropping out of medical school: a multi-institutional study. *Acad Med* 2010;85(1):94-102.
- Goebert D, Thompson D, Takeshita J, Beach C, Bryson P, Ephgrave K, et al. Depressive symptoms in medical students and residents: a multischool study. *Acad Med* 2009;84(2):236-41.
- Brazeau CM, Shanafelt T, Durning SJ, Massie FS, Eacker A, Moutier C, et al. Distress among matriculating medical students relative to the general population. *Acad Med* 2014;89(11):1520-5.
- Mishara BL. Suicide, Adulthood. In: Gullotta TP, Bloom M, editors. *Encyclopedia of primary prevention and health promotion*. New York, NY: Springer; 2003. p. 1106-11.
- Pratt MG, Rockmann KW, Kaufmann JB. Constructing professional identity: the role of work and identity learning cycles in the customization of identity among medical residents. *Acad Manage J* 2006;49(2):235-62.
- West CP, Dyrbye LN, Rabatin JT, Call TG, Davidson JH, Multari A, et al. Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. *JAMA Intern Med* 2014;174(4):527-33.

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