Resident suicide

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This month, *Canadian Family Physician* is publishing an article that will draw many people's attention. The article is about a study done with a cohort of family medicine residents at the University of British Columbia (UBC) in Vancouver, entitled "Suicidal ideation among family practice residents at [UBC]" (**page 730**).[1] The study found that

> 35 (33.3%) admitted to experiencing suicidal ideation during residency, 19 (18.1%) disclosed having had a plan on how to take their own life during residency, and 3 (2.9%) had attempted suicide during residency.[1]

The study also revealed the extent of resident burnout:

> The prevalence of a high-risk state for burnout was identified in 73.5% (72 out of 98) of respondents. The mean scores for emotional exhaustion, personal accomplishment, and depersonalization were 19.38 (95% CI 17.45 to 21.31), 29.58 (95% CI 28.25 to 30.91), and 8.16 (95% CI 7.03 to 9.28), respectively.[1]

Looking at these results, we could evidently question the validity of the responses, given that the study took place not long after a family medicine resident's suicide, which certainly shocked the community. But these numbers are consistent with those published by other organizations, under different circumstances and at different times, confirming that many physicians experience burnout and suicidal thoughts.[2-4]

Faced with such a report, we could react as we usually do, by asking ourselves how this could be possible. How is it possible that one-third of the 105 residents surveyed had experienced suicidal thoughts, and that one-fifth even had detailed, specific plans concerning their suicide? We are talking about 1 in 3 residents and 1 in 5 residents, respectively … that's hardly negligible! Individuals who are so intelligent, so high performing, and … so young? Moving forward, if we wish to put an end to this problem, measures aiming to reduce the demands of residency will need to be implemented, as is starting to be done elsewhere.[5]

But we can also consider the situation from another perspective by asking the inverse questions: why didn't all family medicine residents at UBC react this way? Why was it that 67% of the respondents did not report suicidal thoughts, and why was it that 82% did not come up with detailed plans of action on how to die by suicide? Aren't all residents subject to the same stress and the same requirements? Why did some experience such distress but not others?

If we compared the 2 groups ("suicidal" vs "nonsuicidal"), it would not be surprising to discover that the first group experienced more depression and had a more difficult time adjusting than the latter. In some respects, they would appear more vulnerable, more sensitive, and more burned out. If that is the case, then one might be tempted to add another criterion for selecting family medicine residents to ensure that we only choose the strongest, while eliminating those with depression or anxiety. We could ensure that family medicine residents—and, by extension, family physicians—never experience burnout! We could develop a breed of strong, confident, well-prepared family physicians who respect all guidelines, are unaffected by their workload, and rigorously follow medical algorithms, endowed with an almost artificial intelligence. Immovable and infallible beings.

But is that really what we want? Is that really what we expect from family physicians? Definitely not. Certainly, family medicine residency is difficult—just as family medicine is difficult in practice once residency has ended; certainly, family medicine residents sometimes experience burnout or exhaustion; and certainly, when feeling discouraged or burned out, some cannot help but imagine the worst. But that does not make them worse family physicians. On the contrary, it proves they are sensitive human beings, and thankfully so.

Therefore, we must simply become more attentive to their expressions of distress, facilitate their ability to communicate their distress, respect their pace, and help them be aware of their limits, as we would do for any other person experiencing these difficulties.

References

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