

# When your research project hurts

## Seeking answers about suicidal ideation among family practice residents

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It took 7 years for me to look at my research project again. Fear paralyzed me. The reason lies in the darkness of a question that in 2010 brought me to the floor of an emotional abyss: What is the prevalence of recently experienced suicidal ideation among family practice residents at the University of British Columbia (UBC)?

I originally asked the question after I lost a close friend to suicide while we were in family practice residency.\* The shock of her unexpected departure then ruptured my sense of peace and trust in life. The loss and the disillusion were accompanied by a darkness that can still take my breath away.

Shortly after her death, I realized that I had never actually perceived her pain. There I was, a senior resident trained to recognize human distress, but blind to my own friend's suffering. This realization triggered so many questions for me. Did I miss her calls for help? Was I available for her in a way that she needed? Was I qualified to practise medicine if I could not even help my own friend? I also wondered if I could one day abandon myself the way she did. Because I did not comprehend her choice, I could not be free of my questions that obliged me to look at my identity and my fears.

A burning question emerged from my heart: Who else among my friends was contemplating suicide? Suicidal ideation is terrible in its silence and its force, and is directly linked to suicide completion.<sup>1</sup> I needed to know if others close to me were considering such dark thoughts. I took a step back and asked a more specific question: How many of my resident colleagues and friends at UBC had recently thought about suicide?

After reviewing the relevant literature, I found that suicide in residency was understudied, especially in Canada. I developed an online survey, which included questions adapted from the inventory created by Meehan and colleagues,<sup>2</sup> that I sent to my friends and colleagues at UBC. A total of 109 family practice residents answered my call. The data, although anonymous, spoke to me not in percentages but in familiar faces: while in residency, 35 friends and colleagues of mine had thought about suicide, 19 residents had had a plan on how to take their own life, and 3 individuals had attempted to take their own life. The rates were much higher than in comparable studies. I received the data in a silence only broken by the sound of my tears on the laptop.


I struggle to remember the weeks that followed. I managed to write a draft manuscript and to locally present the data. But I was unable to finish the manuscript and to submit it for publication. I remained tethered by my pain, which I was carrying like a heavy chain still attached to my friend. I felt incapacitated by the constant reminder that my friend was forever gone, by the incessant evocation of death. I decided to put the project to rest.

Time was kind to me and allowed healing. Doubts about my ability to practise medicine and about my identity as a friend dissipated. But it took 7 years to return to the manuscript. Once I found the strength to do so, a sense of urgency replaced defeat and fear and gently nudged me back to the

literature where I found that suicide in residency is a growing problem, and still an understudied one.<sup>3</sup> My heart's fertile ground for questions grew many again, and my heavy chains morphed into gentle attachments to memories of an old friend.

I decided to return to research—this time guided by a clinician scholar program. I finally submitted the original manuscript for publication, which is found here in this issue of *Canadian Family Physician* (page 730).<sup>4</sup> Currently, I am writing a review of the literature and developing a workshop on suicide in residency for program directors. However, the process is an arduous one, as following this path of research implies willingly exposing my wound. Occasionally, percentages become faces of individuals who suffer in silence. At times, they remind me of my friend. These visions that invariably mist my eyes are reminders of the utmost importance of the undertaking. They shine a light that nurses in me a gentle and most welcomed sense of reconciliation.

The sadness inherent to this project made me question my path and contemplate giving up on my research more than once over the years. Thankfully, key individuals accompanied me along the way and graciously provided support. These luminous people are mentors, colleagues, program directors, friends, and family members—without them I would have certainly lost courage and lacked perspective to advance in this important endeavour.

My inspiration to continue in this journey is the realization that the vicious silence surrounding psychological distress and suicide continues to kill, and that the silence is broken in part by research, which becomes a tool to fight suicide. What I previously considered a dispassionate process for answering questions can in fact be a powerful means for self-discovery and emotional healing. When your research project hurts, kindly following its path can provide comfort in grief. It can also lead to truth and meaning. For me, this journey in research is one of vital transformations. 

Dr Laramée is currently enrolled in the Clinician Scholar Program in the Department of Family Practice at the University of British Columbia and is a family physician at St Paul's Hospital in Vancouver.

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#### Competing interests

None declared

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\*The resident's mother approved the publication of this manuscript.

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