

# The Medical Journal of Australia • MJA

# MEDIA RELEASE

## REDUCING RISK OF SUICIDE IN MEDICAL PROFESSION

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A SYSTEM-wide change, involving individuals, medical schools and colleges, which supports doctors' physical and mental health is required to tackle the problem of suicide in the health workforce, according to the author of a Perspective published today by the *Medical Journal of Australia*.

Dr Ann McCormack, a staff specialist in endocrinology at St Vincent's Hospital Sydney, was prompted to write by the suicides of three doctors in her circle.

"Over a matter of months, two female junior doctors committed suicide at our hospital, and more recently, suicide entered my inner circle with the death of one my close male colleagues," she wrote. "Such stories are not unusual in our profession."

Dr McCormack quoted statistics showing that female doctors suicide at 2.27 times the rate of the general population, and male doctors only a little less often at 1.41 times the general population.

"In recent Australian surveys, one in five medical students reported suicidal ideation in the preceding 12 months, while 50% of junior doctors experience moderate to high levels of distress," she wrote.

"What seems clear to me is that inherent traits in the individuals who choose a career in medicine, and often create excellent doctors, also set them up for high rates of distress.

"Perfectionism is rife among doctors. However, the very character trait that can contribute to success can also be a downfall in others. Maladaptive perfectionism refers to individuals experiencing distress over perceived personal or family failings (often unrealistic), and is associated with anxiety, depression, perceived burdensomeness and suicidal behaviour.

"Among the medical workforce, work-life balance is poorly practised and modelled," Dr McCormack wrote. "In fact, there is a subtle undertone rampant within the medical fraternity, in which late-night emails, missing a child's school concert, publishing multiple articles a year, and not taking annual leave become unvoiced indicators of a truly committed doctor."

The problem was particularly thorny for female doctors juggling motherhood and training — "this has been correlated with increased risk of depression and burnout and reduced career advancement for women within medicine".

Despite a recent meeting of the Council of Australian Governments Health Council which agreed to remove mandatory reporting of doctors by their treating health professionals, "substantial barriers exist in affected doctors accessing help".

"An ingrained fear of showing weakness and burdening others is juxtaposed against a deep-seated drive to help others. Lack of time, fear of stigma and being reported to medical authorities are other barriers — which are not irrational, given studies revealing that medical professionals hold concerns over the competency of colleagues with mental health disorders," wrote Dr McCormack.

She suggested system-wide changes, such as:

- doctors should invest in activities that will support their physical and mental health, and model such behaviour to junior colleagues;
- doctors need to learn how to be kinder to themselves and extend compassion towards the struggles of both junior and senior colleagues;
- medical students should be selected not just on academic performance but increasingly sophisticated aptitude testing should be used;
- regular enquiry into the mental health of medical students should be a high priority, and ongoing support should be offered;
- doctors should teach and model resilience;
- doctor wellbeing programs should be mandated, including peer support networks;
- workforce planning should avoid the growing bottleneck at the advanced training level; and
- collegiality should be built back into medical and health workplaces.

"Helping doctors build resilience may be protective against burnout and suicide in times of personal hardship."

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