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Physician Suicide: An Emerging Public Health Crisis

Medicine is quite a demanding and stressful profession. It requires tremendous devotion and sacrifice. Doctors are literally stretched to their limits, both physically and mentally, almost every day. Statistics show that doctors are at 2.5 times higher risk of suicide compared to the general population. Female doctors are more vulnerable.

In March, Medscape published its annual Physician Suicide Report for 2023, based on a survey of 9,100 physicians across 29 specialties that was conducted in 2022. According to the report, 9% of those surveyed reported having suicidal thoughts, while 1% admitted to having attempted suicide. More female doctors (11%) than male doctors (9%) reported having suicidal thoughts. Younger physicians between the ages of 27 to 41 were more likely to have suicidal thoughts than those in the age group 57 to 75 years, where just 8% had suicidal thoughts.

When individual specialties were examined, ENT topped the list followed by psychiatry, family medicine, anesthesiology and obstetrics-gynecology. These specialties, according to the report, are marked by physician shortages. Specialties at least risk were rheumatology, orthopedics, oncology, nephrology and pulmonary medicine.

The risk of suicide among doctors is influenced by several factors, which include emotional exhaustion, long working hours, sense of failure, mood disorders, anxiety, substance use disorders, financial stress, impaired relationships, low resilience and depression. One-quarter of the physicians in the Medscape Survey had clinical depression, which was not due to a grief event, while 67% reported feeling sad or feeling down or "blue". Self-destructive tendency has also been cited as a risk factor by the American Medical Association (AMA). Media trials and rising litigations have added to the stress. All these come at a great cost to their health and well-being. The COVID-19 pandemic only added to the predicament. Though it increases the risk, burnout does not necessarily lead to suicidal thoughts.

Yet, physicians are disinclined to seek help; at least 40% of the physicians in the survey did not tell anybody about their suicidal thoughts. Concerns about privacy and confidentiality, lack of time, associated stigma of being thought of as weak and inefficient are some of the reasons that have been alluded to for this reluctance. Often, they are unaware of the available facilities where they can seek help. Adding to this is the culture of "patient comes first", which has been ingrained in doctors. The Medscape Survey threw up reasons for not seeking help along similar lines - 42% did not want to risk disclosure to the medical board, 33% were concerned about it being on insurance records, while 25% were concerned about their colleagues finding out.

There is a need to proactively address this crisis. Suicidal ideation and thoughts cannot be managed alone. Social support including peer support is crucial. Being self-reliant may be an admirable quality, but there are times when one needs to reach out. It is not a sign of weakness. It requires great strength to first recognize the need and then ask for help.

A little over half (52%) of the respondents said that they could deal with the problem on their own, but 60% confided in a family member or a friend/colleague and 38% spoke to a therapist, which is reassuring.

Acknowledging and talking about the problem is the first major step in this direction. Men were more likely to reach out to a family member, while women were more likely to confide in a friend or a colleague. A supportive working environment goes a long way in reducing work-related stress. Stress-management workshops, regular mental health check-ups, setting up a confidential physician helpline are some measures that may prevent physician suicides.

Connecting with others helps build resilience. Being resilient helps to bounce back and enhance coping skills. Self-awareness, mindfulness, self-care, positive relationships and purpose have been described as five resilience skills. A healthy work life balance effectively reduces stress. Spending time with family and friends was how 73% of the respondents chose to remain happy and have a positive mental health. Seventy percent had hobbies and activities, 67% engaged in regular exercise. Adequate sleep (53%), eating healthy (48%) and therapy (10%) were also other ways adopted for happiness and mental health.

Timely support can prevent a tragedy……

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Association of Childhood Obesity and Subtypes of Adult-onset Diabetes

Diabetes is typically described as type 1 and type 2 diabetes. However, in 2018, a study from Sweden defined five new subtypes of adult-onset diabetes based on the underlying mechanism: severe autoimmune diabetes (SAID), severe insulin-deficient diabetes (SIDD), severe insulin-resistant diabetes (SIRD), mild obesity-related diabetes (MOD) and mild age-related diabetes (MARD). SAID includes type 1 diabetes and latent autoimmune diabetes in adults (LADA), while the remaining four denote type 2 diabetes. The most prevalent subtype is MARD.[1] Whether the known modifiable risk factors for diabetes differ among these subtypes is not yet well-established.

A new study published in the journal *Diabetology* has for the first time shown that obesity during childhood is associated with higher risk of four out of the five subtypes of adult-onset diabetes.[2]

Researchers from Bristol University in the UK, Sun Yat-Sen University in China and the Karolinska Institute in Sweden collaborated on this study to investigate the impact of childhood obesity on different subtypes of adult-onset diabetes. Data for childhood body size were extracted from a genome-wide association study of 4,53,169 Europeans who self-reported body size (thinner, about average and plumper) at age 10 years in the UK Biobank study. More than 200 genetic mutations for childhood body size were identified and linked to the various subtypes of diabetes. Data from two genome-wide association studies from Europe involving adults newly diagnosed diabetes, or without diabetes was used to identify the genetic mutations. The Mendelian randomization method was used to analyze the association of genetically predicted childhood body size with different diabetes subtypes.

Results showed that being overweight or obese in childhood was associated with 62% higher risk of LADA with odds ratio (OR) of 1.62. The risk of SIDD was doubled with OR of 2.11, while the risk of SIRD increased nearly 3 times with OR 2.76. The odds of having MOD increased sevenfold with OR of 7.30. However, MARD showed no such association with childhood obesity (OR 1.06).

Childhood obesity is known to predispose to type 2 diabetes in adulthood characterized by insulin resistance. This study shows that childhood obesity is a risk factor for all subtypes of adult-onset diabetes, including those due to autoimmunity and insulin deficiency, except age-related diabetes. Hence, prevention of obesity during childhood is of utmost importance for better long-term health.

References

1. Ahlqvist E, et al. Novel subgroups of adult-onset diabetes and their association with outcomes: a data-driven cluster analysis of six variables. Lancet Diabetes Endocrinol. 2018;6(5):361-9.
2. Wei Y, et al. Childhood adiposity and novel subtypes of adult-onset diabetes: a Mendelian randomisation and genome-wide genetic correlation study. Diabetologia. 2023 Feb 27.

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