Risk Factors for Suicide among Thai Physicians

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Objectives: *To investigate the risk factors for suicide in Thai physicians.*
Method: *The study focused on 18 doctors who had committed suicide before January 2002, identified by death certificates and the reported data from Thai Medical Council. Consensus case reports were assembled by using the psychological autopsy method. Study methods included semi-structured and in-depth interviews of next of kin and interviews of classmates, colleagues and medical or mental health services workers who had treated the suicide victims.*
Results: *The sample consisted of 18 subjects (17 males, one female). The age range was 30-49 years old. Most victims were specialists (11 out of 18; 3 gynecologists, 2 psychiatrists, 2 pediatricians, 2 surgeons and 1 internist, 1 radiologist). The methods of suicide were 6 hanging, 5 gun shots, 5 intravenous injections, 1 jumping and 1 drug over-dose. Psychiatric disorders were found in 11 out of 18 cases, and depressive disorder was the most common disorder. Interpersonal conflict and/or loss were the most common factors leading to suicide (6 out of 18), the second factor was psychiatric illness and the third factor was work problems.*
Conclusion: *In assessing suicidal risk, a history of interpersonal conflicts and loss and the presence of co-morbid psychiatric disorders are particularly important. The important strategies for suicide prevention in Thai physicians are early detection and proper management of psychiatric illness especially depressive disorder and recognition the significance of family support. (Granted by Thailand Research Fund)*

Keywords: *Thai physician, Suicide, Psychological autopsy, Physician impairment*

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Suicide is a significant public health problem worldwide. The World Health Organization (WHO)[1] stated that the mental health problem is increasing including suicide. The report from worldwide survey in 2002 found that there were 1,000,000 cases of completed suicide per year or 2,740 cases per day. The Ministry of Public Health of Thailand has collected yearly statistic of death certificates. It was found that the rate of suicide per 100,000 cases was 6.7 in 1996 and the rate of suicide was increased to 8.2 in 2002.[2,3]

Considerably, it is a great loss to society due to suicide. It has a severe impact on family mentally and on the quality of their lives. More importantly, the impact will be stronger if the deceased is well educated and has an important role and responsible work. That person would have had a great contribution to his/her country if still alive.

The studies of suicide on various professionals such as physicians, engineers, teachers and other medical related professionals were important but most were research in the developed world.[4] The studies in physicians found that the rate of suicide was higher than general population and other professionals. [5]

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The research team had realized the importance of this study and that there was no previous study in Thailand. The results of this study will be utilized as data collection, perceiving risk factors leading to suicide and recommendations for suicide prevention in Thai physicians.

Method

It was essentially a retrospective descriptive research. The data and names of the suicide Thai physicians were collected from the information bank of the Centre for Continuing Medical Education (CCME) and The Medical Council of Thailand. Additional information was collected from other sources such as newspapers, colleagues or friends. The study focused on suicide cases occurred before the year 2002 since lag time of at least 6 months was recommended for the psychological autopsy (PA).

The PA method was used to study the causes and risk factors in suicide[6]. The method was well-accepted in research studies.[7] The methods were qualitative and the data collected were rich and precise. The PA method studied individual behavioral patterns. The study and analyses were conducted by interviewing the people who were related to the deceased. The other sources were medical records, information from coroners, police and newspapers as well.

The relatives and related persons were interviewed using PA and semi-structured interview. The contents of interview were details of their lives, family background, their history of mental illness and self-harm, personality, physical and their history of mental illness and the relationships with their parents and wives and friends, religious beliefs, and the patterns of response to stress, recent incidences and life events within one year before death. The recent incidences included worries, stress and addiction to drug or alcohol, legal problems, hobbies, sexual activities. The important incidences in their lives, self-harm behaviors, access to medical services or other sources of help and the reaction of their immediate family to their death.

All data and the information from multiple informants and records were analyzed and synthesized.

Results

There were 17 male and 1 female physicians committed suicide. The average age was 41.4 years old. Nine were single and nine were married. They were 7 general practitioners and 11 specialists. Three out of seven General Practitioners (GPs) had not yet planned to work in any fields of specialists. The most frequently found specialists were gynecologists 3 cases. There were 2 cases in each of these specialists, psychiatrists, pediatricians and surgeons. Most of them worked in the public sectors. The common life events or problems before the time of suicide are shown in Table 1. There were more than one problems that happened to their lives. Majority had 1-2 problems, 5 cases had more than 3 problems and there was no information in one case.

The important causes that led to suicide were interpersonal conflict and loss. The second leading problem was psychiatric illness, which was found in 4 cases. Two of them were found with severe depressive episode without psychotic symptoms (ICD10 code = F32.2). There was one case of schizophrenia (ICD10 code = F20), and the other one was organic delusion disorder (ICD10 code = F06.2).

We made final diagnosis from data collected and found that depressive disorder was the most common illness in this study. However, physical illness was also found in 2 cases, one had AIDS and the other suffered from cerebral infarction.

Regarding the methods of suicide, most of them were hanging, gun shots and intravenous KCl injection. All these drugs abused were self-prescribed. Only one case used sleeping pills overdose and alcoholism.

Discussion

It was generally accepted that study of medicine is pretty hard and risky. It required hard work and responsibility to human lives. The stress facing by doctors had affected them both their physical and mental health.[8] The stress experienced by doctors had caused them with exhaustion[9]. It also included the conflict of the role as a doctor and the expectation and the requirement from society had changed. Consequently, the relationship between physicians and patients had negatively changed. People started to be interested in their rights and their protection. The mental suffering by physicians had led them to smoking and drinking alcohol. When they had mental suffering, they did not divulge in anyone. The conflicts with spouses and relatives also contributed to their suicides.

Table 1. Demographic data and potential risks to committed suicide

Demographic data	No.
Sex	
Male	17
Female	1
Age (range 24-67 yrs. Average 41.4 yrs)	
20-29 yrs	4
30-39 yrs	5
40-49 yrs	5
50-59 yrs	2
> 60 yrs	2
Marital status	
Single	9
Married	9
Education	
Specialists	11
General Practitioners	7
Specialties	
Gynecologist	3
Psychiatrist	2
Pediatrics	2
Surgeon	2
Internist	1
Radiologist	1
Life events and/or problems	
Interpersonal conflict/Loss	12
Work related /Legal	7
Physical illness	6
Psychiatric illness	5
Study	2
Substance abused/Addiction	2
The important causes that led to suicide	
Interpersonal conflict/Loss	6
Psychiatric illness	4
Work related /Legal	3
Study	1
Physical illness	2
Unknown	2
Axis I Psychiatric disorder	
F32.2 Severe depressive episode without psychotic symptoms	4
F32 Depressive episode	1
F43.2 Adjustment disorders	2
F13.2 Mental and behavioral disorders due to use of sedatives or hypnotics: Dependence syndrome	2
F20 Schizophrenia	1
F06.2 Organic delusional disorder	1
Unknown	1
No psychiatric disorder	6
Methods of Suicide	
1.Self-injury	
1.1 Hanging	6
1.2 Gun Shot	5
1.3 Jumping from the building	1
2.Poisoning	
2.1 Intravenous injection	5
2.2 Drug over dose	1

The results from this study indicated some viewpoints to be considered. It is noted that social environment of most physicians has been limited since they were medical students. They have not had much time to meet and mingle with people in other professions. In addition to limited social environment and working independently, doctors rarely need help even though they have very tough problems.

Even though only two psychiatrists were reported in this study, the prevalence for this specialty would be likely to be higher than other specialists because of limited total number of psychiatrists in Thailand. It has previously been reported that psychiatrists, especially among those working in community care, and child psychiatry[10] usually express emotional exhaustion, threat of severe burnout, depression, and mental disorder more commonly than other physicians. The complexity and stress of the profession may induce and aggravate vulnerabilities that lead to impaired functioning.[11]

Physicians were authoritative, high self-esteem, well educated. They must be supposed to be leaders and were superior leaders than others. Their ideas must always be right and unable to accept other people's ideas. They cannot cope in time of loss. The method of suicide in Thai physicians was the same as physicians in England and Wales. The common method of suicide was self-poisoning, often with drugs taken from work.[12]

Not surprisingly, doctors hardly accept their own physical or mental illness. They took care of other people but lack of self-care. When they had problems they would not like to have other doctors treated them. This led to more serious illness and difficult to solve the problems. In 2004, Hawton, et al[12] reported that psychiatric illness was present in 25 of 38 working doctors who died by suicide in England and Wales. Depressive illness and drug or alcohol abuse were the most common diagnoses. The previous studies indicated that mental disorder was the most strongly associated variable of those that have been studied.[13] Suicide prevention strategies may be most effective if focused on the treatment of mental disorders.

Problems and limitations

Collected data were partially incomplete in this study. In some cases, the report of death was not clear. Therefore, important evidence was gathered from other sources such as newspapers or other interviewees. The co-operation from relatives was hardly obtained, especially since their immediate fam-

ily refused to give information. The reasons given were that they did not want to talk about it. In case of some causes or reasons the relatives had to do with the suicide persons, it could lead to aggravation of self-blaming by the relatives. Most relatives of the deceased accepted the causes and information on the suicide incidences. However, in some cases the reports were given as suffocating, stomach bleeding and heart failure. It was shown that erroneous information about the causes of death was due partly to the refusal to accept the facts by the relatives.

Planning to prevent suicide in physicians

These are the following factors that need to be considered to prevent the loss of doctors from suicide. There should be some screening tests to select suitable candidates for medical students. There should be medical check-up both physically and mentally. Their attitudes and interest in medicine, and personality should be explored. Social study and skills should be taught to them. The follow-up of their behaviors during the medical study and training time should be included. The significance of clinical depression and mental illness which were the most important factors leading to suicide in individual should be emphasized.[14] There should be a study to explore mental illnesses in Thai physicians. This knowledge will result in immediate treatment. It is well accepted that prevention and early treatment would reduce the coming loss.

It is also recommended that the significance of building good relationship among the same profession fellows or peer groups should be emphasized after they graduated. This will help to see their problems and help could be given as soon as possible in the case of mental illness and behavioral changes. The society recognizes that doctors are intelligent and had high ability both by family and surrounded people. They are highly self-confident and have different ways to adjust themselves when facing the problems. In some cases, facing and resolving the problems and resolve the problems were incorrectly done. To have a system of looking after each other between doctors, close relationship between teachers and students and the supervisors and supervisees could reduce the seriousness of the problems. The other problem found in this study was misunderstanding in the family, especially in spouses. It was also extra-marital affair that led to jealousy. More information in this regard needs to be collected for future problem-solving methods.

In the viewpoint of medical society, there should be a proper system to treat doctors who are ill physically and mentally in order to prevent lower than standard of self treatment by doctors.[15] They might prescribe dangerous drugs for themselves without the awareness of other people. The system of mutual help could be done by the doctors in the same hospital or organization or by their doctor friends. It should be a detail, truthful and systematic collection of data by Thai Medical Council on suicide of Thai physicians for future study. Future research should be studied about physicians such as prevalence rate of mental illness, patterns of seeking help, risk factors, problems and barriers facing by physicians when they seek treatment of mental illness.

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ปัจจัยเสี่ยงที่เกี่ยวข้องกับการฆ่าตัวตายของแพทย์ไทย

ทวีศิลป์ วิษณุโยธิน, กิ่งดาว ศรีวรนันท์, กาญจนา สุทธิเนียม, ชลพร กองคำ, ดวงตา กุลรัตนญาณ, ปัทมา ศิริเวช, พรชัย สิทธิศรัณย์กุล, สมเกียรติ วัฒนศิริชัยกุล

การศึกษาวิจัยการฆ่าตัวตายในแพทย์ไทยมีวัตถุประสงค์ เพื่อศึกษาลักษณะทั่วไปของกลุ่มประชากรแพทย์ที่ฆ่าตัวตายสำเร็จ และหาปัจจัยที่เกี่ยวข้องกับการฆ่าตัวตายของแพทย์ เพื่อเป็นแนวทางในการวางแผนป้องกันการฆ่าตัวตายในแพทย์ โดยใช้วิธีการชันสูตรศพเชิงจิตวิทยา (Psychological Autopsy) ซึ่งเป็นวิธีการเชิงคุณภาพโดยการสัมภาษณ์บุคคลที่เกี่ยวข้องกับผู้ตาย เพื่อวิเคราะห์หาสาเหตุ และปัจจัยเสี่ยงที่นำไปสู่การฆ่าตัวตาย ประชากรที่ศึกษาคือ แพทย์ที่เสียชีวิตจากการฆ่าตัวตาย ที่มีรายชื่อและข้อมูลจากฐานข้อมูลของแพทยสภา และค้นหาเพิ่มเติมจากแหล่งข้อมูลอื่น โดยทำการศึกษาย้อนหลังก่อนปี พ.ศ.๒๕๔๕ เท่าที่จะหาข้อมูลได้จำนวนรวมทั้งสิ้น ๑๘ ราย เป็นเพศชาย ๑๗ ราย และเพศหญิง ๑ ราย ผลการศึกษา พบว่า อายุที่พบบ่อยสุดในช่วง ๓๐-๔๙ ปี ส่วนใหญ่เป็นแพทย์เฉพาะทาง ๑๑ ราย สูติแพทย์สูงสุด ๓ ราย จิตแพทย์ กุมารแพทย์ ศัลยแพทย์ พบสาขาละ ๒ ราย วิธีการที่ใช้ฆ่าตัวตาย ส่วนใหญ่ใช้วิธีแขวนคอ ๖ ราย รองลงมาคือการยิงตัวตาย ๕ ราย ใช้สารฉีดเข้าเส้นเลือด ๕ ราย กินยานอนหลับเกินขนาด ๑ ราย และกระโดดตึก ๑ ราย ปัจจัยที่นำไปสู่การฆ่าตัวตาย คือ ปัญหาการเจ็บป่วยทางจิต พบถึง ๑๑ ราย โรคที่พบบ่อยที่สุดคือ โรคซึมเศร้า และพบว่าการมีข้อขัดแย้งระหว่างบุคคลและการสูญเสีย เป็นสาเหตุสำคัญที่นำไปสู่การฆ่าตัวตายมากที่สุด คือ ๖ ราย โดยจำแนกเป็นปัญหาขัดแย้งกับคนรัก(รวมถึงการหึงหวงและชู้สาว) ๓ ราย ปัญหาขัดแย้งกับคนในครอบครัว ๒ ราย และเป็นเรื่องของการสูญเสียคนรัก ๑ ราย รองมาคือการเจ็บป่วยทางจิต และปัญหาทางด้านหน้าที่การงานและปัญหาทางกฎหมาย แนวทางการป้องกันการฆ่าตัวตาย คือการตระหนักในปัญหาโรคทางจิตเวช โดยเฉพาะ โรคซึมเศร้า โดยให้มีการค้นหาและได้รับการรักษาอย่างมีมาตรฐาน และให้แพทย์เห็นความสำคัญของสถาบันครอบครัว (ได้รับทุนสนับสนุนจาก สกว.)