EDITORIAL

Suicide risk in doctors

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MALE DOCTORS HAVE A LOWER SUICIDE RISK THAN THE GENERAL MALE POPULATION, AN ANALYSIS OF English death registrations from 2011 to 2015 has found.[1]

Data were obtained from the ONS. Occupation was obtained from the death certificate and occupational population counts from the 2011 Census. Standardised mortality ratios (SMR) i.e. the observed number of suicides divided by the expected number, given the size and age structure of the population, were calculated. During the study period there were 18,998 suicides among people aged 20-64, of whom 13,232 (70%) had an occupation recorded on the death certificate. Overall, 81% of the suicides (10,688) were male.

In men, the major occupation groups with the highest suicide risk were low skilled occupations; SMR 144 (17% of male suicides) and skilled trades SMR 135 (29% of male suicides). The occupation with the highest risk was low skilled construction work (SMR 369). In women, the highest risk jobs were artists (SMR 399) and bar staff (SMR 182). In both men and women, care workers and home carers were at increased risk, SMRs 192 and 170 respectively.

Surprisingly, male health professionals, especially doctors (SMR 63) had a lower risk of suicide. The elevated risk among female health professionals was largely explained by the high risk among nurses (SMR 123). Some of the differences from earlier studies may reflect the use of SMRs rather than proportional mortality ratios (PMRs) i.e. the proportion of deaths in a specific occupation due to suicide divided by the proportion of deaths in the whole population due to suicide. PMRs are derived solely from death certificate data whereas SMRs are subject to discrepancies between census occupations and occupations recorded on death certificates. However, a high PMR may reflect low mortality from other, mainly natural, causes.[2] Older studies which reported PMRs may have overestimated suicide risk among professional groups such as doctors.

A study which compared actual UK suicide rates per 100,000 from the early 1980s with those from the early 2000s found large reductions in suicide rates for several previously high-risk occupations including vets, pharmacists, dentists, doctors and farmers. In doctors there had been a 63% reduction.[2] A retrospective calculation of SMRs for male doctors showed a fall from a peak of 335 in 1970-1972 to 69 in 2001-2005.[3] The present study confirms that male doctors are now at lower risk than the general population. However, the risk for female doctors is comparable with that of the general female population, although the male preponderance of suicide meant that there were in fact more than twice as many male (59) as female (22) doctor suicides.[4]

A fall in suicides among doctors is to be welcomed, but there are a number of caveats. Occupational differences in suicide risk are, in part, due to the fact that occupation is an indicator of socioeconomic status.[5] It might be better to use the suicide rate in the major occupational group (professional occupations) as the denominator rather than the rate in the whole population. There are differences between specialties: compared with physicians, GPs are more than three times as likely to commit suicide.[6] There have been a concerning number of suicides or suspected suicides in doctors using the NHS Practitioner Health Programme and in doctors undergoing GMC investigation.[7]

'Compared with physicians, GPs are more than three times as likely to commit suicide'

The WHO recommends that a suicide risk assessment should be undertaken for all patients aged >10 with a mental health disorder.[8] In adults, this should include employment status as being unemployed is a short-term risk factor, and job loss a potential precipitating factor.[9] This study suggests that, for those in employment, occupation should also be considered as a potential risk factor. I would suggest focusing on the possible mediators, which may be aspects of the job itself e.g. job strain (high demand - low control),[5] low pay and job insecurity, or factors associated with it e.g. low socioeconomic status,[5] alcohol use and personality traits which attract people to certain occupations. Using GPs as an example, high pay and socioeconomic status are protective factors whereas job strain, high levels of alcohol misuse, the threat of complaints and high levels of perfectionism[9] are all risk factors.

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