Our doctors are dying

Doctors' Mental Health

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From 2015-2017, a string of suicides by junior doctors caught Australia's attention and exposed the ugly truths of a career in medicine.

These suicides represented the loss of some of the most promising young minds in our country, but they also represented the heart-breaking deaths of sons, daughters, brothers, sisters, husbands and wives.

Doctors are traditionally perceived as the healthiest people in our population,[1] and while it is true that they tend to have better physical health, doctors are at a higher risk of mental illness and suicide.[1,2] The National Mental Health Survey of Doctors and Medical Students conducted by Beyond Blue in 2013 found that one in four doctors had had thoughts of suicide and 2% had attempted suicide in their lifetime.[2] This is much higher than the general population.[2]

But while all Australian doctors are at a higher risk of suicide than the general population,[1-5] junior doctors are over-represented in statistics of burnout and suicide compared to their consultant counterparts.[2-6] More than one in four trainee doctors have experienced suicidal thoughts and nearly 3% have attempted suicide.[2] The Australian Medical Association considers junior doctors amongst the highest-risk groups for suicide, along with the groups more traditionally considered high risk such as Indigenous Australians and those living in rural and remote areas.[6]

It is common knowledge that the junior medical years put doctors under physical and emotional strain, but what could be driving such high rates of suicide in junior doctors?

Individual characteristics

A commonly cited explanation is that high rates of psychological distress and burnout are due to dysfunctional internal characteristics shared by junior doctors, such as maladaptive perfectionism, a lack of resilience,[5] and ineffective stress management strategies.[4,7]

Perfectionism runs rampant among doctors, and in some instances, can assist in achieving good clinical outcomes.[5] However, *maladaptive* perfectionism, defined as excessive distress when confronted with perceived personal failure, is associated with ill mental health and suicidal behaviour.[5] On the other hand, resilience, a trait junior doctors have been shown to

lack compared to their senior colleagues,[5] is an important protective characteristic described as the ability to respond appropriately to difficult situations and recover from adversity.[4]

Accordingly, health organisations have sought to address suicide and ill mental health by employing strategies to correct these internal characteristics.[4,5,7,8] These strategies include resilience training,[4,7] stress-management workshops,[7] and introducing interviews and sophisticated aptitude testing in medical schools to select for more mature, resilient medical students.[5,8]

This is far too simplistic.

Strategies that address mental health at an individual level have been aptly described as “a band-aid over a gaping wound”.[9] While they are an important first step in fostering well-being, junior doctors perceive it as an inadequate solution considering they face such significant external stressors.[9] Health organisations are being criticised in the literature for operating under this one-dimensional framework in which the individual is held solely responsible for their mental health, while system-level factors, which are perhaps the primary drivers of ill mental health, are neglected.[4,7]

Working Hours

“Burnout” is described as feelings of emotional exhaustion and depersonalisation in response to multiple compounding stressors, and it is widely recognised as a causative factor for mental illness and suicide in medical professionals.[10] Consequently, many countries have implemented work-hour restrictions for junior doctors in the past decade,[9] because long working hours are known to increase the risk of burnout, mental illness and suicide.[1,4,8,10] Despite these changes abroad, there is currently no nationally enforced working hour limit in Australia.[10,11] Instead, a voluntary National Code of Practice exists to provide *guidance* on how to manage fatigue; it endorses a safe working limit of 50 hours per week.[11]

And yet junior doctors are exceeding this safe working limit on a weekly basis.[8,10,12]

In a study published in 2020, junior doctors reported working an average of 50.1 hours per week, while 25% reported working more than 55 hours per week.[10] In this study, junior doctors who worked more than 55 hours per week were at double the risk of experiencing mental illness and suicidal ideation compared to those working 40-44 hours per week.[10]

Furthermore, the AHPRA Medical Training Survey 2020 found that 9% of junior doctors were working more than 60 hours per week,[12] and another study published in 2017 found that 2% of junior doctors were working in excess of 70 hours per week.[8]

In the 2022 AMA QLD Resident Hospital Health Check, 16% of junior doctors reported working more than 24 hours of overtime per fortnight, and almost one in five junior doctors had been advised by administrators or senior clinicians not to claim their overtime.[12] Additionally, more than one in four doctors were concerned that it may affect their assessment if they were to claim overtime,[12] and this largely stems from the belief that they may be perceived as incompetent or inefficient by senior clinicians since they failed to complete their clinical duties within allotted work hours.[13]

It is clear from these statistics that being over-worked is a significant risk factor for mental illness and suicide in junior doctors. But legislation to reduce working hours may not be the simple solution that it seems. Mental illness is a complex, multi-factorial issue influenced by concurrent individual, workplace, and organisational level risk factors.[10] Long working hours is likely just one of a plethora of factors playing a role in junior doctors' mental health, thus this issue should not be considered in isolation.[10] Additionally, policy makers should exercise caution when it comes to reducing junior doctors' working hours, and such legislation should be implemented with appropriate attention to health system resourcing.[10] If improperly implemented, measures to reduce work hours could exacerbate the situation by causing an increased workload during shifts or an increase in unpaid, un-rostered overtime.[10]

Culture

The medical profession has a culture that celebrates self-sacrifice.[5,10,14] Working long hours is commonly presumed to be essential,[10] and there is a problematic perception that junior doctors must "earn their stripes" and prove their emotional and physical resilience by surviving the gruelling early training years.[14]

"The subtle undertone within the medical fraternity", Dr Ann McCormack wrote in a Perspective published by the Medical Journal of Australia,[5] is that "late-night emails, missing a child's school concert… and not taking annual leave become unvoiced indicators of a truly committed doctor". Junior doctors are encouraged to embrace the culture of "the harder I work, the better doctor I am",[14] and in 2017, a physician wrote passionately about this issue on a medical blog,[15] condemning the:

> *"… cutthroat, often brutalising culture [of medical training]"* for being *"rooted in ideals of suffering […] Every generation always looks down on the generation training after it"* and demands that they *"work harder, stay later, know more, and never falter."*

But the problems with the culture of medicine do not stop there.

Bullying and discrimination in hospitals is thought by many to be a thing of the past,[8] but this is simply not the case. Bullying, discrimination, sexual harassment, and racism are unprofessional and illegal, but unfortunately are still endemic in Australian hospitals. A study published in 2017 found that 27% of Australian junior doctors had experienced bullying in the workplace, 3% had experienced racism, 3.2% experienced sexual discrimination and 1.7% did not feel physically safe in the hospital environment.[8]

More recently, the AHPRA Medical Training Survey 2020 found that around one third of junior doctors had experienced and/or witnessed some combination of bullying, discrimination, or sexual harassment.[16] These findings were supported by the 2022 Resident Hospital Health Checks in QLD and NSW.[12,17] Unfortunately, intervention to address this issue is proving challenging, as experiencing bullying and discrimination may be perceived as a "rite of passage" for junior doctors.[8]

This attitude leads to unprofessional behaviour going unreported. The 2022 AMA QLD Resident Hospital Health Check revealed that only a third of junior doctors felt there was anything they could do about bullying, discrimination or harassment in the workplace, and of the doctors who witnessed this unprofessional behaviour, only 25% reported it.[12] Furthermore, an enormous 75% of junior doctors were concerned that there might be negative consequences for reporting or speaking up against unprofessional behaviour by their seniors.[12] Negative consequences could be material, such as impacts on career progression, or perceived, such as being considered by senior clinicians to lack resilience, or to "not have what it takes".[18] Furthermore, issues with the reporting procedures themselves have been shown to discourage employees from reporting.[19] These issues include the fact that those who do report unprofessional behaviour feel that their complaints are ignored, or even worse, that they are subjected to complaint resolution practices where their anonymity is compromised by face-to-face mediation with the perpetrator.[19]

Stigma

This is all compounded by the internal and external mental health stigma that are rife within the medical community.[5,8,20]

Self-stigmatising views, which may stem from the inherent belief that "doctors are invincible",[20] represent a significant barrier to seeking psychological support.[5] Doctors view mental illness and seeking psychological treatment as embarrassing, shameful and a sign of weakness – the complete antithesis of what they preach to their patients.[21] Studies have shown that many doctors believe mental illness represents a failure in their roles as caregivers – a role that is fundamental to their sense of self and purpose.[21]

Furthermore, a qualitative study involving junior doctors in Brisbane elucidated that the expectation of and fixation on resilience in medical professionals may actually discourage people from seeking help, because requiring treatment could be misconstrued as a lack of resilience.[9] For many doctors within the health system, the notion of resilience has been weaponised. Instead of resilience being seen as restorative and protective it is weaponised and used against junior doctors; when they speak up or seek help, they are told they simply lack resilience.

Doctors also report external barriers to seeking help such as fear of being perceived as a failure[5,16] and of being reported to medical authorities.[5] These fears are not irrational, as research has shown that medical professionals do think less of colleagues with mental health disorders and have concerns about their fitness to practice.[2,5] Mental health services will remain underutilised by medical professionals until the stigma of seeking psychological support is stamped out.[8,20]

Some Personal Remarks

This is an issue close to my heart.

In my time in medical school, UQ has lost three medical students to suicide. That's one person for every completed year of my medical degree. One of these people was someone I knew – someone who was a close friend to some of my closest friends, but the waves of shock rippled through our cohort and were felt by all – not just by those who knew them. We had lost one of our own.

I have personally witnessed unprofessional, derogatory comments of both a racist and sexist nature in the hospital, so I can attest to the fact that it is still very much a problem facing medical students and junior doctors. I wonder how we can expect anything to change while this behaviour goes undetected and unpunished – when the people responsible for this behaviour and the creation of this toxic culture are given promotions and hailed as "good doctors" because they are gifted clinicians. How can we expect anything to change when hospitals are understaffed to the point that their junior doctors are working 55-75 hours per week? And when junior doctors are discouraged for claiming overtime because "good doctors work hard and ask for nothing in return"?

Regarding the mental health stigma in our community, last year, a close friend of mine and fellow medical student attempted suicide. But not many people know about it. It is a *secret.* This leads me to believe that this is not an isolated incident. There are others. There are other people whom I speak to daily who are struggling, who are considering taking their own lives, and I don't even know it. The fallacy that doctors must be healthy, both physically and mentally, simply by nature of being doctors, is incredibly dangerous. It discourages doctors and medical students from seeking support and treatment for their mental health out of fear that they will be viewed as incompetent or somehow "lesser than" their colleagues.

Where to from here?

The current approach to mental health and suicide risk in junior doctors is simplistic and one-dimensional. The provision of mental health services and programs designed to target dysfunctional individual characteristics, while an important first step,[5] is simply a band-aid over a gaping wound.[9] It neglects some of the most important causal factors of mental illness in medical professionals,[4] and, on its own, it will never be enough to curb the increasing rates of suicide in junior doctors.[4,7,10] Not only that, but attributing ill mental health solely to internal characteristics has the potential to exacerbate feelings of failure in those who are struggling, and decrease the likelihood that they will seek support.[9]

Until there is system-wide structural and cultural change,[4,7,8,10] it is likely that junior doctors will tragically continue to take their own lives, and families and friends will continue to mourn the loss of their loved ones to an entirely preventable cause.

Until…

Until we start reporting unprofessional behaviour. Until there is a true zero-tolerance policy for bullying, discrimination and sexual harassment. Until junior doctors are remunerated for their overtime. Until hospitals are appropriately staffed to prevent over-work and burnout. Until the very culture of medicine, which idolises those who endure/tolerate/withstand suffering, is radically transformed. Until that happens… how can we expect anything to change?

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