

New tool for recognizing physician distress, preventing suicide

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Physicians die by their own hands at much higher rates than do members of the general public—40 percent higher in males and 130 percent higher in females—so recognizing and responding to physician distress is crucial. Physicians themselves are uniquely positioned to do this for their colleagues, but many are uncomfortable intervening and unsure what steps to take if they do get involved. A new resource offers guidance in successfully identifying distressed colleagues and helping them get the care they need.

Risk factors for physicians may be similar to those for the general public, but many physicians feel their identities are closely tied to their professional images, and this makes them more vulnerable to distress when problems arise at work.

Almost every state in the nation has a physician health program (PHP), and the [Federation of State Physician Health Programs maintains a listing](#) of state PHPs with a description of the services provided by each. State PHPs may even be able to assist physicians in identifying others with experience and expertise in treating distressed physicians.

Still, physicians are often reluctant to access care.



Care for your colleagues, care for yourself

If you believe a physician colleague is displaying signs of distress, how should you approach her or him? How can you teach your care team to recognize physicians in distress or at risk for suicide? What actions can you take to support them?

[Preventing Physician Distress and Suicide](#), a new module from the AMA's STEPS Forward™ collection of practice improvement strategies, focuses on the unique vulnerability and treatment needs of physicians.

It includes four steps to identifying at-risk physicians and referring them to appropriate care:

1. Talk about the risk factors and warning signs for suicide. Risk factors can range from relationship problems to being named a defendant in a lawsuit. Warning signs can be as obvious as mood changes and increased alcohol use.

2. Take steps to standardize care-seeking in your organization. One easy step is encouraging colleagues to take time off for vacation and sick leave.

3. Make it easy to find help. For starters, be sure to post referral lists for resources inside and outside your organization in a highly visible location that does not require a password, and assure users that there is no tracing of page visits or downloads.

4. Consider creating a support system for physicians in your organization. This can include simply reducing a physician's patient caseload and offering regular screenings for depression.

The module also features sample scenarios, scripting for approaching distressed physicians, a self-assessment for medical malpractice stress syndrome, a list of suicide prevention resources and other downloadable tools.

And don't forget: Self-care is one of the most visible ways to standardize care-seeking in your practice. Allow yourself time to recharge, talk about your own stress, say "no" when you need to and learn to recognize the signs of distress in yourself.

There are seven new modules now available from the AMA's STEPS Forward collection, bringing the total number of practice improvement strategies to 42, thanks to a grant from and collaboration with the Transforming Clinical Practices Initiative.

By AMA staff writer Tim Smith