



ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION

*Symposium on  
Physician Well-Being*

NOVEMBER 17-18, 2015



# *Why Are We Here?*

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# Disclosure

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- Professor of Medicine and Physiology
- Full Time Salaried by ACGME
- No Conflicts to Disclose



# Personal Disclosure and Two Brief Stories

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# What is the Tip of the Iceberg?

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# Why Do Doctors Commit Suicide?

By PRANAY SINHA SEPT. 4, 2014

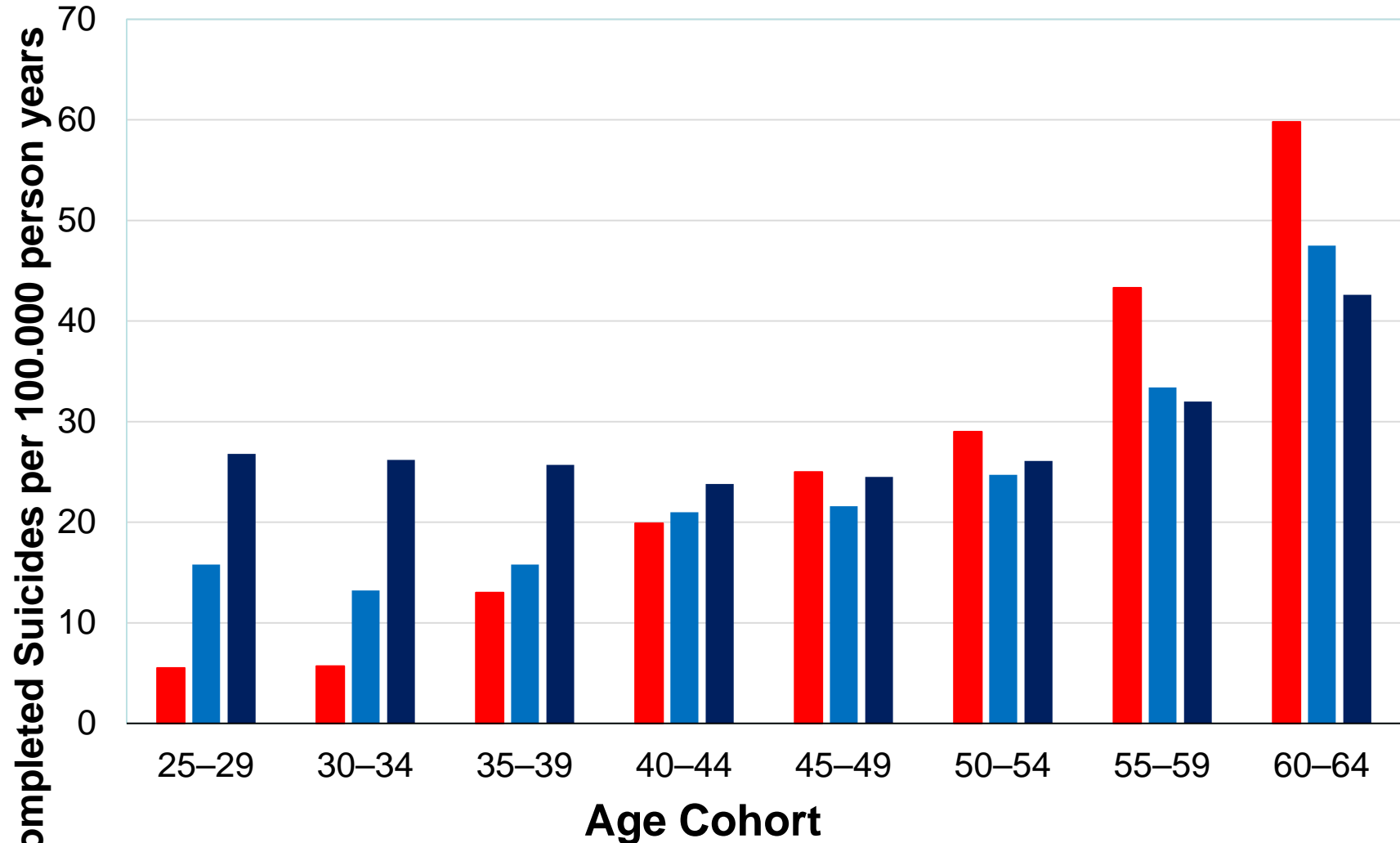


Anna Parini

NEW HAVEN — TWO weeks ago, two medical residents, in their second month of residency training in different programs, jumped to their deaths in separate incidents in New York City. I did not know them, and cannot presume to speak for them or their circumstances. But I imagine that they had celebrated their medical school graduation this spring just as my friends and I did. I imagine they began their residencies with the same enthusiasm for healing as we did. And I imagine that they experienced fatigue, emotional exhaustion and crippling self-doubt at the beginning of those residencies — I know I did.

The statistics on physician suicide are frightening: [Physicians are more than twice as likely to kill themselves](#) as nonphysicians (and female physicians three times more likely than their male counterparts). Some [400 doctors commit suicide every year](#). Young physicians at the beginning of their training are particularly vulnerable: [In a recent study](#), 9.4 percent of

# Incidence of Suicide Among White Male Physicians, Dentists, and General Population



■ Physician ■ Dentist ■ Population

Occup Med (Lond). 2008. 58 (1): 25-29.

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# Mortality Rates and Causes Among U.S. Physicians

Erica Frank, MD, MPH, Holly Biola, MD, Carol A. Burnett, MS

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**Content/ Objectives:** No recent national studies have been published on age at death and causes of death for U.S. physicians, and previous studies have had sampling limitations. Physician morbidity and mortality are of interest for several reasons, including the fact that physicians' personal health habits may affect their patient counseling practices.

**Methods:** Data in this report are from the National Occupational Mortality Surveillance database and are derived from deaths occurring in 28 states between 1984 and 1995. Occupation is coded according to the U.S. Bureau of the Census classification system, and cause of death is coded according to the ninth revision of the International Classification of Diseases.

**Results:** Among both U.S. white and black men, physicians were, on average, older when they died, (73.0 years for white and 68.7 for black) than were lawyers (72.3 and 62.0), all examined professionals (70.9 and 65.3), and all men (70.3 and 63.6). The top ten causes of death for white male physicians were essentially the same as those of the general population, although they were more likely to die from cerebrovascular disease, accidents, and suicide, and less likely to die from chronic obstructive pulmonary disease, pneumonia/influenza, or liver disease than were other professional white men.

**Conclusions:** These findings should help to erase the myth of the unhealthy doctor. At least for men, mortality outcomes suggest that physicians make healthy personal choices.

**Medical Subject Headings (MeSH):** health, mortality, physicians (Am J Prev Med 2000;19(3): 155–159) © 2000 American Journal of Preventive Medicine



# Risk of Completed Suicide Compared to Other Professionals

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- Proportionate Mortality Ratio compared to other professionals (100=identical risk)
  - Male 170 (153-188)
  - Female 238 (168-328)
- Today's estimates: 380-420 Completed Physician Suicides per year
- Equivalent to 3.0-3.5 medical school graduating class sizes

Frank, E., Biola, H., Burnett, CA. Am J Prev Med. 2000:19(3); 155-159



# Depression and Burnout

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- Hear from experts regarding the current state of understanding



# Questions Immediately Arise

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- What has changed?
- Why is this happening?
- How do we prevent this carnage?
- Alternatively, are Suicide, Depression, Burn-Out occupational risks of the “modern” practice of medicine?
- Is there something we could do (or un-do) in Medical School and/or Residency to prevent this tragedy?
- What can we do in the Practice Arena?
- How can we more effectively help our colleagues when they are affected by one of these tragic events?



# Why Are We Here?

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- To Explore the Dimensions of the Iceberg that is Physician Well-Being
- To Come Together as a Profession to:
  - Define further questions
  - Agree on Next Steps
  - Solidify Resolve to Reduce Burn-Out, Depression, and Suicide
  - Develop Strategies and Supports for those Affected



# Thank You

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- For your participation at this meeting
- For sharing your wisdom and expertise
- For your future engagement in efforts to address the challenges we collectively face

