

7 risk factors for physician suicide.

Physicians have one of the highest rates of suicide of any profession; the rate for male physicians is up to **40%** higher and for female physicians up to **130%** higher than the general population.¹

Here are seven of the most prominent risk factors for physician suicide. Other factors not considered here include age, general health, and access to lethal methods such as drugs or firearms.

1. Depression

Depression is one of the most common factors associated with physician suicide; **13.8%** of physicians with symptoms of depression reported suicidal ideation compared with just **1.4%** of physicians without symptoms of depression.³

2. Emotional exhaustion

Most physicians enter medicine because they want to help people. However, many suffer from unrealistic expectations, working long hours and worrying about their patients to the point of emotional distress and exhaustion.⁴ Although some studies suggest that burnout alone is not directly associated with greater suicidal ideation in physicians, burnout combined with depression was associated with greatly increased odds of suicidal ideation.⁵

3. Low self-valuation

While physicians are known for their empathy and compassion toward other people, many are critical of their own imperfections and shortcomings. Described as low self-valuation, a tendency to self-deprecate can lead to lack of self-care and prevent physicians from seeking help. One study found that physicians in the lowest quartile of self-valuation had a much higher rate of suicidal ideation (**15.1%**) compared to those in the highest self-valuation quartile (**1.7%**).³

Physician Suicide in the U.S.

300 - 400 Physicians die by suicide each year

40% higher
Male physicians compared to the general population

130% higher
Female physicians compared to the general population

4. Untreated mental illness

Mental illness is a key comorbidity for suicide. Postmortem toxicology data for physicians who committed suicide show low rates of medication treatment. One study of suicide victims found that physicians were significantly less likely than the general population to have antidepressants present at time of death.⁶ Physicians are also less likely to seek mental health services than the general population, which may be due to concerns for their career or a sense of greater self-resilience.⁸

5. Substance abuse

The same toxicology study of suicide victims found physicians were more likely to have ingested substances such as antipsychotics, barbiturates, and benzodiazepine than the general population. Although abuse of prescription or illegal drug use is rare in physicians, up to **12.9%** of male physicians and **21.4%** of female physicians meet the diagnostic criteria for alcohol abuse or dependence, which is closely associated with depression and suicidal ideation.⁹

6. Marital status and impaired relationship

The evidence is strong that marital status is a factor in physician suicide; the risk of suicide among divorced men in the U.S. is double that of married men. However, physician studies have conflicting data that suggests married or unmarried status can be either protective or detrimental, depending on the state of the relationship.¹⁰

7. Malpractice claims

Physicians who believe they have made a major medical error in the past three months are three times more likely to have suicidal ideation.³ However, physicians who practice in specialties with a high occurrence of malpractice claims may experience less emotional distress than those in specialties where malpractice claims are not as common.¹⁰

*If you are a physician experiencing suicidal thoughts, call the **Physician Support Line at 1-888-409-0141**. Free, confidential, and anonymous. No appointment necessary.*

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