

## COMMENTARY

## Do Physician Health Programs Increase Physician Suicides?

Pamela L. Wible, MD | August 28, 2015

**Editor's Note:**

*This article was adapted from a blog posted by the author, Pamela L. Wible, MD, and is being published on Medscape with the permission of the author. Dr Wible notes that she was once a suicidal physician. Now an expert in medical student and physician suicide prevention, she hosts [physician retreats](#) to help her colleagues heal from grief and reclaim their careers.*

How do we care for the people who care for us? As doctors, we're immersed in pain and suffering—as a career. We cry when our patients die. We feel grief anxiety, depression—even suicidal. All are occupational hazards of our profession.

A recent Medscape article on [physician health programs \(PHPs\)](#) suggests that the people who are here to help us may actually be doing more harm than good. And they may even be increasing physician suicides.

Both doctors I dated during medical school died by suicide. Eight physicians killed themselves in my town alone. I've become a specialist in physician suicide. My cell phone has turned into a physician suicide hotline. And I have a stack of physician suicide notes that I keep at home. Here's one of them:

*Dear Some,*

*My family, I love you.*

*To others who have been good friends, I love you too.*

*This is just the end of the line for my particular train. Earth wasn't a great place for me. We'll see what else is out there.*

*Will miss you all. I'm sorry for what it's worth.*

*Love Greg.*

On June 22, 2012, Dr Greg Miday killed himself—12 hours after being told not to follow his psychiatrist's safety plan by the PHP that controlled his medical license. Sober for years, he relapsed just before his death. A brilliant clinician, never impaired at work, Greg drank to cope with anxiety.

Just two months later, two interns from different programs in New York hospitals jumped to their deaths within a few days of each other.<sup>[1]</sup> Following those events, Greg's mother, a psychiatrist, sent the following (unpublished) letter to the editor of *The New York Times*.

An unacknowledged predicament for physicians who identify their struggle with substance abuse and/or depression is that they are often placed under the supervision of their State Medical Board's Physician



**Greg Miday, MD, and his mother, Karen**

Health Program. My son, Greg, was being monitored by such a program. He took his own life at age 29, one week before he was to enter an esteemed oncology fellowship. His final phone calls were to the Physician Health Program notifying them of his use of alcohol while on vacation, a disclosure he had previously described as a 'career killer.'

Miday, MD

These programs, which often offer no psychiatric oversight, serve as both treating and policing agencies, a serious conflict of interest. Threatened loss of licensure deters vulnerable physicians from seeking help and may even trigger a suicidal crisis. Medical Boards have the duty to safeguard the public, but the assumption that mental illness equals medical incompetence is an archaic notion. Medical Boards must stop participating in the stigmatization of mental illness. We cannot afford to lose another physician to shame.

Our medical schools, hospitals, and clinics actually cause or exacerbate mental health conditions in physicians, and then they blame us and force us to release our confidential medical records. And in the end, they take our license.

Maybe that's why my friend, an excellent psychiatrist, drives 200 miles out of town, pays cash, and uses a fake name to get mental health care.

And another physician friend who was deemed "too slow" [seeing patients] by her residency director was sent to a psychiatrist who diagnosed her with mild obsessive-compulsive disorder (OCD). Don't we all have mild OCD if we are thorough physicians? Well, she was actually then sent to the medical board who referred her to a PHP that mandated an Alcoholics Anonymous-style substance abuse program—which makes no sense at all since she does not use substances. She doesn't drink or smoke.

So who the hell is protecting us from being misdiagnosed, mistreated, and abused?

There are many who prey upon physicians. So who cares for doctors?

And how in the world can we give patients the care we've never received?

*Pamela Wible, MD, is a pioneer in the [Ideal Medical Care](#) movement. When not treating patients, she dedicates her time to medical student and physician suicide prevention. Dr Wible is the recipient of the [2015 Women Leader in Medicine Award](#).*

## References

1. Sinha P. Why do doctors commit suicide? The New York Times. September 4, 2014. [http://www.nytimes.com/2014/09/05/opinion/why-do-doctors-commit-suicide.html?\\_r=0](http://www.nytimes.com/2014/09/05/opinion/why-do-doctors-commit-suicide.html?_r=0) Accessed August 24, 2015.

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