VICTORIAN DOCTORS HEALTH PROGRAM

LEVEL 8, AIKENHEAD BUILDING,
27 VICTORIA PARADE, FITZROY, VICTORIA 3065 AUSTRALIA
TEL: (03) 9495 6011 ❖ FAX: (03) 9495 6033 ❖ Email: vdhp@vdhp.org.au

Submission to the Senate Community Affairs References Committee Inquiry into Suicide in Australia

Introduction

The Victorian Doctors Health Program (VDHP) is pleased to have the opportunity to provide a submission to the Senate Committee Inquiry into Suicide in Australia.

The medical profession in its role in delivering healthcare to patients is intimately aware of the burden of mental illness, depression and suicide in Australia and would acknowledge wholeheartedly the increased prevalence amongst indigenous and rural populations and the added challenge of providing quality, accessible services to these groups.

However, the focus of this submission is to raise awareness of the extent of psychological health problems among doctors and medical students, the economic cost of these illnesses and the need to overcome the inherent danger of many doctors denying or delaying accessing professional services for their own healthcare.

About VDHP

The Victorian Doctors Health Program (VDHP) is an established service whose primary role is to assist doctors and medical students who may be impaired by illness - particularly mental illness - to obtain early and appropriate care and to support education and research to improve the health of doctors.

VDHP is an independently governed organisation jointly owned by AMA Victoria and the Medical Practitioners Board of Victoria (MPBV) and is fully funded by the Medical Practitioners Board of Victoria. It was established in 2000 in response primarily to the observations of MPBV that doctors coming to the attention of the Board with mental health or substance abuse problems were often referred late in the evolution of those problems and that MPBV had no means of ensuring that these doctors accessed the best available care, rehabilitation, and support to re-enter the workforce.

VDHP has five main objectives, namely to (a)encourage the development of, and to facilitate access, to optimal services for the education and prevention, early intervention, treatment and rehabilitation, and thereby ensure the wellbeing of medical practitioners and students, (b) encourage and support research into the prevention and management of illness in medical practitioners and students, (c) facilitate early identification and intervention for medical practitioners and students who are ill and at risk of becoming impaired, (d) act as a referral and co-

ordination service to enable access to appropriate support for medical practitioners and students who are ill, and their families and (e) ensure access to high quality rehabilitation and encourage re-training and re-entry to the workforce.

The model chosen for VDHP was partly based on similar organisations already established in most US states and Canadian provinces. Although still unique in Australia, similar services have long been established in North America [1,2].

Recognising doctors and medical students as a high risk group

Health issues of the medical profession are well documented: whilst the full extent of psychological health problems may not be known because of the tendency to denial, the evidence that is available is worrying. Problems identified include stress and "burnout", drug and alcohol dependence, depression and suicide.

Published studies show that one per cent of doctors become dependent upon narcotics and that up to ten per cent misuse mood altering prescription drugs [3,4]. Male doctors are twice as likely as other professionals to die by suicide while female doctors may be 4-6 times more likely to commit suicide than other female professionals [5-10]. This suggests that serious depression in doctors is going unnoticed or is denied, and thus remains untreated. Doctors may treat themselves and are uncomfortable in taking on the role of being a patient. When they do attend another doctor, that doctor may well not be skilled in caring for a fellow doctor.

With one of the objects of our organisation being to encourage and support research into the prevention and management of illness in medical practitioners and students, VDHP in July 2009 sought data from the National Coroners Information System (NCIS) on the incidence of suicide among medical practitioners and students. Unfortunately the information available through this source (1 January 2004 to 31 December 2008) is recognisably incomplete. Notwithstanding these limitations an analysis is included below for the information of the Committee.

As at July 2009, there were 7267 closed cases of intentional self harm of people aged 18 years and over that were reported to an Australian coroner between 01/01/2004 and 31/12/2008; 29 of these cases involved medical practitioners.

When taking into consideration the known population sizes of medical practitioners and the general population in Australia, we can conclude that the incidence of suicide is higher in medical practitioners than in the general population (see Table 1).

Table 1: Incidence of Intentional Self Harm Deaths in Medical Practitioners and the General Population, 01/01/2004-31/12/2008

	Medical Practitioners	General population
Number of Intentional Self Harm Deaths between 01/01/2004 and 31/12/2008	29	7267
Population of group	67,208 [11]	21,100,000
Incidence of suicide in group (per 100,000 individuals)	43.1	34.4

The NCIS also provided us with additional data concerning the intentional self harm deaths in this time frame:

Table 2: Intentional Self Harm Deaths of Medical Practitioners by Age Group, 01/01/2004-31/12/2008

Age group (years)	Number of Intentional Self Harm deaths in Medical Practitioners	Number of Intentional Self Harm deaths in General population
18-25	0	996
26-33	4	1216
34-41	3	1298
42-49	6	1222
50-57	5	932
58-65	4	591
66-73	2	425
74 and over	5	587
Total	29	7267

Table 3: Intentional Self Harm Deaths of Medical Practitioners by Gender, 01/01/2004-31/12/2008

Gender of deceased	Number of Intentional Self Harm deaths in Medical Practitioners	Number of Intentional Self Harm deaths in General population
Male	22	5671
Female	7	1596
Total	29	7267

Table 4: Intentional Self Harm Deaths of Medical Practitioners by Year of Reporting, 01/01/2004-31/12/2008

Year of reporting	Number of Intentional Self Harm deaths in Medical Practitioners
2004	5
2005	8
2006	10
2007	6
2008	0*
Total	29

*2008 data may be an under representation of actual figures, as a significant percentage of cases are still open on the NCIS and under investigation by a coroner.

Table 5: Intentional Self Harm Deaths of Medical Practitioners by Manner of Death, 01/01/2004-31/12/2008

Primary manner of death	Number of Intentional Self Harm deaths in Medical Practitioners
Poisoning – drug toxicity	15
Hanging	5
Self immolation/Effects of fire	2
Shooting	2
Other	4*
Total	29

*'Other' Includes stabbing; carbon monoxide poisoning; jump from height; collision with train; asphyxiation.

As mentioned in Table 4, a number of deaths in 2008 are still being examined by a coroner. There is therefore a possibility of underreporting in these statistics.

Whilst this NCIS analysis includes 'student' as one of the alternate occupations of the deceased, the type of student was rarely specified and figures received do not identify any incidence of intentional self harm deaths in medical students.

It is important to acknowledge the levels of mental ill-health in medical students. A number of studies have found that medical students exhibit lower psychological well-being than their age-matched peers and the general population [12-18] despite having a similar level to that of the general population prior to commencing medical school [19-21]. One study has suggested that just under a quarter of medical students show signs of depression and that, of these, a quarter will experience an episode of suicidal ideation [22].

Clearly more research needs to be conducted to determine the accurate prevalence of suicide within this group.

The value of organisations such as VDHP

A key challenge in relation to doctor and medical student suicide is how to ensure that prevention measures and treatment strategies are accessed in a timely manner thereby reducing the suicide rate and lessening serious health related impairment of doctors with the associated risk to the community.

The economic value of organisations such as VDHP is far-reaching:

- A reduction in health costs due to a reduction in morbidity of doctors and medical students
- A reduction in the risk of seriously impaired doctors continuing to practice with the consequent risk and added costs to the healthcare services they are providing
- A reduction in "wastage" of medical education costs due to a reduction in the likelihood of doctors and medical students leaving the profession. For each doctor who leaves the profession because of ill health it will cost a further $200,000-250,000 (plus specialist training costs) to train a medical student to replace them in the workforce.
- A reduction in sick leave paid due to a reduction in the amount of time doctors take off from work due to illness

The importance of organisations such as VDHP that prevent and manage ill health and impairment in doctors should not be underestimated.

The future of programs such as the VDHP

The imminent passage of the Health Practitioner Regulation National Legislation in each state with the associated introduction of a National Medical Registration Board and an Australian Health Practitioner Regulation Agency puts the funding and governance of VDHP in some jeopardy. Furthermore, there is justifiable concern that the new mandatory reporting requirements may discourage early self referral for management of depression and other mental illness. The challenge

is to find the right balance between protecting the community from harm from doctors whose practice is adversely affected by impairment, and encouraging/assisting doctors to seek help for their health issues. The guidelines relating to mandatory reporting must get this balance right and ensure there is no further impediment/discouragement to doctors seeking professional care for their illness.

Summary

In summary, we ask that you:

- acknowledge the medical practitioner and medical student population as a high risk group for suicide,
- consider the need for support for more research into the prevalence of suicide in this group,
- recognise the barriers to access to professional healthcare for medical practitioners and medical students and the consequent need for specialised support services such as VDHP in all states of Australia, and
- acknowledge the need to ensure that the mandatory reporting requirements under the new Health Practitioner Regulation National Legislation do not further deter early intervention and access to professional help for doctors and medical students at risk of suicide.

Thank you for considering our input on this matter. We would be pleased to discuss the contents of this submission or any matters that arise from it with you at your convenience.

Yours sincerely,

Dr E Robyn Mason
Chair, Board of Directors
Victorian Doctors Health Program

Dr Kym Jenkins
Medical Director
Victorian Doctors Health Program

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