



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Members of the Speaker's Task Force on Suicide Prevention

FROM: Gregory Thompson, MD

DATE: May 20, 2019

Chairwoman Ballweg, Vice-Chair Doyle, and members of the Task Force, thank you for inviting me to speak today about the crisis of suicide. I will be speaking with you as a physician who has experienced the impact of suicide in my medical practice, in my professional life, and my personal life. I will share with you the disproportionate impact of suicide in our physicians, and secondarily, our health care system; specific manners in which the Wisconsin Medical Society is addressing the issues of physician suicide, physician wellness, and physician burnout; and the opportunities where your leadership will make a difference, such as establishing a Physician Health Program.

Let me start with my conclusion:

“Our healers need healing, and you can help.” Why do I say that?

The suicide rate of physicians is twice that of the general population. The suicide rate of physicians is the highest of any profession. Suicide is the second leading cause of death of medical residents (physicians in training). Which means, nationally, one physician commits suicide every day. To put that in perspective, it means that every graduate of the two medical schools in Wisconsin are simply replacing physicians who complete suicide each year in this country. It also means that approximately 1 million patients visits are lost each year due to physician suicide. In respect to our projected significant statewide, and national, physician workforce shortage, those are ominous numbers.

There are many factors associated with the significantly increased rate of physician suicide. I will discuss a few of them.

Lethality: Physicians have the knowledge and means to complete suicide at a higher rate than the general population. Thus, your focus on suicide prevention is even more pertinent to physician suicide.

Stigma: Approximately 40% of physicians are reluctant to seek formal medical care of a mental health problem because of concern it may put their medical license in jeopardy. Only 1/3 of states have questions on the initial and renewal medical license application forms that were congruent with the American Disabilities Act of 1990. Wisconsin is one of those congruent states – thank you for your leadership.

Burnout: Basically, moral distress for our physicians. Our physicians are generally altruistic, driven individuals, who seek perfection in providing health care. We then make them complete mental electronic health record tasks; complete prior authorizations for care that they think is best, and then have that care plan denied by someone who has not seen the patient; and ask them to complete these tasks during nonpatient care hours, which creates work/life balance challenges. This creates moral distress, which the Wisconsin Medical Society is specifically addressing.

The Wisconsin Medical Society (Society) is the largest association of medical doctors in Wisconsin. It is our mission to improve the health of the people of Wisconsin by supporting and strengthening physicians' ability to practice high quality patient care in a changing environment. Through the Society, I am also a member of the Physician Experience Task Force, which is charged with "improving the physician experience, reducing and eliminating physician burnout, and promoting physician wellness." The Task Force and physicians of Wisconsin are asking for your help to ensure their own health and well-being are not forgotten while they care for the citizens of this state. The issue of physician burnout and well-being is significant.

In 2017, the Society commissioned a survey (Mini-Z) of all actively practicing physicians in Wisconsin to assess current levels of burnout. The findings and summary can be found in the special report, "Physician Burnout in Wisconsin: An Alarming Trend Affecting Physician Wellness." The survey indicated that 53.5% of Wisconsin physicians are experiencing burnout, which far exceeds the national average of 29%.

Among the most burned out physicians in our state were primary care physicians (PCPs). This is particularly troubling since the Wisconsin Council on Medical Education and Workforce reported in 2018 that 40% of currently working PCPs are projected to retire by 2035. Further, based on the 2017 Society survey results, 47%, or 6,194 Wisconsin physicians are considering reducing hours or retiring early in the next 5 years.

As a new generation of physicians begin to provide primary care in Wisconsin, specific attention also needs to be given to our female physicians. Currently, in Wisconsin, 60% of family medicine physicians under the age of 34 years are female. Based on the 2017 Society survey, 57% are experiencing burn out symptoms. Specific attention needs to be given to work/life balance in this physician group, especially maternity leave.

Why the focus on burnout? Burnout in physicians is often associated with substance abuse, depression, and suicide.

The Society is addressing burnout by creating the Center for Physician Empowerment, with a mission "to lead the battle against burnout by motivating and empowering all stakeholders to take action." The Center is one way to address physician burnout. A second solution is the development of the Physician Health Program in Wisconsin.

A fully-resourced Physician Health Program can help support physicians who need rehabilitation and treatment due to substance abuse and physical and/or mental illness. Ongoing discussions among the Society, Legislators, the PEW Charitable Trusts, and the Federation of State Physician Health Programs have put us on a path to establish a strong program. We ask your support in further developing this needed initiative.

As I close, please note that with my extensive experience in medicine (4 years of medical school, 6 years of residency, and then nearly 26 years caring for patients in Wisconsin), I am asking for your help in reducing physician suicide and burnout. To be honest, when I started this journey 36 years ago, I did not know that I would be entering a profession with the highest suicide rate. I was entering medicine because I thought it was a noble profession. I still believe that. In fact, my two sons are entering medicine. But I do have concerns for them and all physicians. We are a noble profession at risk, and we need your help.

Our healers need healing, and we need your help.

Thank you for your work on this important topic. I am happy to answer any questions you have today and be a resource to you in the future.