Suicide of doctors while under fitness to practise investigation

GMC review contains wide ranging proposals

Keith Hawton  professor and director, Centre for Suicide Research, Department of Psychiatry, University of Oxford, UK keith.hawton@psych.ox.ac.uk

In several countries doctors’ rates of suicide are higher than those for certain other professions and the general population. Some studies have found the main risk to be among female doctors. Several factors contribute to this problem, including mental disorder, substance misuse, work problems, and awareness of and easy access to methods of suicide. Doctors have higher rates of mental health disorders, including depression, anxiety, substance misuse, and “burn out,” than other occupational groups yet getting help may be undermined by lack of willingness to access services. Some 10-20% of doctors are thought to become depressed at some point in their careers.

Doctors facing fitness to practise and other investigations understandably find them particularly stressful. They may experience challenges to both their professional and personal identities and may feel isolated, stigmatised, and angry. For many doctors their work is their main source of self esteem, making investigation threatening, especially when the process is prolonged. When these circumstances are compounded by lack of support (perceived or otherwise), depression, and possibly alcohol or drug misuse, it is easy to see how feelings of hopelessness and thoughts of suicide might develop. A recent survey of a large sample of UK doctors subject to complaints procedures indicated that depression, anxiety, and suicidal ideas, together with adverse changes in their clinical practice, were increased compared with doctors not subject to complaints.

The General Medical Council (GMC) has just published a wide ranging report into suicide among doctors under fitness to practise review and made extensive recommendations. Between 2005 and 2013, 28 doctors died by suicide or suspected suicide; nine during 2013 alone. The GMC investigation relied on GMC and medical examiner records, together with a review of GMC fitness to practise policy and procedures. In addition, it conducted interviews with GMC staff, doctors who had been subject to GMC investigation, and external stakeholders.

Of the 28 doctors dying by suicide, 20 were men, two thirds were younger than 50, and two were trainees. The most common reasons for investigation were health and conduct concerns. In nearly half, the investigation procedures had lasted more than a year at the time of the deaths. Although suicide risk had been highlighted in some cases, in most there was a specific record that there was no known risk.

The GMC investigation identifies a wide range of concerns. These include the style and nature of GMC fitness to practise procedure and processes; the nature and effects of GMC communications to doctors under investigation; the length of time involved; and the requirements (“undertakings”) of doctors under review. Other problems highlighted were the need for greater recognition of factors that may contribute to complaints or referrals (such as marital breakdown, mental health, legal issues, and workload); local review procedures not having been pursued before referral to the GMC; and inadequate support available while doctors are under investigation. The investigation also noted that doctors under review felt “guilty until found innocent.” The report highlights the need for better provision of support and care for all doctors who experience mental health disorders.

Can do better

As a result of the findings the GMC has proposed extensive changes to its fitness to practise procedures. These include modifying the review process, with more emphasis on aspects relevant to wellbeing; a simplified medical reporting mechanism; employing a senior medical officer to oversee the fitness to practise procedures; and a case conference approach (including participation of the doctor concerned). Non-medical GMC staff are to receive training to improve their awareness of issues facing doctors in clinical practice, and staff involved in investigations will be given more support. Importantly, the report also highlights the potential benefits of working with medical schools to ensure resilience training for medical students.

The most radical recommendation in the GMC report is for developing a national support service for doctors, along the lines of the practitioner health programme for London based medical practitioners. This service might provide early prevention through encouraging health professionals with mental health problems to disclose them in a timely and confidential manner, an alternative to GMC investigation for some doctors whose practice could be affected by illness, together with assessment, treatment, and case management of doctors with mental health disorders. Where necessary the service might provide the GMC with reports that could be used to determine a doctor’s fitness to practise, perhaps through a memorandum of intent between the national support service and the GMC’s registrar.

Clearly such a national service would be costly; the report, however, suggests that it would provide value for money by tackling the health problems of doctors more efficiently. Based on current annual funding of London’s practitioner health programme the report estimates that a UK service would cost about £16m (£22m; $25m) for three years.

The report suggests that an initial two year pilot be funded by the GMC, NHS England, the Department of Health, and the health authorities of the devolved administrations. It proposes that subsequent funding could be provided by adding £22.61 to the average annual GMC retention licence to practise fee (a 5.8% increase). If the pilot is successful in encouraging troubled doctors to seek help (including those subject to review) this would surely be a small extra financial burden for doctors to bear so that they can receive support when they most need it. It might also reduce the level of suicide in the profession.

Cite this as: BMJ 2015;350:h813