



“There were 430 health professional suicides in the UK between 2011 and 2015. That’s almost two a week.”

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How many more?

Back in April a colleague and friend of mine took their final specialty exam and then went missing. No one had seen or heard from them, although their car and phone were located. After 4 distressing weeks of ifs, buts, and maybes, their body was found.

As a group of trainees, this is beyond devastating. Someone who we have sat with in lectures on how to look for danger signs of burnout, low mood, and suicide prevention is now possibly one of those statistics. The sense of individual collective responsibility is horrendous. How did we not see? How did we not act? Aren't we being trained to try to protect those in our care from this?

The disconnect starts in medical school. Success is everything and failure is a dirty word. We are encouraged to assume our place as the chosen ones. Those who can't cope, well, it is because they weren't good enough. Hardened consultants rip you to shreds in front of open-mouthed patients at the bedside. *'It's good for you,'* they say, *'makes you tougher.'* We all know the ongoing fear and neurosis of failing the exam and being asked to leave. This is a toxic environment that ultimately fosters self-protection.

Then onwards into the actual world of being a doctor in the cash-strapped NHS. If everyone was to go home on time to the letter of their contract, the NHS would have collapsed years ago. But people go beyond, time and time again, with little formal recognition. Often irrespective of their own health needs.

All doctors know how punishing the work schedule is. Yet strong research shows that chronically sleep-deprived people are at higher risk of heart disease, stroke, depression, obesity, Alzheimer's, and deterioration in short-term memory; all things we are trying to prevent in others. It shows that they overestimate their abilities and think they are coping when they are just about holding it together, and take infinitely longer to do anything.

Sit around the table in the doctors' mess and one theme comes up over and over again: fear. Fear of getting it wrong and hurting someone; fear of the GMC investigating you; fear of looking foolish; fear of losing something that has been worked so hard for; fear of being a failure.

As doctors we are unable to talk about our mistakes for fear that it will be used against us. As a result, we all pretend and turn silently away from those being raked over the coals. Look at the recent scapegoating of Dr Bawa-Garba.¹ Honesty runs the risk of becoming an act of self-sabotage; how quickly owning up to mistakes (or reflecting in your portfolio) can be weaponised against you. The current system of blame and scapegoating simply amplifies the fear among those in it. Who can value truth when its reward is so often punitive?

There were 430 health professional suicides in the UK between 2011 and 2015. That's almost two a week.² At any one time one in three junior doctors are suffering a mental health problem.³ The path of becoming and being a doctor can be a very lonely one; this truth reveals itself very quickly.

Of course, suicide has so many factors and to point the finger at only one will ultimately limit the understanding of what has happened. But if that factor is a work environment that is constructed through fear and an inability to be honest, then this is clearly something that needs addressing.

One of the saddest things is the loss of talent, energy, and potential among all this. There is a body of intelligent and capable people who find themselves traumatised by a system day-in-and-day-out. There is only so much people can take. Yet the uncomfortable, unspoken reality is that, if the UK rule makers, our bosses, and the public want the best from us, we also need to be cared for too.

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