

Time to Act – Alarming Rise in Suicides Among Medical Professionals in Pakistan

Khalid Mahmood

News of a recent suicide by a young Pakistani doctor has elicited the need to highlight an issue which has been neglected despite its gravity.¹ Suicide in medical professionals, once looked upon as an unthinkable act, has become increasingly prevalent in our society, more so in medical students.¹ Earlier this year in April, a 27-year pursuing his career ended his life. Soon after that, a student followed suit. This is not all; in recent years, medical universities throughout the country have been shaken by similar incidents. This points towards an urgent need to look into the issue thoroughly and analyse the factors contributing to it, determine what is causing a marked surge in suicide among medical students and suggest steps that can save medical students from taking their lives rather than saving others'.

Medical education is characteristically difficult and a stressful task. Undergraduate medical training is associated with high parental hopes, financial constraints, peer pressure, lack of leisure time and relationship discord.^{2,3} This, in conjunction with the prodigious curricular burden alongside the commitment that medical studies demand, puts the students at risk of falling victim to depression, the leading cause of suicide worldwide.⁴ Depression is an ailment which often remains undiagnosed and responsible for high rate of suicide.⁴

Studies have indicated that medical undergraduates face a tremendous amount of stress leading to depression and even suicidal thoughts.^{5,6} Stress and depression have been linked to negative effects on mental and physical health, sleeping disorders, burnouts, deteriorating academic and clinical performance and impairment in learning abilities. All these add to the already existing depression and start a vicious cycle which, if not checked, may result in tragedies as seen before. Multiple studies, carried out in developing countries including Pakistan, have highlighted the prevalence of stress among medical

students and have also emphasised the role of academics as one of the significant stressors.⁷ However, stress alone should not be held responsible for such calamities. Students' social, emotional and physical as well as family problems also play a substantial role.⁸ Hence, sources of stress include not only curricular burden but also personal competence, interpersonal relations, peer pressure, personal endurance and most importantly, unavailability of emotional and psychological support. Teacher-student discord, tough working routine as well as lack of appreciation and encouragement are known to play a pivotal role.⁹

In Pakistan, the undergraduate medical education is not only demanding, hectic, and disheartening; but it is often very unrewarding, too. That is one of the major reasons behind doctors being so prone to depression. Struggles for a medical student in Pakistan continue even after one graduates, in fact it multiplies manifolds. Actual challenges and harsh realities that a medical student faces soon after graduation can drag even psychologically sound individuals into severe depression.

Overall, there are scarce and often substandard postgraduate opportunities available locally. A huge number of medical students graduate each year and clear their FCPS Part I; however, the slots for postgraduate training are very limited as the competition is very tough. After coming a long way and dedicating one's self to the profession and not managing to secure a good training opportunity year after year as well as being left behind fellow medical graduates is disheartening indeed. Demoralised with the prevailing situation, the students then look forward for opportunities abroad as the majority of the medical graduates cannot afford the heavy costs of postgraduate studies overseas. Those who can, have a series of new problems starting from the visa itself. Those who succeed in entering residency programmes abroad often settle down there, but feel the pinch of being away from their parents and not giving them due care, in spite of professional satisfaction. For those who do not, there is a long tiring journey of unending struggle lying ahead.

The local postgraduate training programme is very stressful. The working environment is intimidating for postgraduate training which includes very long and hectic working hours like 36-hour or more of duties at a stretch along with a meagre stipend/salary, and junior-senior discord further adds to dissatisfaction and

Department of Medicine, Dow University of Health Sciences, Karachi.

Correspondence: Prof. Khalid Mahmood, Professor and Dean, Faculty of Medicine, Dow University of Health Sciences, Karachi.

E-mail: khalid_khas1@hotmail.com

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discontentment among doctors. It does not make them fall prey to depression only, but also affects their learning abilities and hampers the improvement of their clinical skills. Furthermore, the ongoing surge in target killing of doctors has engraved insecurities among many. The law and order situation, as well as insecurity, further enhances depression leading to suicidal tendency.

Recently, a meritorious intern in Medicine who had lost his father a year ago, after confronting frequent deaths in medical patients, panicked and started to develop suicidal thoughts. His psychoanalysis suggested that he lacked aptitude to deal with emergency medicine in any form. He was successfully counselled to make his career in basic sciences. Do we really have an aptitude assessment system for students before they even enter medical schools, as developed countries have? The entire system from undergraduate teaching to postgraduate training needs real scrutiny, based on the problems.

Depression is not something unusual, it is a disease and like any other ailment is treatable and must be cured. Suicide is not a solution and is preventable with timely intervention of stressors and causes of depression among medical students and doctors, as mentioned above which have long been known. Creating awareness in timely rectification can prevent drastic steps like suicide.

Great changes begin at home. The preliminary and most important step in avoiding such incidents should be emotional and psychological support to the student by the family. Not only should the children be encouraged from a younger age to develop the habit of sharing their challenges with their parents/siblings, but the family should also reach out and try to make strong communication and bond with them. This is particularly important for medical students living in hostels far away from the comfort of home, who do not frequently get to interact with their families. It is the responsibility of the family to reach out to them, extend emotional and psychological support and ensure that such students are not going through any sort of mental stress or depression. Significance of this is apparent as three of the cases discussed above, were students living in hostels, miles away from their families. Such students get exposed to a new learning environment and get to interact with peers from diverse cultural and socioeconomic background and a new system of education, which may prove to be very stressful. Hence good family bond is essential for adequate stress management and strong personality development, each of which will prevent one from falling into hands of depression.

Importantly, the role of the family does not end at listening to student's problems. They need to listen and observe seriously and act on even trivial behavioural changes; as the earlier you start working on rooting out

developing depression, it is better. If right from the undergraduate level, a student is repeatedly voicing his or her inability to cope with the curriculum; and furthermore, if results are proving this, it is wise to make a timely decision to change career paths or explore other opportunities. Nothing is more noble or valuable than human life. Parents need to stop pushing their children into pursuing medicine against their will and just for the sake of their own pride/ego. Medical education is not a leisurely walk, it has an extremely extensive syllabus and the first thing you need for success is passion and desire to peruse it.

A few good friends to whom one can turn in need can be of great help. Students must be encouraged to come out of their shell and develop the habit of sharing their problems to people they trust. This helps in preventing the buildup of stress and lightens the burden and sense of hopelessness and helplessness.

These were few suggestions that we all can implement in our lives to help those going through depressive phases of life. However, such general supportive measures, though significant, may not be sufficient.

I, the author and a senior clinical academician, strongly suggest taking this issue seriously at administrative and academic levels in all medical colleges. Each student should be assigned a mentor with whom he/she should have regular sessions and these should be made part of medical curricula. The mentors enrolled should be sincere and willing to help students through emotional and psychological turmoil and should be well trained to detect those showing signs of major depression at early stages. They should make strong bonds with the mentee such that he/she is able to rely upon discussing all their problems with them without any hesitation. This will not only relieve the stress and detect depression, but make timely intervention possible and save students from committing suicide. It will also make medical university administration aware of the challenges being faced by students and identify their stressors. However, maintaining confidentiality shall be utmost important. A study from USA has recommended that teaching stress management and self-care skills to medical students may prove to be beneficial.⁵ In addition, when admissions in medical universities are taking place, risk assessment should be carried out and repeated yearly to prevent such tragedies from taking place.

Because depression is the major leading cause of suicide, students should be made aware of this at the beginning of their medical curriculum, ways to deal with stress, and when and who to reach out for help. There should be awareness programmes on large scale, aimed at removing the taboo associated with depression as being a psychiatric illness and about the significance of reaching out for treatment. Stress management protocols should be introduced as part of medical curricula. A network or forum must exist, where every

university's alumni or graduated students in general can talk about and discuss how everyone has felt the pressure during their time and what are the wise and tested ways to tackle it.

Postgraduate vacancies should be increased to match with the load of graduating medical students. The medical graduates should get exposure to good career counselling sessions. The working hours need serious scrutinisation as does the remuneration being given to postgraduate trainees who are dedicating their time and energy, much more than their capacity allows. The professors and seniors also need to amend their behaviour for a little encouragement which can be life-saving. The government needs to play its role in this matter by providing loans to those who have all the capabilities to pursue postgraduate training but are paralysed due to financial constraints.

Suicide is not just self-killing, it is a murder that we all commit as a society; and hence, we all should play our roles and keep an eye out to detect people suffering from depression, lend a helping hand, and encourage the affected from attaining medical assistance as early as possible.

Suicide of a healer is, in fact, the death of thousands whom he would have cured if lived. Enough gems have been lost. Thus it is now time to act. We have to be vigilant and proactive, especially at the level of medical college administration to prevent such calamities from happening.

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