# Researchers: Female doctors face higher suicide risk

By Suzanne Batchelor Special to Sentinel-Voice

WASHINGTON (WOMENSENEWS)-Female physicians, compared to other women, excel in eating right, exercising and other healthy behaviors, researchers say. But when it comes to coping with serious depression and stress, something is very wrong: Female physicians are dying by suicide at a rate two to three times greater than women outside the profession.

Saddened by the suicide deaths of female colleagues in 1997 during her Vienna residency and the suicide of a medical student in 2001, epidemiologist Dr. Eva Schernhammer of Boston's Harvard Medical School and Channing Laboratory wanted to know whether female physicians had a higher rate of suicide, as some research had suggested. So she began an analysis of 25 studies of North American and northern European physicians and suicide.

When a woman is a physician, Schernhammer found, her suicide risk becomes greater than that of other professional women and women

generally.

Female physicians die by suicide at a rate "substantially higher" than that of women in the general population, lead researcher Schernhammer and Graham Colditz reported in the December 2004 issue of American Journal of Psy-

The pattern of female physicians' higher rate appeared when all 25 studies, selected for quality, were compared, Schernhammer explained, though each study had focused on smaller physician groups, such as some in the United States, or in certain years or countries.

A complete number for all U.S. physician suicide deaths each year, male and female, is harder to find, Schernhammer said. Psychiatrist Dr. Herbert Hendin, medical director of the New York-based nonprofit American Foundation for Suicide Prevention, agreed. Pressed for a rough estimate, Hendin said the number might be about 250 a year. The number of suicide deaths may be higher still, because the under-reporting of suicide is a well-documented problem, Schernhammer said, as coro-

ners with any doubt about the cause of death often call it accidental.

The research Schernhammer and Colditz also confirmed male physicians' suicide risk to be somewhat higher than men in the general population. In the U.S. generally, male suicide deaths outnumber the female by 4 to 1, according to the National Institute of Mental Health.

Dr. Erica Frank of Atlanta's Emory University is principal investigator of the Women Physicians Health Study of 4,501 female U.S. physicians. She found that female physicians smoke and drink less, wear seat belts and exercise more, are more likely to get recommended health screenings, eat more fruits and vegetables and consume less fat than other U.S. females.

A month earlier, Frank had published another research finding from the same study of 4,501 female physicians: Nearly half (47.7 percent) of U.S. female physicians said they had experienced gender bias and 36.9 percent reported sexual harassment. Younger physicians reported higher

rates of sexual harassment than older ones and medical schools were the most common site, wrote Frank, "perhaps because of the importance of hierarchy" there.

"There's some stigma attached if you are a doctor and admit you have problems," Schernhammer speculated. She said she hopes their findings will attract researchers who will investigate why women physicians kill them-

Schernhammer emphasized that her study shows the female physician suicide rate but can't show the reasons why and that risk factor research is badly needed. Still, she said, she can speculate based on her own observations.

"There are so many situations in medicine where one could easily get overwhelmed if there is an underlying problem as well," said Schernhammer. "Work load is a huge stress factor for physicians, with a hundred or more work hours per week. Sleep deprivation is another enormous stress factor."

"Even though I personally don't have a family," Schernhammer said, "I imagine that double work load from both housekeeping and being a physician may add additional stress, especially in societies where it's not customary to have a nanny at home and where women tend to take over large parts of the housework."

She said she knows of only one physician suicide study, done in Germany, which provided information on whether the female physicians were married or single, with or without children.

In 1970, women were 7.6 percent of all physicians in the U.S.. By 2002, women's share had risen to 25.2 percent. Today, women remain a minority of U.S. physicians, but this school year (2004-2005) women became nearly one-half (49.5 percent) of all medical school students, according to the American Medical Association.

Many female physicians are quick to point out, however, that the profession still has very few women in top medical school posts.

"It will take years or decades before women will be fully represented in the leading positions in their profession," Schernhammer said.

Dr. Molly Carnes, head of Madison's University of Wisconsin Center for Women's Health Research, agrees that women still have underdog status in medicine.

"Women can't get to leadership positions in medicine," Carnes said. "If you look at the senior faculty in academic medical centers, it's still less than 10 percent. We have fewer than 10 deans who are women."

Carnes points to Frank's 1998 research indicating a "dose-response" relationship between gender bias and sexual harassment in the medical workplace and female physicians' depression and suicide. The more bias and harassment a female physician experienced in her career, the more likely she would suffer from depression and die by suicide, Carnes said.

"Sexual harassment continues to occur. Every year we have at least one report from a medical student," Carnes said. "I've had it, hands reaching over to grab your knee, someone corners you, makes lewd suggestions during national meetings. I

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