

A full-page photograph of a bright yellow bird, possibly a canary, perched on a thick, light-brown wooden branch. The bird is facing right, with its head slightly tilted upwards and its beak open as if it is singing or calling. The background consists of vertical metal bars of a cage, creating a pattern of light and shadow. The lighting is soft, highlighting the bird's feathers.

Q&A

The doyen of physician wellness

Dr. Pamela Wible's mission
to treat the epidemic
of physician suicide

BY TRISTAN BRONCA



“If you’re in the coal mine and your canary dies, you don’t take deep breaths and do resiliency modules online. You get out of the coal mine.”

—DR. PAMELA WIBLE

Dr. Pamela Wible, one of America’s most widely recognized experts on physician suicide, was once suicidal herself. For about three months at the end of 2004, she barely got out of bed, suffering from a severe depression that was “100% occupationally induced.” After trying six different jobs over 10 years, she seemed unable to escape the grind of assembly-line medicine. She felt duped, like she had been foolish to believe that after years of medical training she would actually be able to spend time with patients. But on Dec. 7, 2004, after a “prophetic dream,” she decided she was going to create a practice where she could do just that.

Since opening her new clinic, Dr. Wible has made a career helping doctors who feel similarly beaten down. Her writing has made her one of the leading voices in the physician health movement. She spoke with the *Medical Post* about how she became an expert on physician suicide, and why she will never use the term “burnout.”

Q: Your parents were doctors, but they tried to convince you not to get into medicine. You got into medicine anyway.

This might seem a little bizarre but I feel

like I was born to be a healer. I think many physicians feel that way from a very young age, regardless of what their parents do for a living. But having parents as physicians offered great insight into the medical field. My dad was a pathologist and I got to go work with him in the morgue, and he made going to work fun. I think that allowed me to develop a kind of fearlessness about death. But that was before they had rules and regulations about letting your kids wander around the morgue with you.¹

¹Her mother was a psychiatrist. When Dr. Wible was about six years old, together they would flip through medical journals, looking at ads for psychiatric medications. Her mother would ask her to come up with stories about what the people were feeling. “I think I developed a kind of emotional intelligence because of it.”

Q: It’s sort of bizarre that your father would want you to be so involved and yet also tell you not to go into medicine. . . .

If you tell anyone what I did as a child, they usually say I should have been removed from my parents, but it was the best childhood for a blossoming young doctor. I think the reason they told me not to get into medicine is because they sensed I was becoming a very idealistic,

compassionate person and they wanted to make sure this was really what I wanted to do. They were playing devil’s advocate. But I think they were also worried that someone as idealistic as me would get slaughtered in the process, and I don’t think they really had the words to warn me.

Q: You began collecting stories about physician suicide after you went to a funeral for a fellow physician. Was that fairly early in your career?

That was Oct. 28, 2012 at 3 p.m., at the memorial service for a pediatrician who had shot himself in the head. I had that lightbulb moment when I felt like I discovered this physician suicide epidemic and I seemed to be the only one noticing it. Just the sheer number² of experiences I had with doctors who died by suicide, including both men I dated in medical school. . . .

² At that memorial, Dr. Wible counted 10 men she had personally known in her career who had died by suicide. Some estimates put the physician suicide rate at 70% higher than the general population.

Q: Wait, really?

I think one was 2005 and the other was in 2008. They died as physicians, years after we dated.

Q: So you had been exposed to this problem before?

Except the family didn’t reveal it to me as a suicide. I kept losing people under these mysterious circumstances. It’s quite odd how I even discovered them, because I could have quite easily gone through my whole life and never known they died. In the first case, I was at my mother’s house, just skimming through the alumni magazine and at the end, in the obituaries, I saw the name of my anatomy partner. I only dated him for about six months but this was someone who really helped me get through medical school.³ Then the guy I dated for three years in medical school, his wife sent me an email one morning saying that he had died in his sleep. No details about why a 44-year-

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old man would suddenly die in his sleep. So I called her and all I could get was this vague explanation. Of course I didn't push for an explanation because that's not polite or whatever, but had I not stumbled on all these other cases, I would have lived forever with the mystery of why these two men that I loved died suddenly.

³ Dr. Wible very nearly dropped out. She had signed all the necessary paperwork, even though she had little money and no back-up plan. She was struggling with the decision when she happened to run into this classmate outside the library. He told her, matter-of-factly, that if she didn't have a better plan, maybe she should just keep going and see what happens. She ended up graduating.

Q: Since then you've received hundreds of letters about physician suicides, yet it's always been this dirty little secret in medicine. How do you explain that shift in attitude?

I can tell you what happened with me personally. I left this pediatrician's memorial and I had to drive two-and-a-half hours into the mountains where I was teaching at this business strategy retreat with doctors from all over the country. Because I was becoming obsessed with this suicide topic, I opened the retreat with a question: "How many of you have lost a colleague to suicide?" Every single hand in the room was raised. Then I asked, "How many of you had considered suicide yourself?" And every single hand remained raised except for one nurse practitioner. I knew I didn't need any more proof after that. I started writing about it. I had been blogging for about a year-and-a-half, but when I wrote that first blog about suicide, the level of interest spiked. It got like 80 comments, including many from doctors sharing their personal stories of being suicidal.

Q: Why do you think it wasn't receiving any attention before you started asking these questions?

I think it's because it's a scary topic. Doctor suicide is a triple taboo. First it's about death, which is never popular dinner conversation. Then suicide is itself taboo. Third, it's a doctor, which

is really scary because these are people we're supposed to go to when we're sick. It's really destabilizing for all of us to think that our healthcare system isn't working the way we had imagined.

Q: You dislike the term burnout because it shifts the blame onto individual doctors. Can you explain that?

It's like a gateway diagnosis that leads people down this very dangerous path of feeling that they're defective. Doctors are people who are used to being high achievers, they're successful, and suddenly they're labelled with burnout and they start to think, "Wow, something is wrong with me if everyone else is OK." Nobody says to them, "You're working inhumane hours" or "This sleep deprivation you've been dealing with for seven years is dangerous." Nobody says that. It's not going to be meditation or yoga that solves this. If you're in the coal mine and your canary dies, you don't take deep breaths and do resiliency modules online. You get out of the coal mine.

Q: I'm wondering if you have any theories—an origin story—for how this toxic environment arose in medicine? Because you mention the problem of physician suicide goes back at least 160 years to England.

Watching people suffer and die over a career can be very disturbing. You're not going to get out of certain lines of work without some mental health issues and for doctors, the baseline exposure to this is high. But we also have this patriarchal reductionist model that is the basis of western medicine. You know the patriarchal our-way-or-the-highway, be-a-tough-guy kind of thing. That's been harmful. But also the reductionist aspect, which is this idea that we'll do what's right for the organ but totally wrong for the person. The danger of this model is that it is, by its very nature, dehumanizing. When you refer to Ms. Jones, the grandmother in room 303, as "the interesting gall bladder," that's not a great way to care for someone. But early on in medical school they make it pretty

clear your heart and soul⁴ are not invited into this.

⁴ At one point another doctor who had been reprimanded called Dr. Wible asking if there was any scientific research that said it was OK for a doctor to cry in front of a patient.

Q: So, if I may, I'd suggest there are three primary perpetrators of this systemic abuse in medicine: the payors, the regulators and the educators. Which is worse?

I would focus on the educators. Those are physicians themselves who've been caught up and victimized by the system so they don't understand they're perpetuating this abuse. They think it's normal. It's like a grooming process where self-neglect and self-abuse is glorified and you're supposed to put yourself second and always put the patient first, and put your needs on hold, and don't go to the bathroom, and don't sleep and don't take care of your body and go sort-of numb and stay emotionally disconnected from patients. You graduate a shell of your former self and it puts you at high risk of being abused by the other parties for the rest of your career. My theory is that if medical students graduated as truly healthy human beings, we would be resistant to all the future abuse that we now tolerate. All the egregious things insurance companies, regulators and hospital systems do would be ineffective on an empowered population of physicians.

Q: Your advice to physicians has been to "leave the abuser" and you've made yourself available to help people walk away from toxic situations. Are you trying to help people get out of medicine or out of bad jobs in medicine?

I want to help people get out of bad jobs in medicine. I don't want people to leave medicine. Systems are just made up of people, but systems change. Once people wake up, we'll have better health systems. Take back your power. **MP**

This interview has been edited for length and clarity.