



## LETTER TO THE EDITOR

# Physician suicide during the COVID-19 pandemic in Iran

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Dear Editor,

Suicide is a significant and global public mental health problem. The suicide rate in Iran is disturbingly high; it has been reported to be 5.3 per 100.000 individuals (1). A meta-analysis indicated that physicians were at risk, with a reported standardized mortality risk of 1.44% (2). The rate of suicide has also been reported to be increasing in residents, in addition to a higher rate in senior specialists (2,3). Several possible suicides among Iran's resident doctor population have occurred in a short period, underlining the vital need for suicide prevention initiatives. Media reported 3 probable suicides by residents of Tehran's medical universities in the span of a week. In addition to other factors, the effects of the ongoing coronavirus 2019 pandemic, which importantly include unresolved grief, have left residents vulnerable to the consequences of a significant burden and a variety of psychological problems, including anxiety disorders and depression (4). The prevalence of depression, anxiety, and stress among healthcare practitioners in the Alborz province of Iran was recently reported to be 41.7%, 51.2%, and 33.9%, respectively (5). Junior doctors in Iran are faced with several distinct obstacles. Physicians hope for a bright future after completing medical school, which takes a long time (19-28 years), and involves several arduous steps. However, low monthly salaries (due to rising

inflation and a restriction on private entrepreneurship) and a need to serve wherever the government chooses have had a significant impact on this imagined path. Self-medication and the simple availability of a range of medications and comprehension of their pharmacological effects and lethality have been associated with medication misuse and suicide attempts, particularly those that result in death (3). Multiple actions should be taken to improve physicians' mental health and prevent suicide. Residents, in particular, should have access to mental health services for early detection and treatment of mental health illnesses, as well as self-help resources. Furthermore, the establishment of 24/7 crisis helplines (national and local) for residents as well as the general public are needed. It is critical to promote telemedicine or online mental health services for vulnerable populations. Suicide risk assessment with a digital platform or a hotline linked to national suicide prevention programs could help avert these tragedies.

Increased pay and benefits, fair scheduling of work hours, changing the law on the commitment to work for the government and creating a more amenable environment, and developing links between residents of various ranks and professors are all methods that can be implemented to help prevent suicide. Professional group meetings, as well as additional education about mental health disorders and burnout among physicians,

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avoidance of self-medication, and measures to overcome physicians' perceived shame while addressing their illness, would be helpful, in addition to standard mental health care. Fortunately, some preventive strategies were implemented early in the pandemic, including programs to promote mental health and address job burnout for healthcare workers, as well as Balint groups, which, while now mostly online, can offer valuable life-skill training to resident doctors for stress management (6).

Suicide is a significant health problem among medical residents and requires prompt attention from mental health practitioners, policymakers, and other stakeholders. Comprehensive data collection is critical to study the psychological variables and provide the essential information for potential solutions.

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