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Perspective

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Kathryn

David Muller, M.D.

On Wednesday, August 17, 2016, at about 5:15 in the morning, Kathryn, one of our fourth-year medical students, ended her life by jumping out of her apartment window. She was found minutes later by a small group of surgical interns who were headed to the hospital to attend rounds for their patients. One of her classmates, on his surgery subinternship, was with them. They began an effort to resuscitate her that continued, and ultimately ended, in our emergency department (ED). The classmate who had participated in the initial resuscitation efforts called Kathryn's father as soon as she arrived in the ED to let him know that something terrible had happened. By the time her father called back, the resuscitation efforts were over and his daughter was dead.

In the hours that followed, our school was rocked by waves of anguish, anger, and frustration, guilt, fear, and profound sadness. Our new first-year class woke up that morning expecting to attend day 3 of medical school. As dean for medical education, I, along with my team, had spent most of orientation talking to them about well-being and self-care, the human side of medicine, and the importance of balancing social good with scientific progress and clinical excellence. We reinforced their expectations of a school that would care for them as people and teach them to do the same for their patients. Given all the anticipation, nervous energy, self-doubt of those first few days and the bravado required to survive them, I can't imagine what it must have felt like to be introduced to medical school with a suicide.

The next 48 hours were a whirlwind. We put 24/7 emergency mental health services in place, had two town-hall–type meetings for all students and one with the first-year class, we worried about copycats, communicated with parents and alumni, and tried to process the feelings of guilt at not having done enough to prevent something like this from happening.

At the meetings there were students who publicly expressed their rage at not feeling adequately supported, at being ignored when they had been working so hard to provide us with feedback and suggestions, at knowing that they and their friends were also struggling with depression, anxiety, and suicidal ideation. There were also many students who privately expressed their gratitude for a school that they believed made

extraordinary efforts to support their well-being, delivered on its promises, and was constantly striving to improve. Kathryn's closest friends gathered at a vigil that first evening to share memories and experiences of her brief but very full life.

I spoke to Kathryn's parents soon after she died and stayed in touch with them throughout the first few days. The day after Kathryn's death I accompanied her mother to the medical examiner's office so that she could identify her daughter's body. Afterward, she asked if we could travel uptown to see Kathryn's apartment. An hour later, I found myself standing silently in the doorway to Kathryn's room, staring at the open window, sensing its terrifying allure, and trying hard not to imagine what it must have felt like to take that final step out.

Kathryn's mother was distraught. I had mentally prepared myself for all sorts of scenarios: a total breakdown, angry accusations and finger-pointing, a shocked numbness. Instead, through her tears she asked me questions that I hadn't expected at all: How are the other students? How are her roommates? How is everyone at the school coping with this?

I don't know where she found the presence of mind to think about anything other than her unspeakable loss. I am also humbled when I think of all the people, students in particular, who approached me to ask how I was doing, or sent e-mail messages expressing their concern for me and for the other members of our administrative team.

"How are you?" used to be the day's most mundane question, something to say when you couldn't think of any other way to pass the time in the elevator or acknowledge someone passing by in the corridor. Now, it took on extraordinary meaning and usually ended with a hug or eyes brimming with tears, an outpouring of love, compassion, and empathy. "How are you?" tightened the bonds of our intimate community of teachers, students, and staff.

Countless colleagues from around the country sent us documents and data, and they shared personal experiences of coping with suicides of medical trainees, as well as heartfelt condolences and good wishes. Scores of our students offered to volunteer their time and expertise to help enhance our support and resources. We have convened a task force charged by our dean that will address some important gaps. What else can we do to improve student well-being? How can we eliminate the stigma of asking for help? How much staffing do we need to expand access to mental health care? Why don't we implement an opt-out policy that sets an expectation for every student and resident to have an annual mental health assessment?

All these questions will have to be addressed, and the answers incorporated into whatever plan we propose to implement. But in my opinion they will fall far short of addressing one of the root causes of this national epidemic of burnout, depression, and suicide[1]: a culture of performance and achievement that for most of our students begins in middle school and relentlessly intensifies for the remainder of their adult lives. Every time students achieve what looks to the rest of us like a successful milestone — getting into a great college, the medical school of their choice, a residency in a competitive clinical specialty — it is to some of them the opening of another door to a haunted house, behind which lie demons, suffocating uncertainty, and unimaginable challenges. Students bravely meet these challenges head-on while we continue to blindly ratchet up our expectations.

From their very first shadowing experience to their first foray in the lab; from high school advanced-placement courses and college admissions tests to grade point averages and the Medical College Admissions Test (MCAT); with helicopter parents, peer pressure, violins and varsity soccer, college rankings, medical school rankings, medical licensing exams, and the residency Match, we never let up on them — and it's killing them.

At Icahn School of Medicine, we will significantly enhance mental health and well-being resources for our students. But we have also committed ourselves to a genuine paradigm shift in the way we define performance and achievement. We must minimize the importance of MCAT scores and grade point averages in admissions, pull out of school ranking systems that are neither valid nor holistic, stop pretending that high scores on standardized exams can be equated with clinical or scientific excellence, and take other bold steps to relieve the pressure that we know is contributing at least to distress, if not to mental illness, among our students.

I recognize that all of us — students, parents, pre-medical and post-baccalaureate programs, undergraduate and graduate med-

An audio interview with Dr. Stuart Slavin is available at NEJM.org

ical education, the Association of American Medical Colleges, the U.S. Medical Licensing Examination, and the American College of Graduate Medical Education — will have to band together if we want to change this culture. I believe it is imperative that we do so before another precious life is lost.

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From the Icahn School of Medicine at Mount Sinai, New York.

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1. Dyrbye LN, Thomas MR, Massie FS, et al. Burnout and suicidal ideation among U.S. medical students. Ann Intern Med 2008;149:334-41.

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Breaking the Stigma — A Physician's Perspective on Self-Care and Recovery

Adam B. Hill, M.D.

My name is Adam. I am a human being, a husband, a father, a pediatric palliative care physician, and an associate residency director. I have a history of depression and suicidal ideation and am a recovering alcoholic. Several years ago, I found myself sitting in a state park 45 minutes from my home, on a beautiful fall night under a canopy of ash trees, with a plan to never come home. For several months, I had been feeling abused, overworked, neglected, and underappreciated. I felt I had lost my identity. I had slipped into a deep depression and relied on going home at night and having a handful of drinks just to fall asleep. Yet mine is a story of recovery: I am a survivor of an ongoing national epidemic of neglect of physicians' mental health.

In the past year, two of my colleagues have died from suicide after struggling with mental health conditions. On my own recovery journey, I have often felt branded, tarnished, and broken in a system that still embroiders a scarlet letter on the chest of anyone with a mental health condition. A system of hoops and barriers detours suffering people away from the help they desperately need — costing some of them their lives.

Last year, I decided I could no longer sit by and watch friends and colleagues suffer in silence. I wanted to let my suffering colleagues know they are not alone. I delivered a grand-rounds lecture to 200 people at my hospital, telling my own story of addiction, depression, and recovery. The audience was quiet, respectful, and compassionate and gave me a standing ovation. Afterward, hundreds of e-mails poured in from people sharing their own stories, struggles, and triumphs. A floodgate of human connection opened up. I had been living in fear, ashamed of my own mental health history. When I embraced my own vulnerability, I found that many others also want to be heard — enough of us to start a cultural revolution.

My years of recovery taught me several important lessons. The first is about self-care and creating a plan to enable us to cope with our rigorous and stressful work. Personally, I use counseling, meditation and mindfulness activities, exercise, deep breathing, support groups, and hot showers. I've worked hard to develop self-awareness — to know and acknowledge my own emotions and triggers — and I've set my own boundaries in both medicine and my personal life. I rearranged the hierarchy of my needs to reflect the fact that I'm a human being, a husband, a father, and then a physician. I learned that I must take care of myself before I can care for anyone else.

The second lesson is about stereotyping. Alcoholics are stereotyped as deadbeats or bums, but being humbled in your own life changes the way you treat other