BOOK REVIEW

Why Physicians Die by Suicide by Michael Myers

Aishe Debnath

Department of Applied Psychology & Counselling Centre,
University of Mumbai.
aishe.8494@gmail.com

Physician suicide is an enduring yet often overlooked crisis within the medical profession, a stark contradiction to the very ethos of healing that defines medicine. Michael F. Myers, MD, a psychiatrist specializing in physician health, delves into this issue in *Why Physicians Die by Suicide*, a 2017 publication priced at $14.99 in paperback and printed in the United States. With copyright to Myers, the book draws from his decades of clinical experience working with physicians struggling with mental health issues, situating itself at the intersection of medical culture, psychological distress, and systemic failings. Myers, also the author of *Doctors' Marriages: A Look at the Problems and Their Solutions and Tired of Being Tired: Overcoming Chronic Fatigue and Low Energy*, has spent his career dissecting the inner lives of physicians, making him uniquely positioned to engage with the sensitive and pressing nature of physician suicide.

Structured into four parts and twelve chapters, the book meticulously examines the phenomenon of physician suicide through a blend of empirical evidence, case studies, and theoretical insights. The first part introduces the physician's world, exploring personality traits and cultural expectations that predispose medical professionals to distress. The second part interrogates the reasons behind physician suicide, identifying structural, psychological, and sociological determinants. The third part shifts toward solutions, advocating for systemic reforms and cultural shifts within medicine. The final section synthesizes Myers' arguments, emphasizing the necessity for collective responsibility in mitigating this crisis.

A foundational argument of the book is that the very characteristics that make a physician competent—perfectionism, resilience, and self-sacrifice—can also make them vulnerable. Drawing from maladaptive perfectionism theories (Flett & Hewitt, 2002), Myers illustrates how high personal standards become a double-edged sword, pushing physicians toward excellence while simultaneously setting them up for chronic stress and burnout. Here, the book raises a crucial question: to what extent does the medical profession, as it is currently structured, demand a self-negation that is ultimately unsustainable? Becker et al.'s (1961) seminal work on professional identity formation offers a compelling sociological lens, arguing that medicine does not merely train individuals but reshapes them entirely. Physicians do not just acquire knowledge; they absorb an identity that often demands they suppress vulnerability. This expectation of invulnerability fosters emotional suppression, which, as Myers argues, may explain the reluctance to seek help even in moments of profound crisis.

The book further explores the culture of medicine as a space where suffering is normalized and emotional distress is pathologized only when it reaches catastrophic levels. Physicians, Myers contends, internalize the notion that seeking help equates to weakness—a belief that aligns with Erving Goffman's (1963) theory of stigma, which explains how individuals who deviate from occupational norms risk social and professional marginalization. The question then arises: does the medical community's emphasis on endurance paradoxically contribute to the erosion of physician well-being? The physician's resistance to becoming a patient, as discussed in the book, is rooted in a deep fear of professional repercussions, an argument supported by labelling theory (Scheff, 1966), which suggests that once a physician is marked as 'mentally ill,' their career trajectory can be irrevocably altered. This section invites reflection on how medical licensing boards and institutional policies may inadvertently reinforce a culture of silence rather than support.

The second part of the book, which examines why physicians take their own lives, is arguably its most unsettling yet illuminating section. Myers traces the historical patterns of physician suicide, engaging with Émile Durkheim's (1897) sociological classifications of suicide—egoistic, altruistic, and anomic—to contextualize this crisis. He compellingly argues that physician suicide is often anomic, stemming

from a fundamental breakdown between professional demands and personal well-being. The irony that individuals trained to save lives often succumb to preventable deaths themselves is an unsettling paradox that the book navigates with precision. This irony is compounded by physicians' access to lethal means and their intimate knowledge of pharmacology, which, as Myers demonstrates, increases the likelihood of successful suicide attempts. Cognitive dissonance theory (Festinger, 1957) offers an additional layer of analysis, suggesting that physicians must reconcile their awareness of mental health struggles with the professional expectation of competence and control, often resulting in psychological distress.

Burnout, psychiatric illness, and systemic neglect are central themes in this section, with Myers drawing from burnout theories (Maslach, 1982) to explain the cycle of emotional exhaustion, depersonalization, and reduced personal accomplishment that characterizes physician distress. Here, the book makes a vital intervention by highlighting that while individual resilience is often emphasized as the solution, structural conditions—long work hours, bureaucratic pressures, and punitive mental health policies—are the true culprits. A critical question then emerges: does the discourse on physician wellness need to shift from self-care narratives toward radical systemic reform? Myers advocates for institutional change, yet one could argue that his critique does not go far enough. Marxist critiques of labour exploitation (Braverman, 1974) could provide a sharper analysis of how the corporatization of medicine commodifies physicians, reducing them to dispensable labourers rather than human beings in need of care themselves.

The third section of the book presents a hopeful counterpoint, exploring how suicide prevention strategies can be embedded within medical institutions. Myers calls for a restructuring of medical education to integrate emotional intelligence and mental health training, a perspective supported by Goleman's (1995) research on emotional intelligence and resilience. He also discusses the potential for revitalizing the practice of medicine through autonomy and meaning-making, drawing indirectly from self-determination theory (Deci & Ryan, 2000), which posits that competence, autonomy, and relatedness are essential to well-being. However, while the book effectively argues for reform, it remains somewhat

limited in offering actionable strategies for systemic transformation. This raises a final, crucial question: can medicine, as an institution, truly be reformed from within, or does it require a fundamental paradigm shift?

In its concluding section, Why Physicians Die by Suicide, presents a deeply researched and compassionate examination of an often-overlooked crisis, yet the significance of his work extends far beyond the medical profession. At its core, the book interrogates a broader societal paradox—how institutions designed to heal can, paradoxically, become sites of suffering. Physicians, revered as the custodians of health, are caught in a relentless system that demands endurance while offering little reprieve. This contradiction raises pressing questions: If those trained to save lives are unable to safeguard their own, what does this reveal about the structures governing healthcare? More urgently, what does it signify about contemporary work cultures that valorize resilience but fail to provide the conditions necessary for it to thrive?

Myers' work is grounded in the psychological framework of burnout (Maslach, 1982), yet it also engages with sociological and philosophical critiques of labour. Contemporary discourse on burnout, particularly in high-stress professions, echoes themes articulated by scholars like Mark Fisher (2009), who argued that late capitalism's demand for perpetual productivity leaves individuals disillusioned and exhausted, unable to envision alternative ways of being. Within this context, physician suicide is not merely a personal tragedy but a symptom of a larger societal malaise—one that prioritizes efficiency over well-being and institutional preservation over individual lives. The book thus invites readers to reconsider the cultural narratives surrounding work and purpose: When did self-sacrifice become an unquestioned virtue, and at what cost?

Furthermore, Myers' exploration of stigma aligns with Erving Goffman's (1963) seminal work on the subject. The reluctance of physicians to seek help—fearing professional consequences or personal disgrace—mirrors broader societal patterns in which vulnerability is conflated with weakness. In this regard, the book serves as both a diagnosis and an indictment of a system that isolates those who struggle, rather than supporting them. It compels us to question:

Can a profession built on human care afford to dehumanize its practitioners? How might we construct a medical culture that recognizes vulnerability not as a liability, but as an essential aspect of humane and sustainable practice?

The relevance of these questions extends beyond medicine into contemporary debates on labour rights, institutional accountability, and the evolving discourse on mental health. The global workforce continues to grapple with the consequences of economic instability, geopolitical tensions, and the increasing integration of artificial intelligence into professional life. While automation promises efficiency, it also introduces new ethical dilemmas: Does the reduction of manual tasks lead to emotional relief, or does it further erode the autonomy and meaning that many professionals derive from their work? Myers' insights prompt reflection on whether technological progress is being harnessed to genuinely improve well-being, or whether it is simply restructuring old forms of distress into new ones.

Equally pertinent is the rise of performative wellness initiatives that claim to address burnout without tackling its structural causes. In corporate and medical settings alike, resilience training and mindfulness programs have proliferated, often shifting responsibility onto individuals rather than interrogating the institutional frameworks that create distress in the first place. Myers' work underscores the danger of reducing mental health discussions to personal responsibility rather than systemic intervention. Are we treating symptoms while allowing the disease to fester? What would genuine reform look like—one that prioritizes the well-being of those who are expected to care for others?

Ultimately, Why Physicians Die by Suicide is both a rigorous academic contribution and an urgent call for change. It forces us to confront the moral obligations of institutions that demand so much from their workers, and it challenges society at large to reconsider the ethics of endurance. If physicians, like many professionals in high-stakes roles, continue to be measured by their ability to persist rather than their capacity to thrive, then systemic failures—not individual shortcomings—must be held accountable. Myers does not offer simple solutions, but his work compels us to ask the necessary, difficult questions. And perhaps, in

grappling with these questions, we can begin to reimagine a future in which care is extended not only to patients, but to those entrusted with their healing.

References

Becker, H. S., Geer, B., Hughes, E. C., & Strauss, A. L. (1961). *Boys in white: Student culture in medical school*. University of Chicago Press.

Braverman, H. (1974). *Labor and monopoly capital: The degradation of work in the twentieth century*. Monthly Review Press.

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310-357.

Deci, E. L., & Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227-268.

Durkheim, E. (1897). *Suicide: A study in sociology*. Free Press.

Festinger, L. (1957). *A theory of cognitive dissonance.* Stanford University Press.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology, 58*(11), 1433–1441.

Fisher, M. (2009). *Capitalist realism: Is there no alternative?* Zero Books.

Flett, G. L., & Hewitt, P. L. (2002). *Perfectionism: Theory, research, and treatment.* American Psychological Association.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* Prentice-Hall.

Goleman, D. (1995). *Emotional intelligence.* Bantam Books.

Karasek, R. A. (1979). Job demands, job decision latitude, and mental strain. *Administrative Science Quarterly, 24*(2), 285-308.

Maslach, C. (1982). Burnout: The Cost of Caring. Prentice Hall.

Scheff, T. J. (1966). *Being mentally ill: A sociological theory.* Aldine.