
THE ORTHOPAEDIC FORUM

What's Important: It's Time to Talk About Mental Health

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It happened again—the all-too familiar devastation of hearing that a physician has taken his life. On September 16, 2019, Tom Fishler, a gifted and much-loved orthopaedic traumatologist, died by suicide. He left behind a beautiful young daughter, a heartbroken mother, grief-stricken friends and colleagues, and countless patients. As Tom's co-fellows, we were particularly shocked, a feeling that quickly transitioned to anger; we were mad at ourselves for not recognizing Tom's suffering, and we were frustrated that he had acted with such permanence.

Tom was an excellent surgeon and a kind person. He was quietly hilarious and incomparably stylish. During our fellowship year, the 5 of us spent a lot of time together, both in the hospital as colleagues and outside as friends. We quickly bonded and somewhat dreaded the day we would leave the fellowship and start our careers without our 4 brothers. To be close to his daughter and family, Tom accepted a position at a practice in Scottsdale, Arizona. The 5 of us were eventually spread across the country, but our group text messages were active daily. We frequently sent cases back and forth for discussion, and Tom was a frequent contributor of both complex cases and clever solutions. Everything seemed to be going great for Tom.

The 5 of us would meet at conferences, and although Tom's dapper style continued to draw attention, he was still the same reliable guy. He was always positive and would ask about our families and lives, genuinely wanting to know about our wellness. While our calls became less frequent over time, we looked forward to seeing one another at meetings and courses. We had planned for the 5 of us to meet and catch up at the Harborview Fellowship Reunion at the Orthopaedic Trauma Association's annual meeting.

James and Milton were together when they received the devastating call from Jonah. We listened as he told us that Tom's body had been found at home, and his death appeared to be by suicide. The rest of the evening was a blur as we all tried to process what had happened. We reached out to Clay and other colleagues as the terrible news spread across the country. We could not understand how Tom had gotten to that point and how we had been so unaware. What signs had we missed? Why hadn't he reached out to us? We felt that we had failed him by not recognizing the pain that he was experiencing. We have asked ourselves and each other the standard question: What could we have done? More importantly, what can we do now?

We appreciate this opportunity to memorialize our friend, but we hope that you will see this more as a call to action. In Tom's memory, we would like to seize this opportunity to acknowledge that our profession is not immune to mental health concerns and that open conversations are needed. Despite constant connectivity through the internet and social media, feelings of loneliness may be at an all-time high. Our jobs demand that we are always in control: in control of our operating rooms, in control of our residents, and in control of much of our patients' care. What happens when we no longer "control" our own feelings and mood?

Physician suicide is not a new problem, having been reported since 1858¹. It has recently been described as a public health crisis, with more than 1 million patients a year in the U.S. losing their doctors to suicide¹. Many factors contribute to physician suicide, including litigation, decreased work, and divorce; however, mental health plays at least a partial role in most occurrences. A recent survey found a 15.6% prevalence of clinical depression among physicians, nearly double the national

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average¹. A systematic review in *JAMA* found that, among residents, the rate is even higher (28.8%)². Surgeons are at particularly high risk, with a recent survey indicating that 6% of surgeons had contemplated suicide in the last 12 months, which is more than 1 in 17³. Moreover, many physicians may not seek mental health care because of a lack of time or fear of repercussions. Fewer than one-third of the surveyed surgeons who had considered suicide sought help³. Acknowledging and treating mental illness are critical to minimizing its effects. Several resources exist, but we lack buy-in from the physician community at large that this is actually a problem. Acknowledging and discussing the causal issues in medicine that impact physicians' mental health are critical.

We are expected to be excellent surgeons, educators, researchers, fathers and mothers, and sons and daughters. We preach resilience and grit as necessary character traits for success in life and career. While these are vital to professional success, it is the close relationships with friends, loved ones, and colleagues that are critical for emotional success. As our friend and mentor Chip Routt put it, we need people around us to be "life jackets," to keep us afloat when we find ourselves adrift and lost. We can only assume that Tom did not feel comfortable sharing his deepest feelings, choosing to shoulder the burden alone instead of telling us that he was thinking of taking his own life, and that he had a plan. The 4 of us have committed, in Tom's memory, to be honest with each other and to never wait to be asked if we have a problem. We have committed to asking for help instead of relying on chance. We hope you will reach out to your spouse, your friend, or your colleague and commit to them as we have committed to each other. If you suspect someone is dealing with feelings of hopelessness or helplessness, it is crucial to take action. The National Suicide Prevention Lifeline's 5 action steps are a good framework.

Tom's death is still surreal, and it is devastating that suicide in our profession has occurred so frequently. We celebrate the memories of Tom's intelligence, surgical skill, style, personality, and loyalty. We have become more aware that people around us may be hurting, we have made ourselves more available to speak kindly and truthfully, and we will work to be honest enough to admit when we are hurting and in need of help. We hope to start an open dialogue that will encourage those affected by mental health issues to seek help and to feel supported by colleagues in the orthopaedic community. We hope that you will join us in acknowledging and facing this threat. Honesty and vulnerability may indeed give us the strength to get by "with a little help from our friends." ■

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