



Common denominator

He said the major common denominator for most suicides may be any combination involving a history of mental illness, drug or alcohol abuse, and domestic problems.

If Winnipeg's Medical Examiner's Office uncovers evidence that the suicides were related to medical residency, an inquiry will be ordered. "I have a responsibility as the coroner," said Markesteyn. "If I feel that there is a problem in the medical community that leads people to their death, we could call an inquest to determine the cause of death. So far we have not done so. I agree this [cluster of suicides] is a statistical anomaly but not that it [necessarily indicates] some systemic problem."

He agreed that the stumbling block for residents under stress is a fear that if they do not pull their weight on the medical floor, future opportunities may be compromised. "Doctors are reluctant to seek help because if it's found out, you become tainted."

Jacyk stressed that residents shouldn't expect that med-

ical staff will be unresponsive to their problems. He has advocated on behalf of residents who knew they had severe problems and needed time away from the program to obtain help.

"I have always found the residency directors to be very supportive. Their universal reaction was 'he should have asked us himself.' I have never been turned down on a request for medical leave and I have found all the programs to be very accommodating. Some of the fear on residents' parts can be seen as just maturing and realizing, 'I really did make it and I really do belong.'"

Jacyk pointed out that residents may receive conflicting messages from the doctors in charge of residency programs. "The main message is that we're all human and you've got to look after yourself. Unfortunately, there's also [the thinking from] the previous generation that says you have to be top notch, you have to be top gun. Not only are we as senior physicians not consistent, there often aren't really good role models who can [exhibit vulnerability while] being on top of their fields.

"Many residents haven't crossed over to see themselves as being colleagues with the medical staff who supervise them. They still see themselves as students and perceive staff as being taskmasters. Perhaps that is one of our problems. We don't treat them as colleagues . . . and let them know we'll take care of them."

An associate professor in the University of Alberta's Department of Family Medicine says one of the hardest things for physicians to do is put themselves in the hands of another medical professional. Among all professionals, says Dr. Fraser Brenneis, physicians may do the poorest job of looking after themselves.

"Physicians often don't have family doctors, which tends to lead to fragmented medical care. It's easier for them to do it themselves. You can always talk to your friend the cardiologist or your friend the surgeon if you think you have a problem. I think the access issue is there and that doctors tend to find it hard to trust someone else to do that for them. It's hard for us to put ourselves in the hands of others."

Brenneis agreed that residency program directors are probably more approachable than residents believe. "I think it very much depends on the program directors and their own personal philosophy. They're often very much easier to deal with than the residents think." ?

The victims

Only 15 months separated the suicides of 3 University of Manitoba residents, the *Winnipeg Free Press* reports.

The most recent death, on Jan. 6, 1997, involved a male resident found dead of a drug overdose in a washroom in the Health Sciences Centre (HSC) in Winnipeg. Aged 28 and married, he was months away from completing a 5-year residency as an anesthetist.

A little over a year earlier, in November 1995, a 26-year-old woman who was a first-year resident in obstetrics died following a drug overdose. She too was found in a washroom in the HSC.

A month before that, a 39-year-old man who had just completed his residency in psychiatry shot himself. He was married.

The *Free Press* says there was also a suicide in the HSC in 1988, when a female resident who had switched specialties injected herself with a lethal dose of potassium.