

Suggestions for Solving the Suicide Mystery among Iranian Medical Residents

The issue of suicide among medical residents in Iran has received significant attention in recent years. According to Devi, 13 out of 15,000 residents at Iran's medical sciences universities committed suicide within a year,¹ a number that is several times higher than the country's overall population. According to a recent review study, the suicide rate in Iran's general population was 8.14 per 100,000.² While suicide is the second most common cause of death among medical residents in the United States, this alarming trend is not exclusive to Iran. Among Iranian residents, the prevalence of suicide has sharply grown in recent years.³

Although suicide is considered a multifactorial phenomenon, theorists and experts attributed the cause of residents' suicides to socio-environmental factors such as low salaries, high work pressure, long shifts, health insurance issues, a lack of supportive atmosphere, insufficient leisure time and sleep, and a reluctance to seek help due to stigma.⁴ Others have identified psychological factors, such as anxiety, depression, stress, and burnout, as contributing causes of resident suicides.⁵

However, a significant challenge arises regarding resident suicide: many of the stated factors are common experiences for the majority of medical residents due to the demanding nature of residency. If these factors are identified as the primary reasons for resident suicides, one might anticipate a significantly higher suicide rate within this population. Nevertheless, out of 15,000 residents, only 13 individuals committed suicide. Although this rate is extraordinarily high, it means that other residents (i.e. 14,987 in total) were able to cope with these difficulties and challenges without committing suicide despite poor living conditions during the residency time.¹ This situation prompts two critical questions:

- 1) What are the leading causes of suicide among medical residents in Iran, and
- 2) what measures could be implemented to address this issue?

Unfortunately, there is no comprehensive study that addresses these questions specifically for Iranian medical residents. To address this gap, there is a pressing need for qualitative, in-depth investigations to uncover the root causes of resident suicides. Multi-phase studies, including grounded theory analyses of suicide attempts and psychological autopsies of deceased residents, are crucial for providing nuanced insights and identifying targeted interventions. Such studies not only broaden understanding among experts but also facilitate the development of effective screening tools to identify at-risk residents. Mentorship programs, regular psychological support, stress management, and bolstering suicide protective factors are essential interventions. First-line preventive strategies, such as implementing awareness programs such as QPR (Question, Persuade, Refer), are recommended to destigmatize help-seeking behaviors among residents and medical staff. Furthermore, medical universities must establish protocols for managing suicide cases and communicating with one another.

Furthermore, research should shift toward discovering the "causes" of suicide rather than identifying "risk factors". In this regard, in 2020, a comprehensive study and meta-analysis of research conducted in the past 50 years was carried out and reported that the effect size of interventions on self-injurious thoughts and behaviors (SITBs) was very small.⁶ The researchers of that study also strongly recommended that research should be directed towards "identifying and targeting common necessary causes of SITBs".

In conclusion, addressing the issue of suicide among medical residents necessitates rigorous investigations and tailored interventions. Neglecting this critical issue not only jeopardizes the well-being of residents but also poses significant public health risks to society at large. It is hoped that this letter to the editor can draw the attention of policymakers and researchers to the significance of this issue and guide them to develop effective solutions to reduce suicide rates and enhance the conditions of medical residents.



Authors' Contribution

All authors have contributed equally to the conceptualization of the work and writing and reviewing of the

manuscript. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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