Suicide in the Veterinary Profession

An Interview with Dr. Aaron Werbel

Captain Aaron D. Werbel, PhD—Chief of Staff for Healthcare Operations, U.S. Navy Bureau of Medicine and Surgery—is a suicidologist and clinical psychologist. He leads a staff of 270 in policy development that guides 63,000 providers in their care of over 2.7 million beneficiaries.

Captain Werbel has extensive experience with suicide: He was the chair (and founder) of the International Task Force on Defense and Police Force Suicide Prevention and chair of the Federal Executive Partners Working Group on Suicide Prevention. He is a member of the American Association of Suicidology (suicidology.org) and International Association for Suicide Prevention (iasp.info) and speaks frequently at both national and international conferences.

In light of rising concerns regarding suicide risk in the veterinary profession, Today’s Veterinary Practice reached out to Dr. Werbel to discuss this distressing trend.

Tell us about your background with regard to medical practitioners and their emotional well-being.
I’ve been a suicidologist almost as long as I’ve been a practicing clinical psychologist—about 20 years. I have always been drawn to helping people in crisis, and there is no larger crisis in mental health care than when people feel that life is not worth living and they would be better off dying by suicide.

As Chief of Staff for Navy Healthcare Operations, I pay close attention to provider well-being and work to ensure resilience through a program called Caregiver Operational Stress Control, which is designed to educate providers to identify and respond to compassion fatigue.

What types of experiences lead medical practitioners, particularly veterinary personnel, to make the decision to end their lives?
The high risk of suicide among veterinarians is a perfect storm of two factors—compassion fatigue and an acquired capability for self-harm—further compounded by the unique professional experiences of veterinarians.

Compassion fatigue (also known as secondary traumatic stress) develops when a veterinarian is consistently exposed to the trauma of animals and their owners. While a veterinarian can speak directly to the owners, compassion fatigue is uniquely compounded by the inability to verbally process the relationship between surgeon and patient. The prolonged chronic empathy a veterinary practitioner experiences at work can lead not only to emotional and physical exhaustion, but also to cynicism, questioning deeply held beliefs, and decreased efficiency in their work.

The second factor that increases the risk for veterinarians is the acquired capability to kill oneself. People are hard-wired for survival, and many individuals who have suicide-related thoughts or even a “desire to die” may not have the ability to kill themselves. Suicide is actually a fairly herculean act that goes against our nature, but it becomes easier for clinicians—who see trauma and abuse daily and repeatedly incise patients during surgery. Not surprisingly, studies have found that suicides by overdose with medication (think of the easy availability) and cutting/piercing (acquired capability) are more common methods for physicians than the general population. While surgeons have higher suicide rates than other health professionals, the experience of euthanizing animals is a unique risk factor for veterinarians that further compounds the equation.

What signs demonstrate that a colleague may be struggling with depression or thoughts of suicide?
The most important signs of acute risk are also the most obvious:

• Talking about wanting to die or threatening to harm oneself
• Searching for ways to kill oneself, like buying a gun or collecting pills
• Talking or writing more than usual, or in a concerning way, about death, dying, or suicide.

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Signs of compassion fatigue include:

• Appearance of exhaustion (“worn out”)
• Cynicism about the job or relationships
• Less efficiency in normally easy tasks
• Questioning deeply held moral or existential beliefs.

Without signs of acute risk or obvious fatigue, I would recommend paying attention to significant changes—a colleague is drinking more than usual, seems more withdrawn or purposeless than normal, or is acting more angry or irritable than you would expect. Another sign is recklessness—taking big risks and/or acting as if negative consequences are of little concern.

What should a person do if they notice these signs in a colleague?

The most important thing to do is ask your colleague the most difficult question: Have you been having thoughts of killing yourself?

This is going to sound strange, but I would recommend practicing it. You can talk about this column with colleagues, family, or friends and ask each other the question in a completely innocuous, safe setting when you aren’t concerned about anyone’s risk. Yes, it will feel awkward, but you’re a professional, so you know how this works. If you practice asking someone in a relaxed environment with no risk, it will be much easier to verbalize this critical question when someone’s life is on the line. And you must ask it then.

Rest assured, you cannot put the thought of suicide into someone’s mind if the person is not already thinking about it. It will most likely be a relief to a colleague that you noticed and cared enough to ask. Be prepared to set everything else aside and listen. If your colleague does disclose thoughts of self-harm, don’t leave them alone. You can even call the national suicide prevention hotline (1-800-273-8255) together to figure out what to do next. If it’s depression without any suicide-related thoughts, you might recommend a few visits with a mental health provider to see if treatment is necessary.

Please use the Resources below for more information.

**RESOURCES**

Suicide Hotline: 1-800-273-TALK (8255)
Websites: suicidprevlifeline.org, suicidology.org, afsp.org