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William Lynes, MD

**My Lived experience with Physician Burnout, Mental Illness, and Suicidal Behavior**

I am a physician, author, advocate, physician burnout and mental health sufferer, and survivor of multiple suicide attempts. My essay will describe my lived experiences during the years of my medical practice.

In 1987, after my urological residency at Stanford University Medical Center, I began practicing with the Southern California Kaiser Permanente Medical Group in Riverside, California. I divide the years of my medical practice from 1987 to 2003 into two distinct eras.

The first era began at the end of my residency. My family and I moved to Southern California, where I started my urologic practice at Kaiser Riverside. I had a happy, very busy, and successful life and medical practice. My medical practice was one of little compromise, with extended hours and dedication. In 1998, an event changed my life and everything I held important.

After a vacation outside the country, I returned to my medical practice. I did not feel well, but typical of me, I did not seek medical attention. One night, I woke with shaking chills and fever, and within hours, I was being intubated and treated for septic shock. I spent six long weeks in the ICU, with all of the manifestations of sepsis, such as ARDS, DIC, chest tubes, hepatic and renal insufficiency, eventually requiring a tracheostomy. I lost 40 pounds during that ICU admission. I survived, rehabbed, and returned to work.

Unfortunately, I subsequently experienced a snowboarding accident with multiple facial fractures and trauma, requiring a second tracheostomy and numerous facial surgeries. I again lost 40 pounds. I survived, rehabbed, and returned to work.

But on my return to my practice, I was not the same. I began a second era, one of a downward spiral into darkness. I call this era my demise.

While I looked well, I was not. “Bill, you look great, and it is so good to have you back.” One of my partners said to me one day. However, I suffered from deep, black, overwhelming depression with anxiety. I thought I would return to my happy life if I worked harder. I seemed to have aged. While just 46 years old, I felt more like 60. I responded poorly to stress; the excitement in my life now gone.

Everything I tried did not improve my mental anguish. I began seeing psychiatry, and the diagnosis of bipolar II affective mood disorder was made. I began on the wonderful world of antidepressants and mood-stabilizing therapy. I estimate that I have been on over one hundred of these combinations.

My times on call began to be complicated. Sleeping became problematic. Long surgeries became frightful. I soon descended into the black pit of suicidal ideation. In 1999, before my return to practice after sepsis, I decided to take my own life. This attempt was a poorly thought-out overdose of medication. I survived that first suicide attempt but hid it from the world. Soon, I was back at practice, spiraling deeper and deeper into despair.

In August of 2002, I decided to end my life again. This attempt was a serious, well-thought-out attempt. I went to a hotel on a weekend and took a massive overdose of medications. When I was found, I was comatose. I required intubation for respiratory failure. My family was called, and was told I would not survive. I did survive and ended up in a locked psychiatric ward. I was introduced to the wonderful world of electroshock therapy. I have had over 30 of these ECT treatments.

In a shameful, humiliating experience before the hospital wellness committee, I convinced my partnership that I was fit to work. I thought that if I just worked harder, things would be different. On my return to practice, my life continued to spiral out of control. In September 2003, I decided to end my life again.

This suicide attempt was also a severe, well-thought-out attempt. I went to my clinic on a weekend. It was empty and so secluded that morning. I remember it was cold and black as I locked myself in my office. I looked at my reflection on my medical school diploma, and I remember how disgusted I was with my life. I proceeded to lacerate my wrist and lay on the floor to die.

I fell into a deep sleep. When I woke up hours later, it was as if I was in a battle zone, my office a bloody mess. The bleeding had stabilized after losing approximately four units of blood. I realized at that moment that while significantly symptomatic, I was not going to die. Patients and staff were due to arrive at my clinic in just a few hours. The question of what to do loomed. So, I reluctantly called the hospital operator and explained the situation. With great humiliation and disgrace, I was admitted to the same hospital where I had practiced for 16 years.

I retired from clinical practice in 2003 in order to save my life. I have struggled with my self-image and existence in the years that followed. I became a medical hermit, shying away from the medical profession, my colleagues, and even my own health care. I did not feel like I was still a physician. A colleague suggested I write an essay chronicling my life in medical practice. I wrote *The Last Day* in 2016[[1]](#footnote-1). Published in the Annals of Internal Medicine, it detailed my last day of medical practice, my burnout, mental illness, and suicidal behavior.

Coming out concerning suicidal behavior to the medical profession has resulted in tremendous relief and repair of my self-image. I am a physician burnout and suicide advocate now. I speak and write about what I feel is a tragic situation in medicine.

Physician burnout is a plaque that has taken hold of our noble profession of medicine. The result is approximately 400 completed US physician suicides annually. This is over one per day, the yearly consequence equal to the downing of a Boeing 747 or two large graduating medical school classes per year. It is estimated that, in general, approximately 50 suicide attempts occur for each completed suicide. This then amounts to nearly 20,000, or roughly two and one-half percent of all US physicians, attempt suicide annually.

In my opinion, the cause of physician burnout is primarily due to the deterioration of the sacred doctor-patient relationship. This has been a gradual phenomenon, as big business and government have taken over the medical profession. I do not believe impersonal forces should make clinical decisions best assigned to the exam room. I do not think that physicians should be called providers or patients consumers.

The medical profession currently is sick. I would like, however, to close with a pep-talk. It is a statement of what our profession has always been and can be in the future. The practice of medicine is noble. The practice of medicine is honorable. It is moral; it is decent; it is upright. The practice of medicine is proper. The practice of medicine is good. It is ethical; it is right; it is worthy.

Thank you for your time.

William Lynes, MD

wlynesmd@gmail.com

1. #### Lynes, W.L., The Last Day, Ann Intern Med., 2016; 164: 631.

   [↑](#footnote-ref-1)