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Letter to the editor

Job conflicts and suicide among physicians

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Suicide occurs more frequently among physicians compared to the general population and completed suicide is particularly high among anaesthesiologists [1,4]. The specific knowledge of physicians and access to drugs and injection equipment may facilitate the attempt to end one's own life. Suicide is commonly seen to be associated with despair, mental illness, addiction, triggered by external circumstances, such as financial difficulties or complicated interpersonal relationships. However, when suicide is attempted following conflicts on the working place, several cofactors have to be taken into account, not all of which are related to the victim. As outsiders, we tend to view job conflicts as merely personal problems, with suicide being the inability to cope with intractable strain and mental crisis. We rather declare depression or private conflicts to have been the underlying cause and ignore emotional abuse as a possible factor. In addition, psychological strain, persistent threats and pending litigation may be further aggravated by a lack of support from colleagues and a failure of department administration to intervene. Tragic incidents also indicate inherent problems of the work hierarchy, in some cases generated by a psychopathic aggressor. Marie-France Hirigoyen evaluated the setting of conflicts in the workplace and assessed the profile of aggressors and victims [3]. Perverse narcissism is a common psychological characteristic of the aggressor, indicated by eagerness for power, delusions of grandeur and lack of empathy with others. When exerting repeated emotional abuse, usually in a hidden and indirect manner, the

perpetrator intends to destroy the victim and will even go so far as to drive the victim to commit suicide. Usually, the aggressor does not seek psychiatric treatment and he will not fear legal consequences if direct force is not attested by witnesses. In France, where job harassment is a criminal offence, the facts that influence a judge's decision were observed to always be acts that undermine the victim's dignity such as humiliation (61%), insulting or disparaging remarks (27%), disdain for his work (24%), unjustified sanctions, attacks on his private life (15%), isolation (15%) and work overload (12%) [2].

It is of utmost importance that a working group be aware of the possible psychopathological background of a conflict in order to avoid suffering on the part of victims and, ultimately, tragedy. Following a suicide, death elucidation of the contributing factors as part of professional guidance is needed to prevent subsequent personal and departmental dysfunction.

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