Easing the Trauma of Faculty Suicide: the Use of a Crisis Protocol in an Academic Medical Center

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About MD Anderson

• Large tertiary care comprehensive cancer center – Houston, Texas
• Part of the largest medical center in the world
• 19,290 employees
• 26,700 admissions per year
• > 1.28 million outpatient visits
MD Anderson Faculty

- 1644 faculty in 2012
- Gender: 1/3 female, 2/3 male
- Cosmopolitan, many different countries of origin
Faculty Stressors

- MD Anderson faculty are representative of US academic medical faculty
- Challenges
  - Burnout
  - Loss of meaning in the practice of medicine
  - Challenges of increasing clinical work, decreasing research funding, multiple time demands
Origin of the Response Protocol

• Fall of 1999: suicide of a prominent faculty surgeon
• Unanticipated
• Colleagues aware of high job stress
• No known history of mental illness
Faculty Suicide - Aftermath

• No official announcement of death
• Department head called patients to communicate the tragedy
• No institutional acknowledgement of suicide as the manner of death
• Perception that the department received no support from Cancer Center executives
Outcomes

• Anger and indignation
• New urgency to address faculty health
• Strong support from senior leaders
• Creation of a Faculty Health Committee
  – Prevention
  – Intervention
  – Response
The Response Protocol

- A blueprint of what to do after a faculty death
- Aim: reduce the stress on affected faculty, staff and patients
- Standardizes a dignified, appropriate and effective set of responses
- Addresses initial response, notifications, grief counseling, administrative actions, and memorials
Parts of the Protocol – Initial Response

- Small group is convened with a response leader
- Initial response and fact-finding
  - Early notification of executives
  - Gathers facts from reporting individuals, family, official and informal sources
Protocol: Notifications

**Staff:**
- Faculty directly affected by news
- Faculty community
- Chair of faculty spouses organization
- Other employees

**Patients:**
- Notified by phone and by letter; appointments rescheduled
Protocol: Grief Counseling

- Spouse/partner and family
- Faculty
- Other coworkers
- Patients

Services are provided jointly by Chaplaincy and the Employee Assistance Program
Protocol: Administrative Actions

- Cancellation or reassignment of professional commitments
- Notification of internal departments: benefits, payroll, information systems, research administration, others
- Other help for the work area
Protocol: Memorial Services

- Usually 4-6 weeks after a death
- With help from communications department, colleagues, coworkers and family
- Active family involvement helps to heal
Oversight

- Response leader/co-leader
- Office of the Provost or Physician-in-Chief
- Faculty Health Committee
Use of the Protocol in 2010

Faculty suicide: anesthesiologist

- Department head found the faculty member at his home
- Unusual level of emotional involvement by department head and other colleagues
- Long history of mental illness
- Exceptionally candid and supportive family
Emotional Dilemmas

• Should an institution include manner of death in written communications?
• Should the family’s wishes decide this question?
• Are we enhancing the stigma of mental illness by avoiding disclosure of the fact of a suicide?
IN MEMORY OF

Joseph Chao Ting, D.O.
Department of Pain Medicine
04/3/1973 - 08/27/2010
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Lessons Learned

- The response leader needs a co-chair
- An e-mail distribution list or a Sharepoint site would help coordinate team communications
- A physical command location is helpful
- Communications to patients should come from clinicians
The MD Anderson Experience

• The use of a response protocol is welcomed in the aftermath of a traumatic faculty death
• Protocols free affected individuals from bureaucratic details and enable everyone to stay emotionally present in their grief
• Families have played an important role in guiding the content of our messages