Dr. Harry Reiss' career appeared to be thriving. The 43-year-old urologist was an assistant professor at New York University, an expert on impotence and author of 13 medical journal articles. Plus, his private practice was taking off.

But one day after seeing his last patient, Reiss got on the examining table, hooked up an IV and gave himself a fatal dose of the anesthetic thiopental.

Reiss was in despair over the recent deaths of both parents, said his wife, Carla Fine. And like many doctors, Fine said, "He had a very hard time asking for help."

Between 100 and 150 doctors commit suicide in the United States each year -- more than the graduating class of a typical medical school.

Harvard University researchers who compiled the results of 25 suicide studies concluded that male doctors are 1.4 times more likely than the general population to commit suicide, and female doctors are 2.3 times more likely.

Physician suicides occasionally make headlines:

• Dr. Nicholas Bartha died July 15 from injuries he suffered after blowing up his Manhattan town house. The internist apparently wanted to avoid selling the house in a divorce case. Shortly before the explosion, Bartha sent his ex-wife an e-mail that said: "I always told you I will leave the house only if I am dead."

• On May 27, Dr. Edward Van Dyk, a radiation oncologist from Downstate Godfrey, jumped to his death from a Florida hotel balcony, moments after throwing off his two young sons. Authorities say he suspected his wife of having an affair with their gardener.

• In 2004, an Arkansas Children's Hospital surgeon world-renowned for repairing infant heart defects killed himself with an overdose of pain-killers and bourbon. "Every day is a living hell!" Dr. Jonathan Drummond-Webb wrote in a five-page suicide note. "These people don't care. I have a gift to save babies. The world is not ready for me."

As far back as 1858, doctors in England observed that physicians had high suicide rates. But only recently have suicide experts begun to raise the alarm.

In 2003, an expert panel convened by the American Foundation for Suicide Prevention recommended that
Illinois was ranked near the bottom in disciplining doctors. But even though the agency was criticized in a recent audit, recent statistics indicate it has begun to crack down much harder on misbehaving and incompetent physicians.

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medical schools, hospitals and licensing boards educate doctors about physician suicide and stop discriminating against doctors who get mental health treatments.

And at its 2006 annual meeting, the American Medical Association approved a resolution calling for increased awareness of the "preventable endemic catastrophe of physician suicide."

Nevertheless, the medical community generally still continues to ignore the problem, said University of Chicago psychiatrist Dr. Morton Silverman, a member of the 2003 suicide panel. Physician suicide, Silverman said, "is not a priority."

Doctors live longer and tend to have healthier lifestyles than the general public. But many neglect their mental health.

No evidence of added stress

"It's a crazy paradox," said Dr. Michael Myers, a University of British Columbia specialist in physician health. "We're in the business of helping people. But we do a terrible job with ourselves." Myers and Fine are co-authors of a new book, Touched by Suicide: Hope and Healing After Loss.

Doctors often are reluctant to seek treatment for depression or other mental disorders because they fear discrimination in medical licensing, hospital privileges and health and malpractice insurance.

Moreover, doctors who treat fellow physicians for mental disorders often are reluctant to order aggressive treatments such as hospitalization or electro-convulsive ("shock") therapy. They fear that if the word gets out, it could harm the careers of their physician-patients.

"We are learning that trying to be too 'nice' to colleagues is sometimes not nice at all," suicide experts wrote in a 2003 article in the American Journal of Psychiatry.

Doctors work long hours and are increasingly hassled by paperwork and managed care. Yet there's no evidence they are more stressed than other professionals.

Rather, the major risk factors for physician suicide are drug and alcohol abuse and psychiatric disorders such as depression. Female doctors have higher alcoholism rates than women in general, and psychiatrists, anesthesiologists and emergency physicians are among the specialists most likely to abuse drugs.

Other possible reasons

In a 2005 article in the New England Journal of Medicine, Harvard researcher Dr. Eva Schernhammer offered several other possible reasons for high physician suicide rates, especially among women:

• Doctors are more likely to blame themselves for their own illnesses.

• Doctors appear more likely to suffer clinical depression brought on by a major setback such as the death of a loved one, divorce or job loss.

• Compared with male doctors, more female physicians are single or childless, which are risk factors for suicide. Moreover, female doctors "may feel more stress than their male counterparts because of the difficulty of succeeding in a male-dominated profession," Schernhammer wrote. Female doctors also might experience sexual harassment.

• Doctors have ready access to potentially lethal drugs, and their suicide attempts are more likely to succeed. For example, among all women, only one out of every 10 or 15 suicide attempts is successful. But among female doctors, there are more successful suicide attempts than unsuccessful ones.

Reiss knew exactly what he was doing when he hooked himself up to the fatal IV in 1989.

"The medical examiner said he was asleep in seconds and dead in minutes," Fine said.
Fine described her husband's suicide in her book, *No Time to Say Goodbye: Surviving the Suicide of a Loved One*.

"Harry was a wonderful healer," Fine said. "If his death can help others, at least it won't seem as senseless."

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