Submission to the Health, Social Care and Sport Committee inquiry into Suicide Prevention

Many thanks for allowing the Association of Anaesthetists of Great Britain and Ireland to submit a late response to the inquiry that you are conducting relating to suicide prevention. The Association of Anaesthetists is a membership organisation with over 11,000 members, comprising of Consultants, trainees and specialty doctors as well as some allied health care professionals.

The wellbeing of our members is a key priority of the Association of Anaesthetists, and we have produced many related guidelines (e.g. on alcohol and substance abuse, stress management, fatigue, the ageing anaesthetist and dealing with a catastrophic event) We also provide mentoring and training in mentoring.

Over the past two years, the Association of Anaesthetists has become increasingly worried about the number of anecdotal and reported cases of suicide in anaesthetists of all grades and in all devolved nations, and has undertaken to look at this problem further, by convening a working party. This group has representation from the Practitioner’s Health Programme, General Medical Council, Health Education England, British Medical Association support service 'Doctors for Doctors', Royal College of Anaesthetists, College of Anaesthetists of Ireland and Defence Medical Services, and includes anaesthetic trainee, occupational health, psychiatry, and lay membership. Although our specialty has traditionally been considered at greater risk of suicide, possibly due to work-related stress, easy access to (and knowledge of) potent drugs, or both, we have learnt that ascertaining accurate figures on numbers of anaesthetists’ deaths by suicide is virtually impossible, through deficiencies in national data collection systems and variable coroners’ reports. However, as a prelude to producing guidance on this topic, and in order to shape the latter’s content, the Association of Anaesthetists will be launching a nation-wide survey in September/October 2018, to collect the experiences of anaesthetists who have ever had a colleague take his/her own life and to gauge the general awareness of support resources available, so the timing of our response to your inquiry is timely. We are encouraging ALL anaesthetists to respond – even those who have not had such an experience – and any support/publicity from the Welsh Assembly would be greatly appreciated.

The importance of fostering a supportive work environment has never been more apparent. We have much to learn from each other, and from shared experiences we hope to encourage anaesthetists and others to help, care and support each other and prevent more tragic loss of life.

We are delighted to add our thoughts to this inquiry and would be happy to answer any follow up questions if required. We have already responded to the Parliamentary Health Select Committee a couple of years ago. This was a joint response with the Royal College of Anaesthetists and I have attached it for your information.

Drs Steve Yentis and Samantha Shinde

(Co-Chairs of the ‘Suicide in anaesthetists survey and Guideline’)