

Silent Epidemic: Medical Students' Lives Lost to Unseen Stress

¹Jaber Husam Jaradat and ^{2,3}Abdulqadir Jeprel Nashwan

¹Faculty of Medicine, Mutah University, Al-Karak, Jordan

²Department of Nursing, Hamad Medical Corporation, Doha, Qatar

³Department of Public Health, College of Health Sciences, QU Health, Qatar University, Doha, Qatar

ABSTRACT

The rising number of deaths among medical students due to stress and suicide is a crisis that demands immediate attention. Medical students are under immense pressure to succeed both academically and personally. They face long hours, demanding workloads and constant fear of making mistakes. This pressure can lead to stress, anxiety, depression and suicide. Medical students' lives and health are invaluable to the community, therefore, collaborative actions from medical schools and societal associations are necessary to reduce or cease this rising trajectory.

KEYWORDS

Suicide, early death, mental health, medical students, mental stress, epidemic

Copyright © 2023 Jaradat and Nashwan. This is an open-access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Alarm sounded and could not be ignored: The number of medical students' deaths due to stress and suicide is on a distressing upward trajectory¹. As a medical student, i find myself compelled to raise awareness of this devastating issue that threatens the individuals involved, our healthcare system and society.

Beneath white coats and stethoscopes, medical students bear the weight of unattainable perfection. They commit themselves to the pursuit of academic excellence and demanding workload. The pressure of financial burden, fear of grave errors and constant absence of adequate mental health support led to crippling stress, anxiety, depression and increased suicides. For example, exams intensify stress, anxiety and depression in medical students worsened by the obligatory stay at the hostels (homesickness) away from their homes and families. A simple conversation with family members can provide relief in such situations².

Additionally, suicide and suicidal ideation and attempts are highly identified in medical students with perceived parental neglect, lower socioeconomic status or financial challenges, depressive symptoms, prior psychiatric diagnosis and history of drug use³. Rotenstein's study revealed that 30% of medical students exhibited depressive symptoms and 10% experienced suicidal ideation¹. This is not merely a statistical number, it is a crisis requiring immediate attention.



It is unfortunate that those destined to care for society often grapple with their struggles and are left unsupported. The prevailing culture often glorifies endurance over well-being, perpetuating the cycle of burnout and exhaustion. Although some institutions have addressed these issues, concerted efforts are imperative^{2,4}.

While, some medical students effectively manage their stress, others may experience mental strain and illness². Particular attention should be directed toward students incapable of managing their stress while providing support and guidance for students who can manage their stress.

Wasson and colleagues delved into the depth of this problem, exposing the evident inadequacies in support systems and preventive strategies. Limited evidence suggests that some specific learning environment interventions (such as a pass/fail grading system, mental health programs, curriculum structure, mentoring programs, etc.) are associated with improved well-being among medical students. However, they critique the low quality of the evidence⁴, suggesting the need for high-quality medical education research addressing student well-being.

This challenge demands joint action from both medical schools and society⁴. The actions must be comprehensive and involve: (1) Implementing accessible and stigma-free mental health support systems tailored to medical students' unique challenges, (2) Reform educational practices to ensure a balanced workload and holistic development, (3) Establishing and enforcing regulations to protect students' mental health and (4) Funding research to uncover solutions and improve preventive strategies. In safeguarding future doctors, the stakes are too high to ignore. Therefore, future actions stress the pursuit of an environment where the well-being of medical students is prioritized, ensuring that they emerge not just as competent professionals, but also as resilient and mentally healthy individuals.

In conclusion, the alarming surge in stress-related deaths and suicides among medical students is an undeniable crisis that requires immediate attention. As a medical student, I am driven to amplify my awareness of this profound issue, which not only jeopardizes individuals but also our healthcare system and society.

SIGNIFICANCE STATEMENT

The increasing stress-related deaths and suicides among medical students demands immediate and collaborative actions. This crisis extends beyond individuals and affect our healthcare system and society. The urgent need for action is evident, emphasizing the need for accessible mental health support and enforcing regulations to protect medical students.

REFERENCES

1. Rotenstein, L.S., M.A. Ramos, M. Torre, J.B. Segal and M.J. Peluso *et al.*, 2016. Prevalence of depression, depressive symptoms, and suicidal ideation among medical students: A systematic review and meta-analysis. *JAMA*, 316: 2214-2236.
2. Acharya, J. and S. Sahani, 2022. Coping up with stress as a medical student. *J. Nepal Med. Assoc.*, 60: 416-418.
3. Coentre, R. and C. Góis, 2018. Suicidal ideation in medical students: Recent insights. *Adv. Med. Educ. Pract.*, 9: 873-880.
4. Wasson, L.T., A. Cusmano, L. Meli, I. Louh and L. Falzon *et al.*, 2016. Association between learning environment interventions and medical student well-being: A systematic review. *JAMA*, 316: 2237-2252.