



ANZCA
FPM

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Ministry of Health

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Submission on consultation on draft suicide prevention action plan

The Australian and New Zealand College of Anaesthetists / Faculty of Pain Medicine (ANZCA) is committed to setting the highest standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As one of the largest medical colleges in Australasia, ANZCA is responsible for the postgraduate training programs of anaesthetists and specialist pain medicine physicians, in addition to promoting best practice and ongoing continuous improvement that contributes to a high-quality health system. ANZCA regularly communicates the risks and mitigation strategies applicable to our profession to our trainees and fellows.

Although we are not providing commentary about the draft action plan, ANZCA wish to submit a very brief summary of the evidence base related to the *specific* risks of suicide for anaesthetists: and the imperative for the Ministry to seek to mitigate these.

Anaesthesia can be an extremely stressful and risky branch of medicine. Operating rooms and intensive care units, which are the working environment of anaesthetists, are considered to be unhealthy workplaces¹.

There are recognised general risks to mental health for hospital doctors – particularly related to stress, workload, work hours and shift patterns which may be poorly controlled and are exacerbated by the chronic specialist workforce shortages, which currently exist in healthcare in Aotearoa².

Anaesthesiology is a career that requires long working hours, including on-call and rostered shifts throughout day and / or night. Where a period of on-call is followed by a workday, adequate places to rest and recovery time is needed but not consistently provided within Aotearoa. Inappropriate work schedules may trigger sleep and circadian rhythm disorders, fatigue, cardiovascular and digestive changes, and compromise family life³.

All the above factors may contribute to the high levels of burnout experienced by anaesthetists. Burnout syndrome is defined as a physical and emotional response to occupational stress characterized by emotional exhaustion, depersonalization, feelings of

incompetence and failure to meet targets. Burnout syndrome affects quality of life and professional performance, which can reduce the quality of patient care. Anaesthesiology is a high-risk profession for burnout.⁴

Additionally, drug diversion and abuse by a small number of anaesthetists is a rare but recognised serious and complex problem, which involves addiction to drugs available in anaesthesia practice. Opiate use can devastate the lives of both trainees and specialists, leading to progressive deterioration of health and lifestyle, withdrawal syndrome, possibility of relapse, psychiatric disorders (mostly depression and anxiety), comorbidity and frequently death by accidental overdose or suicide.

The specific risk of death by suicide related to drug overdose is two times higher among anaesthetists, and the risk of drug-related death is three times higher among anaesthetists compared to other hospital clinicians, especially during the first five years of training.

As the educational and professional medical college for anaesthetists, ANZCA produces guidelines and policies promoting health and safety at work. We also support the Welfare Advocates Aotearoa New Zealand network to support and promote health. For example, see PG43(A) [Guideline on fatigue risk management in anaesthesia practice 2020](#).

ANZCA recognises that shared responsibility is essential for the prevention and management of occupational harm. Measures are needed at a personal, institutional and national organisational level, including through government legislation. The health and safety of clinicians is not a high priority compared to the continuous need for clinical updating and professional development. Training for some health and safety risks (for example anti-bullying, infection control, lifting and handling) is mandated. Without resources to address the root causes though, these do not protect anaesthetists against the main risks of stress, burnout and fatigue.

Chronic specialist shortages and high workloads are having severe adverse effects. The current fiscal climate of the hiring freeze and cost-cutting which impact the healthcare environment do impact the workforce and will directly impact physician health as well as patient safety. A specialist clinical workforce that takes many years to train after graduation as doctors cannot be easily recruited or replaced, in response to resignation.

ANZCA would like to make the following recommendations:

1. That hospitals and clinics are required in addition to appropriate workload management and rostering, to have an occupational health program focused on anaesthesiologists, to prevent and mitigate identified stressors,

2. Improved availability and reimbursement of adequately trained and resourced clinical supervision, both during and after training,
3. Improved access to psychological counselling following adverse events, critical incidents or during complaint processes and
4. Further research and strategies for the prevention and treatment of occupational health issues including mental illness and drug abuse.

While we do not expect these recommendations to appear in the Suicide Prevention Action Plan, please pass on our concerns as appropriate to better ensure the ministry better safeguards the mental health of doctors, and specifically addresses the additional risks for suicide for anaesthetists and trainee anaesthetists.

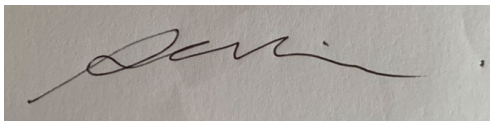
We look forward to the outcome of this review. Please contact us if further clarification is required.

Nāku noa, nā



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Chair of the workforce well-being committee of World Federation of Societies of Anaesthesiologists (WFSA)

References:

- 1) Nelson et al. Refocusing on work-based hazards for the anaesthesiologist in a post-pandemic era.
BJA Open. (2023) Dec1;8:100234
<https://www.sciencedirect.com/science/article/pii/S2772609623001132>
- 2) Neto, G,F,D. Occupational Well-being in Anaesthesiologists (2014) ISBN 978-85-98632-24-7
https://www.cfar.org/images/stories/DOCSSmart/occupational_well-being_in_anesthesiologists.pdf
- 3) Ayoğlu H, Ayoğlu FN. Occupational Risks for Anaesthetists and Precautions. Turk J Anaesthesiol Reanim. 2021 Apr;49(2):93-99. doi: 10.5152/TJAR.2020.219. Epub (2020) Dec 1. PMID: 33997836; PMCID: PMC8098723. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8098723/>
- 4) Sousa AR, Mourão JI. [Burnout in anesthesiology](#). Brazilian Journal of anaesthesiology (2018) Sep;68:507-17. <https://www.sciencedirect.com/science/article/pii/S0034709418300060>

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