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Addressing the Critical Issue of Suicide Among Medical Residents in Iran

Seyed Ahmad Seyed Alinaghi [1, 2], Mohammad Javad Sadeghi [1], Pegah Mirzapour [1, *]

[1] Iranian Research Center for HIV/AIDS, Iranian Institute for Reduction of High-Risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran
[2] Research Development Center, Arash Women Hospital, Tehran University of Medical Sciences, Tehran, Iran

[*] ***Corresponding Author:*** Iranian Research Center for HIV/AIDS, Iranian Institute for Reduction of High-Risk Behaviors, Tehran University of Medical Sciences, Tehran, Iran. Email: pegah.mirzapour@yahoo.com

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Dear Editor,

We write to bring attention to a distressing trend that warrants immediate action: The alarming rates of suicide attempts among medical residents in Iran. In recent years, numerous observations of suicides among medical residents, have been reported in Iran, which is worrying and requires immediate action.

Research indicates that various factors contribute to this tragic phenomenon, including excessive academic stress, relationship problems, family dynamics, financial strain, social isolation, trauma exposure, substance use, and mental health issues (Arafat and Mamun, 2019). Notably, the suicide rates among medical students are reported to be 3 - 5 times higher than that of the general population (Blacker et al., 2019), underscoring a pressing need for intervention (1, 2).

The gravity of this issue necessitates a comprehensive public health approach to suicide prevention — one that transcends a purely clinical perspective. We must acknowledge the broader social determinants that can lead individuals to contemplate suicide, such as financial hardships and domestic violence. While clinical interventions are vital for those in crisis, they should not be the sole focus of national suicide prevention strategies (3).

The World Health Organization's comprehensive mental health action plan, which aims for a 30% reduction in the global suicide rate by 2030, reflects a positive step forward. However, the statistics reveal a stark reality; the global suicide rate decreased from 10 per 100,000 in 2013 to 9 per 100,000 in 2019, a mere 10% reduction that is insufficient given the unique challenges faced by medical students. These demographic needs targeted attention, especially in less developed countries where transparency and resources are lacking (3).

Moreover, it is crucial to recognize that healthcare professionals, including medical students, face various personal and professional challenges that heighten their risk of suicidal ideation. Studies indicate that burnout among healthcare workers is increasingly linked to suicide risk, with factors such as job stress, financial issues, and legal problems emerging as significant contributors (4).

To address the suicide crisis among medical students effectively in Iran, we advocate for the implementation of robust policies in universities and healthcare institutions aimed at reducing burnout and fostering a supportive environment. Additionally, ongoing research into individual risk factors will be essential in developing targeted suicide prevention initiatives tailored to the unique pressures faced by medical students (5).

In conclusion, we call upon medical universities' authorities, families of medical residents, educational institutions, healthcare organizations, and policymakers in Iran to prioritize mental health support and related interventions, to create a safer, and more sustainable environment for medical students especially residents, to hold mental health related cultural activities at universities and hospitals and

finally to encourage medical students to learn skills outside their field. Together, we can mitigate this crisis and promote the well-being of those who are committed to caring for others.

Footnotes

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