

Notes from a Resident Doctor: High rates of suicides among health workers: The real price of dismantling the NHS

A resident doctor
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One doctor dies by suicide every three weeks in the UK. Healthcare workers overall take their own lives at a rate 24 percent above the national average—with the highest risk among female nurses, followed by male paramedics and female doctors according to the British Medical Association (BMA). The rate of suicides among healthcare workers between 2011 and 2020 was 2,500—4 every week—according to the Office for National Statistics.

Every one of these preventable deaths represents not merely a statistic, but a devastating human loss. They cannot be understood in isolation from the systematic dismantling of the National Health Service (NHS). Frontline staff are pushed to the limits of mental and physical exhaustion, routinely deprived of adequate rest and meaningful support, and then offered little more than a counselling helpline as evidence that a Trust “cares.”

A BBC Radio 4 programme aired on September 21—*Medical Emergency*—revealed harrowing testimony from doctors at greatest risk of suicide—GPs, anaesthetists, surgeons and psychiatrists. A GP described the isolation: “You’re making decisions on your own; when something goes wrong you’re left on your own.” An anaesthetist said: “If there’s a death on the table, you would have thought that that list would stop. But no, the list is expected to carry on.” A psychiatrist, witnessing the suicides of patients explained: “You are grieving for that patient, and a little bit of you dies with them... and there’s no respite.”

The programme’s central idea of “moral injury,” the wounding of a doctor who cannot give the care they were trained to give because of a lack of resources—is an accurate description of what we live through. But its conclusion turns a social and political question into an entirely psychological one. The distressed doctor is only

an individual to be fixed, never the conditions of work that produce the distress.

The presenter, Dr. Lalith Wijedoru, never names the causes—austerity and privatisation—used to dismantle the universal health care system. The NHS is presented as a service under unfortunate “pressure,” not one being deliberately run down because capitalism regards our health service as an intolerable drain on profit. Our deaths are treated as a mystery to be studied, not the predictable output of a system that refuses to staff wards and refuses us breaks.

The programme ends by asking government, regulators and employers to “promote a culture” of support—appealing to the very forces who have created the hellscape in which we work.

The “support” it points to—Doctors in Distress, NHS Practitioner Health, the BMA helpline, “You Okay Doc?”—is the compassionate face of a system that is killing people. These services convert a collective condition of exploitation into an individual psychological problem, managed one doctor at a time. “Wellbeing” services are a tick box exercise by which the Trust pretends to care while shifting responsibility onto the individual.

My colleagues and I are fully aware of the lack of support. I have held a dying patient in my arms, the family and the nurses looking to me as their saviour, when I could do nothing. And then I had to finish my jobs and go to handover. A colleague debriefed with me afterwards, as a personal kindness; but no one is paid to give support in these moments.

Another patient went for emergency surgery and died on the table. There was no team debrief, no time to grieve. A patient dies and you are bleeped to fill in the death certificate. Your only function is to complete a job, like a

machine, with no emotion permitted. I have verified deaths since my first days as a doctor, telling families their loved one is gone. Each event, taken alone, would be a horror to anyone outside this profession. We are expected to absorb them as routine, working up to 12.5-hour shifts without time for breaks or reflection.

I asked my Trust for support and was given six counselling sessions. When I asked for more, I was told that was the limit, and to go private. Occupational health said they could only advise my employer to cut my hours—48 hours a week on average—but could not enforce anything. My employer, of course, did nothing. I raised a bullying complaint and waited months for a response that changed nothing. My supervisors are consultants too busy to offer pastoral support.

This is the result of a system designed to keep us working, not to keep us well. The wellbeing industry exists to ensure that, when the body is found, the blame falls on the dead doctor's mind—never on the system that broke it.

The duplicity runs from the top down. The Department of Health and Social Care is quoted saying “staff wellbeing is a priority”—the same department of the Labour government imposing £17 billion in “efficiency savings” and a Ten-Year Plan to accelerate privatisation.

The BBC and the “support” charities treat the BMA as a friend of doctors. It is not. The BMA is the apparatus through which the doctors' militancy to fight for improvements has repeatedly been demobilised—from the sellout of the 2016 strike to the recent sellout of our three-year struggle for pay restoration. They offer a mere “confidential counselling helpline” to deal with the consequences of the system, rather than waging a struggle against it. They send us straight back to the wards that are breaking us.

The General Medical Council's (GMC) “28 recommendations” for improvement and order coming into parliament promises a less hostile process for doctors under investigation. But the regulator remains an instrument for disciplining individual doctors for system failures. The GMC reported among 29 doctors who were under investigation or monitoring between January 2018 and December 2020, five were confirmed as suicides.

The programme notes that black, Asian and minority-ethnic groups, and international medical graduate (IMG) doctors are disproportionately referred to the GMC and suffer worse outcomes.

However, the BMA supported the Labour government's Medical Training (Prioritisation) Act, the anti-migrant

offensive that pushes IMGs to the bottom of the list for specialty training. It broadcasts the human cost of doctors being treated as machines without once mentioning the strikes, the pay restoration fight, or the union bureaucracy that repeatedly sabotaged and sold out the struggle of the NHS workforce. It is depoliticised: it presents the victims, but withholds the perpetrators, and therefore withholds the way out.

The burnout of professionals dedicated to providing a public health service is not an individual but a social problem. We are meant to treat patients as if they are on an assembly line. We face constant demands for productivity increases like any other worker and are set up to fail in providing the medical care we are qualified to give and our patients need. The rate of suicides are not simply tragic isolated events but the inevitable product of a toxic environment which treats us and patients as a drain of resources to be slashed in the interests of the profit system.

Every institution we were told would protect us—the Trusts, the regulator, the government and the unions—exist to manage our suffering, not to end it.

When the collapse of the NHS is increasingly internalised as a personal failure to cope with, we must instead find ways to confront it collectively. That means building rank-and-file committees, independent of the BMA leadership and run by healthcare workers themselves, uniting doctors with nurses and other NHS workers to oppose service cuts, impossible workloads and neglect of patient care.

Four healthcare workers die by suicide every week. This cannot be prevented simply by asking individuals to become more resilient while the conditions harming them become normalised. We must organise to challenge those conditions in a political struggle against the Burnham government squandering billions on private profiteers and military expansion which must instead be redirected into a fully funded public health service.

Contact NHS FightBack to report your experiences and join the fight for independent rank-and-file committees.

Complete the NHS FightBack survey of doctors and sign up to NHS FightBack's newsletter.



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Socialist Equality Party visit:

wsws.org/contact