

The latter sections of the book are highly relevant to forensic psychologists and psychiatrists who are either practicing or planning to practice in the military system. Because of the structure of the system and the resources available, the ethics and logistics of consulting for courts-martial often differ from comparable civilian jurisdictions. This text explores the ethics challenges of having to act as both consultant and expert witness, and how experienced experts have navigated the dual roles. In the chapters written by military judges, the authors provide expert advice on how psychologists can provide the most effective consultation to the military system and integrate into the unique trial team approach often used for courts-martial. Chapter 9 is of particular interest to anyone with limited trial experience looking to be a consultant or expert witness because it aggregates the literature on common topics for which military attorneys often request consultation.

The largest critique I have of this text is that it focuses on the role of psychologists while neglecting the role of psychiatrists at courts-martial, despite all its content being equally relevant to psychiatrists involved in the military legal system. The authors occasionally acknowledge that the military uses psychiatrists in its mental health evaluations for courts-martial, but entirely ignore the fact that psychiatrists often testify to the same concerns as psychologists at courts-martial. I am aware of many courts-martial where one side retained a psychiatrist and the other a psychologist to consult on the same topic. With a few rare exceptions, however, this omission does not take away from the applicability of the information and advice.

Overall, this book is an indispensable resource for any psychiatrist or psychologist interested in the military legal system. It presumes a basic knowledge of forensic practice in the civilian courts and builds upon that knowledge to highlight the ways in which the military system is unique. Readers unfamiliar with the military system will find that the writers do not presume a knowledge of anything military and provide appropriate context. Even those who are quite familiar with the military legal system will likely learn something new.

Disclosures of financial or other potential conflicts of interest: None. The views expressed in this book review are those of the author and do not necessarily reflect the official policy of the Department of Defense, Department of Army, U.S. Army Medical Department, or the U.S. government.

Physician Suicide: Cases and Commentaries

By Peter Yellowlees, MBBS, MD. Washington, DC: American Psychiatric Association Publishing, 2019. 251 pp. \$52.00.

Reviewed by Kayla L. Fisher, MD, JD

DOI:10.29158/JAAPL.230103-23

Key words: physician suicide; physician wellness; fitness for duty assessments

Physician Suicide: Cases and Commentaries is a collection of ten cases depicting behaviors and disorders that increase a physician's risk of suicide, with two of the vignettes discussing scenarios that resulted in suicide. Each case includes a detailed description of the life of a physician with various risk factors for suicide, including substance use disorders, depression, other mood disorders, medical illness, and adverse life events. Although the cases are fictional, they depict realistic scenarios that represent the everyday struggles physician-patients face and their challenges in attaining overall wellness. A commentary after each case discusses the salient clinical factors presented and solutions that were applied, along with those that should have been explored. Throughout the book, the author emphasizes preventive measures that could have averted the struggles experienced by the physician.

Dr. Yellowlees, an internationally renowned expert on physician wellbeing, specializes in treating physicians.¹ As a professor of psychiatry, he also serves as the chief wellness officer at the University of California Davis Health and is the first to hold such a role in the University of California system.² Dr. Yellowlees's career includes treating many physician-patients at risk for suicide, including two physician-patients that chose to end their lives. Through these experiences, Dr. Yellowlees provides an informed examination of the personal, professional, and systemic factors in physician struggles with wellness and suicide, along with an exploration of possible preventive measures.

This book highlights vital statistics regarding physician suicide. Data indicate that physicians end their lives by suicide at a higher rate than the general population, with male physicians 1.41 times more likely

to die by suicide and female physicians 2.27 times more likely to die by suicide. Approximately 400 physicians end their lives by suicide in the United States each year, but these numbers may be underreported. The author notes that some physician suicides may be missed because of a lack of evidence. At other times, physician colleagues may cover up a fellow physician's suicide because of the stigma surrounding the act.

Rather than being organized by topic, each chapter of this book covers a particular physician-patient presentation, with relevant commentary following. As overlap exists among the salient details of each case, some commentary reiterates ideas and concepts previously introduced. The first seven chapters cover topics related to physician health, including professional lifestyle concerns, burnout, depression, anxiety, personality disorders, substance use disorders, and factors associated with aging. Forensic psychiatrists, particularly those involved in the evaluation and treatment of physicians, may find the spectrum of topics portrayed in realistic physician-life scenarios beneficial. The first chapter describes a physician who struggled with depression and alcohol use disorder and ultimately died of suicide by lethal overdose. Core beliefs that guide medical practice and epidemiological information on physician suicide are presented. Preventive effects of screening physicians for alcohol and drug use are also discussed. Chapter two presents the case of a physician with burnout, along with data showing that physicians are 30 to 40 percent more likely to develop burnout than counterparts in other professions. The author also discusses how burnout can fuel depression and suicidal ideation. The third chapter describes the second case of physician death by suicide, this time through intravenous propofol, and explores how healthcare workers respond to the tragedy. The author describes how the characteristic of delayed gratification, an asset in many respects, can also result in physicians' deferring timely treatment and other interventions necessary for wellness.

The nexus between alcohol use disorder and suicide serves as the focus of chapter four, with a concurrent emphasis on the importance of the role of telemedicine and other technologies to facilitate access to care. The complexities of physician-patients are discussed, including the tendency of physician-patients to negatively influence the clinical decisions rendered by the treating physician. Chapter five discusses a physician-

patient who struggles with narcotic abuse and self-prescribing. The author examines physician-patients' fears of losing their medical license if disorders come to the attention of regulatory entities and how this concern can constitute a treatment barrier. In the sixth chapter, the author discusses disruptive physicians with severe personality disorders and possible management and treatment approaches. Chapter seven describes problems associated with elderly physicians who do not retire despite age-related cognitive difficulties. The author suggests utilizing fitness-for-duty assessments to identify elderly physicians who are cognitively impaired. In chapter eight, Dr. Yellowlees introduces challenges in treating a physician-patient with severe mental illness. He also provides an analysis of gender and cultural topics affecting suicidality in women.

Forensic psychiatrists involved in administrative roles may find the last two chapters of particular interest because they present cases that highlight interventions, treatments, and preventive measures available to physicians and health care organizations. Chapter nine examines physician wellbeing committees and formal health programs now being utilized by many health care systems. The author notes that since approximately 50 percent of physicians work in solo or small group practices, they may not have access to such programs. Chapter ten explores preventive measures available to individual physicians and organizational changes that would promote wellness.

Although the title focuses on physician suicide, the book also covers a breadth of topics and matters related to physician wellness and resilience. This book would be of particular interest to forensic psychiatrists who prefer to learn about physician suicide risk and wellness through realistic case scenarios. Those involved with physician assessments and wellness committees could also benefit from exploring the ideas set forth by Dr. Yellowlees on measures to prevent physician suicide and promote physician resilience.

References

1. Peter Mackinlay Yellowlees, MBBS, MD. UC Davis Health Medical Center. Available from: <https://health.ucdavis.edu/medical-center/team/1256/peter-yellowlees-general-psychiatry-physician-health-sacramento/>. Accessed April 1, 2022
2. Dr. Peter Yellowlees. Available from: <http://www.peteryellowlees.com>. Accessed April 1, 2022

Disclosures of financial or other potential conflicts of interest: None.