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MORTALITY AMONG DOCTORS IN CATALONIA (2000-2009):

a physicians population based study

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Working team

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What's Galatea Foundation?

- Created by the Catalan Medical Association in 2001 in accordance with the regional government of Catalonia.
- Devoted to enhancing the health and the wellbeing of doctors and other health professionals.
- Integral care programmes for health professionals (doctors, nurses, veterinarians and pharmacists).
- Framework to manage programmes for health care and prevention addressed to professionals.

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What's Galatea Foundation?

Prevention and Health Promotion Programmes

- The Medical Students Health Programme.
- Junior Doctors Health Programme.
- Health, Gender and Working Conditions.
- Pharmacists Health Programme.
- Nurses Health Programme.

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What's Galatea Foundation?

Systematic procedure for the activities

- Defining the problem:
 - ✓ International bibliography review.
 - ✓ Expert panel advisers.
 - \checkmark Developing studies.
- Publishing the results and conclusions among professionals, politicians, managers and to affect public opinion.
- Assessing recommendations for the different partners.
- Design of awareness raising initiatives (e.g. workshops, guidelines, ...)

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Health, gender and working conditions

• Study:

Health, Lifestyles and Working Conditions of Catalan Doctors. Quantitative study.

Reports and Studies Catalan, 2007 Spanish, 2007 English, 2009





Mortality among doctors in Catalonia Objectives - Descriptive analysis of mortality among doctors in Catalonia, as a proxy of their health status. - Comparison with mortality of the Catalan population of the same age, gender and place of residence. - To identify opportunities for intervention intended to reduce mortality and improve well-being among health professionals.

Methodology:

Data:

- Medical Association of Catalonia administrative files (deaths (2000-2009) and medical population (2003*-2009).

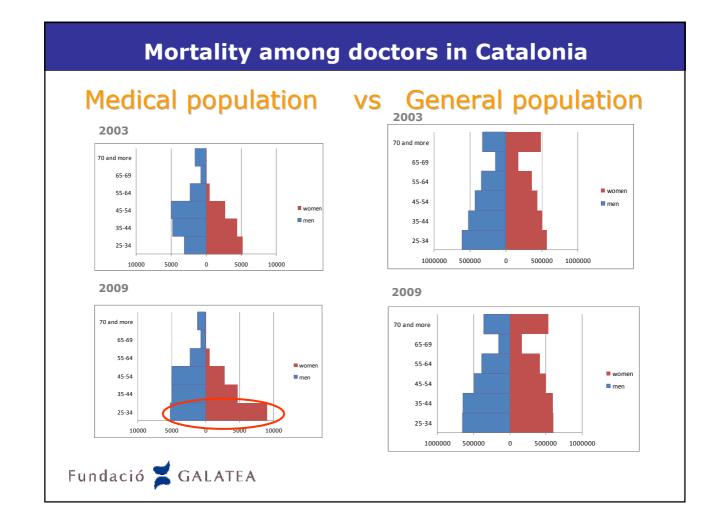
- Official Mortality Statistics for Catalonia. Regional Ministry of Health (causes of death for doctors and mortality data for the general population).

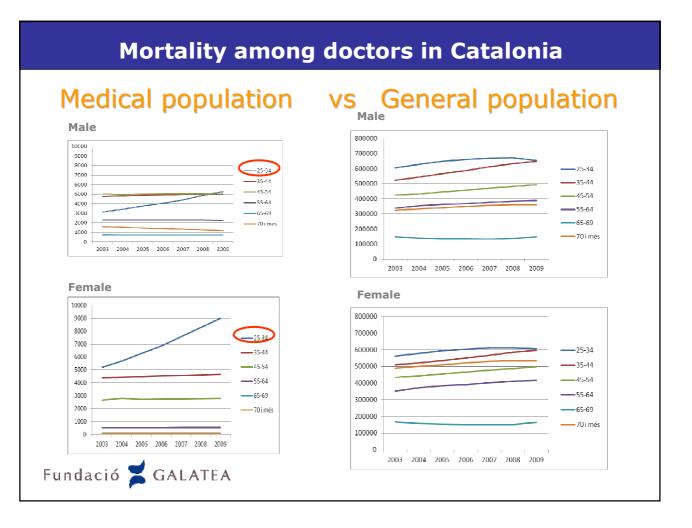
Methods:

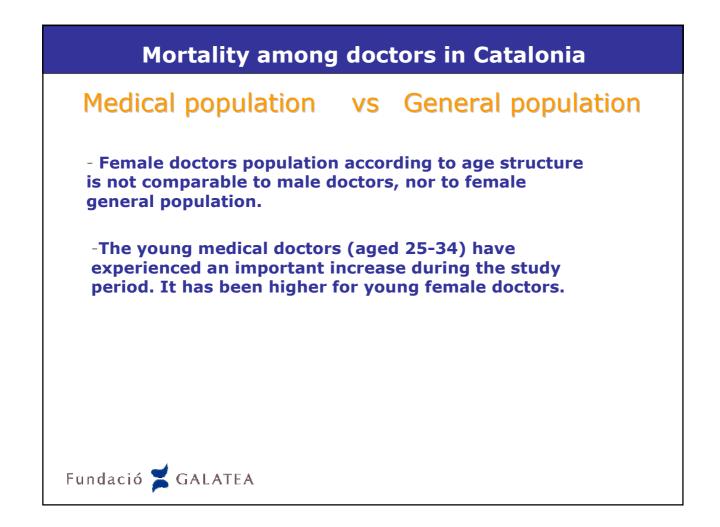
-Agreements between Health Department and GF as well as Medical Association of Catalonia and GF.

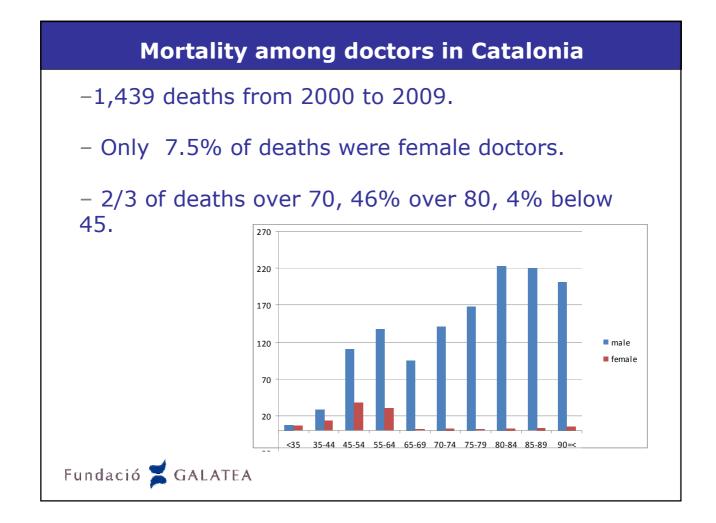
-Automatic record-linkage between administrative and statistic files to identify the causes of doctors deaths.

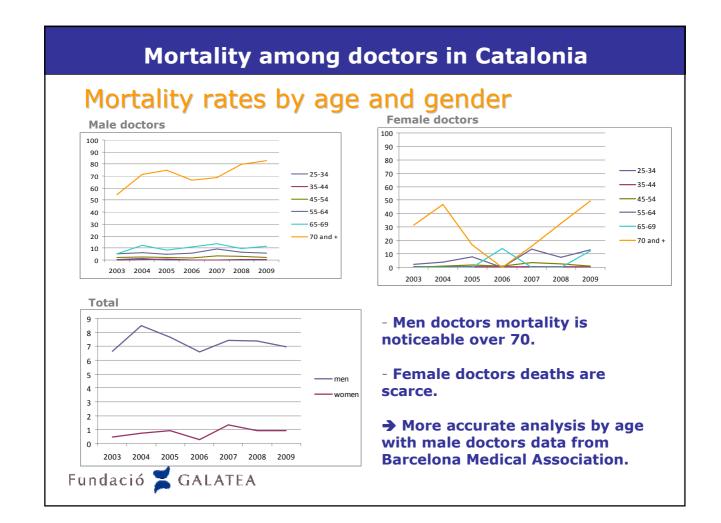
(*) due to some limitations of data, rates from Fundació \leq GALATEA (*) due to some limitations of data, rates f 2000 to 2002 by age were not calculated.

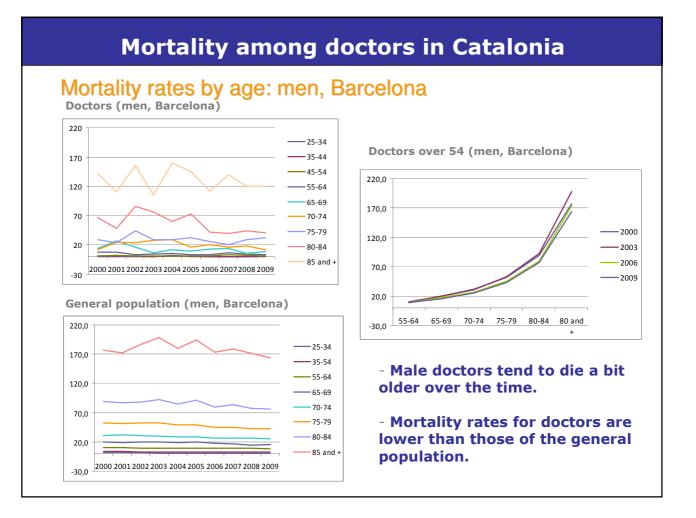












% distribution of deaths by causes

	% distribution (2000-2009)				
	Phys	icians	General pop.		
Cause of death	Male Female		Male	Female	
Malignant neoplasm of trachea, bronchus	8,7	8,3	9,1	1,5	
and lung					
Malignant neoplasm of breast	0	16,7	0	3,5	
All other tumours	24,8	21,3	24,2	16,6	
Mental disorders	1,6	0,9	3,3 🔇	7,1	
Nervous system diseases	4,6	2,8	3,6	6,3	
Ischemic heart disease	11,5	2,8	9,9	8	
Cerebrovascular diseases	6,8	4,6	6,9	9,8	
All other circulatory system diseases	11,6	6,5	10,7	17,3	
Bronchitis, emphysema, asthma and COPD	3,4	1,9	6,7	2,7	
All other respiratory system diseases	4,7	5,6	5,4	5,9	
Disgestive system diseases	3,3	4,6	5,1	4,9	
Not defined diseases or classified in other	8,3	11,1	2,2	2,6	
groups					
Suicide and self harm	1,1	2,8	1	0,4	
All other external causes	2,6	5,6	3,8	2,6	
All other causes	7	4,6	8,2	10,8	
TOTAL	100	100	100	100	

- The proportional distribution of deaths by causes is similar to the general population's one.

- Slight differences by age in men: all other tumours and suicide more frequent before 70 and heart diseases deaths over this age.

- Causes of death of female doctors related to specific age structure.

- ill-defined and unknown causes (includes deaths not found).

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- Suicide

Mortality rates by causes

	Mortality rates per 1000 hab (2000-2009)						
	Males		Females		Total		
Cause of death	Physicians	Gen.pop.	Physicians	Gen.pop.	Physicians	Gen.pop.	
Malignant neoplasm of trachea, bronchus	0,64	0,81	0,06 🗸	0,12	0,39	0,46	
and lung							
Malignant neoplasm of breast	0,00	0,00 🤇	0,13	0,29),06	0,15	
All other tumours	1,82	2,13 <	0.16	1,35	7,10	1,74	
Mental disorders	0,12	0,29	0,01	0,58	0,07	0,44	
Nervous system diseases	0,34	0,32	0,02	0,51	0,20	0,42	
Ischemic heart disease	0,84	0,87	0,02	0,65	0,49	0,76	
Cerebrovascular diseases	0,50	0,61	0,04	0,80	0,30	0,70	
All other circulatory system diseases	0,85	0,94	0,05	1,41	0,50	1,18	
Bronchitis, emphysema, asthma and COPD	0,25	0,59	0,01	0,22	0,15	0,40	
All other respiratory system diseases	0,35	0,47	0,04	0,48	0,21	0,48	
Disgestive system diseases	0,24	0,45	0,04	0,40	0,15	0,42	
Not defined diseases or classified in other groups	0,61	0,19	0,09	0,21	0,38	0,20	
Suicide and self harm	0,08	0,09	0,02	0,03	0,05	0,06	
All other external causes	0,19	0,33	0,04	0,21	0,13	0,27	
All other causes	0,51	0,72	0,04	0,88	0,31	0,80	
TOTAL	7,34	8,82	0,77	8,14	4,48	8,48	

 Mortality rates lower in medical population.

- Even those in which proportions were higher, like suicide.

- Limitations: underestimation?

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Conclusions (1)

Mortality rates among doctors are lower than those of the general population of the same gender and age, suggesting that doctors' health in general, is in a better situation. This result is consistent with most studies of the bibliography review and also with our previous analysis about "Health, lifestyles and working conditions of doctors in Catalonia" (2007).



Conclusions (2)

The mortality pattern by causes of death among medical professionals is similar to the general population's one.

However, in relative terms, there are slightly more tumours and suicides among doctors below 70 and heart diseases in doctors over 70, that could reflect unhealthy life styles or risks.

→ We should consider ways to help prevention and early detection of those causes of death, especially if they could be related to the job (cancer-speciality, stress-suicide, ...).
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