

SHORT ARTICLE

# SOHAM: SEARCHING OUR-OWN HEALTH AFTER MEDICINE By Understanding Physician Mortality Data from The United States

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## Abstract

While SEARCHING OUR-OWN HEALTH AFTER MEDICINE (SOHAM), we as aging physicians have to first explore and expose our mortality with underlying uniqueness of causes for physician mortality. Herein, publicly available data at Centers for Disease Control and Prevention from National Occupational Mortality Surveillance program of the National Institute for Occupational Safety and Health comes in handy. As compared to all occupational workers in the United States, intentional self-harm, Parkinson’s disease, Alzheimer’s and other degenerative disease were more likely causes of death while chronic obstructive pulmonary disease, diseases of the respiratory system, ischemic heart disease and diseases of the heart were less likely causes of death among physicians in the United States. Summarily, we as physicians may have somewhat overcome sufferings of our lungs and hearts but surrendered to sufferings of our brains and minds and therefore must envisage devising physical, psychological, socioeconomic and spiritual interventions for constantly bettering our living.

There is a spiritual word in the East called Soham. In simple terms, it is just the sound emanating from our throats during a breathing exercise-based meditation technique to elevate us spiritually as human beings. (1) However, the word in itself can additionally be an acronym to represent our powerful urge as aging physicians SEARCHING OUR-OWN HEALTH AFTER MEDICINE (SOHAM). In this quest, we have to first explore and expose our mortality as physicians with underlying uniqueness of causes for physician mortality. Consequently, we can relish our successes in overcoming our own diseases while continuing our fights to prevent our failures during the pursuits for our own wholesomely healthy living. To meet our information needs as survivalist physicians, the data available at Centers for Disease Control and Prevention (CDC) from National Occupational Mortality Surveillance (NOMS) program of the National Institute for Occupational Safety and Health (NIOSH) comes in handy. (2) Currently, publicly available proportionate mortality ratio (PMR) query system is

limited to 18-64 years young or 65-90 years old male or female White or Black physicians. (3) As the customized PMR data query system expanding the exploration of PMR data among all other race/ethnicity physicians would have been arduous when potentially marred by all other race/ethnicity physicians’ lower numbers resulting in suppressible PMR statistics due to their correspondingly higher propensity for fewer than 5 deaths/cause-of-death, we as SOHAM physicians limited our tabulations based on NOMS publicly available data for White and Black physicians hoping that our readers may still be able to non-quantitatively gauge the commonalities and peculiarities among the causes of physician mortality before qualitatively extrapolating these tabulations to all other race/ethnicity physicians inside as well as outside the United States through well-planned future research into the causes of physician mortality locally, regionally and globally.

Based on NOMS publicly available data for White and Black physicians, our tabulation (Tables 1-5) is about

NOMS documented PMR corresponding to any particular cause of death whereby PMR as pertaining to our tables is the proportion of physician deaths due to any particular cause of death divided by the proportion of all occupational workers' deaths due to that cause and thereafter multiplied by 100. (4) For any and all of the listed occupations or industries, there is data available for a total 242 specific causes of deaths within NOMS publicly available data domain. As compared to Frank et al (2000) whose tabulations were based on occupational workers' mortality data for the years 1984-1995, (5) NOMS publicly available data domain currently has a PMR Query System encompassing occupational workers' mortality data for the years 1985-1998 which we did not explore for our tabulations. (6) Instead, our tabulations are based on our online access into the NOMS publicly available data domain on November 14, 2019 to explore the most recent PMR Query System which encompasses occupational workers' mortality data for the years 1999, 2003-2004, and 2007-2014 among those whose deaths were certified in 26 states out of 50 states in the United States. (3) As the details about methodology used by NOMS to decipher PMRs corresponding to total 242 specific causes of death among workers of listed occupations or industries can be reviewed by the readers accessing NOMS publicly available data domain, (7,8) these publicly accessible details are not discussed hereafter except for the few specific things as pertaining to our tables which are as follows:

- While running our query in PMR Query System, physicians were categorized into eight categories based on their age (18-64 as young and 65-90 as old), sex (male and female) and race (Black and White) as shown in first columns of (Tables 1-5).
- Thereafter, those causes of death whereby less than five physician deaths had been observed were only cumulatively enumerated as shown in third column of (Table 1).
- Subsequently, those causes of death whereby at least five physician deaths had been observed were summed up to generate the total number of observed physician deaths in each of the above-mentioned eight categories as shown in second column of (Table 1).
- Among these causes of death whereby at least five physician deaths had been observed, those causes of death whereby physicians' PMR were not different (i.e., PMR 95% confidence interval crosses 100) from all occupational workers' PMR were only cumulatively enumerated as shown in fourth column of (Table 1).
- Finally, those causes of death whereby physicians' PMR were significantly different from all occupational workers' PMR were initially enumerated cumulatively as shown in fifth column

of (Table 1) and thereafter sub-categorized for the tabulations as follows:

- Those causes of death whereby greater proportion (i.e., PMR along with its lower 95% confidence interval value  $\geq 100$ ) of physician deaths had been observed as compared to all occupational workers with stronger statistical significance  $p < 0.01$  (Table 2) or with weaker statistical significance  $p < 0.05$  (Table 3).
- Those causes of death whereby lesser proportion (i.e., PMR along with its upper 95% confidence interval value  $\leq 100$ ) of physician deaths had been observed as compared to all occupational workers with stronger statistical significance  $p < 0.01$  (Table 4) or with weaker statistical significance  $p < 0.05$  (Table 5).

The key observations during our tabulations for the years 1999, 2003-2004, and 2007-2014 were:

- Physician mortality data may be reflecting traditional demographics of physicians in the United States indicating a potentially historical propensity of physicians towards being White and male in the United States. Among the statistically analyzable physician mortality data ( $n=36635$ : sum total of observed physician deaths as shown in second column of Table 1), almost 70% data was related to old White male physicians' deaths ( $n=25414$ ) and 14% data was related to young White male physicians' deaths ( $n=5152$ ) while only 14% data was related to female physicians' deaths ( $n=5183$ : young or old and Black or White) and just 4% data was related to Black physicians' deaths ( $n=1291$ : young or old and male or female). This can be contrasted to the most current general demographics in the United States wherein White population constitutes around 70% of general population, female population constitutes around 50% of general population and Black population constitutes around 15% of general population. (9) Although crude death rates for Non-Hispanic White males (around 1110/100,000) and females (around 1060/100,000) are higher than crude death rates for all ethnic groups' males (around 900/100,000) and females (around 830/100,000) in the United States in contrast to crude death rates for Non-Hispanic Black males (around 850/100,000) and females (around 730/100,000) being lower than crude death rates for all ethnic groups' males (around 900/100,000) and females (around 830/100,000) in the United States, age-adjusted death rates for Non-Hispanic White males (around 890/100,000) and females (around 640/100,000) are similar to age-adjusted death rates for all ethnic groups' males (around 860/100,000) and females (around 620/100,000) in the United States contrasting age-adjusted death rates for Non-

Hispanic Black males (around 1080/100,000) and females (around 730/100,000) being higher than age-adjusted death rates for all ethnic groups' males (around 860/100,000) and females (around 620/100,000) in the United States. (10) This skew in crude death rates as compared to age-adjusted death rates may be secondary to Non-Hispanic Whites constituting greater proportions of aging populations in the United States. (11)

- As compared to all occupational workers, intentional self-harm was a more likely cause of death ( $p < 0.01$ ) among physicians except for old Black physicians.
- As compared to all occupational workers, Parkinson's disease, Alzheimer's and other degenerative disease were more likely causes of death ( $p < 0.01$ ) among White male physicians.
- As compared to all occupational workers, chronic obstructive pulmonary disease and diseases of the respiratory system were less likely causes of death ( $p < 0.01$ ) among White physicians.
- As compared to all occupational workers, ischemic heart disease and diseases of the heart were less likely causes of death among White physicians.

Irrespective of us being physicians, death is inevitable due to us being humans. However, how we live our lives before our deaths is what SOHAM all about. As we can infer from above-mentioned data, it seems like we as physicians may have somewhat overcome sufferings of our lungs and hearts but surrendered to sufferings of our brains and minds while seeking the metaphorically healthy trinity of life (brain-heart-lungs). (12) Drawing inspirations from the elucidated causes of death among the physicians in the United States, the physicians of the world can explore and extrapolate their lifestyle data locally, regionally and nationally so as to envisage healthy living as SOHAM physicians globally by devising physical, psychological, socioeconomic and spiritual interventions for constantly bettering their living rather than dying due to physical, psychological, socioeconomic and spiritual causes of their deaths.

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**Tables**

**TABLE 1 NUMERICAL DISTRIBUTION OF CAUSES OF DEATH**

Physician Characteristics	Total Observed Deaths Across Those Causes of Death Whereby At Least Five Physicians Had Died	Number of Those Causes of Death Whereby Less Than Five Physicians Had Died	Number of Those Causes of Death Whereby Physicians' PMR Insignificantly Differed From Overall Occupational Workers' Population	Number of Those Causes of Death Whereby Physicians' PMR Significantly Differed From Overall Occupational Workers' Population
Young Black Female	222	223	17	2
Old Black Female	183	224	17	1
Young Black Male	293	217	22	3
Old Black Male	593	203	37	2
Young White Female	1704	170	51	21
Old White Female	3074	159	61	22
Young White Male	5152	132	57	53
Old White Male	25414	90	77	75

PMR: Proportionate Mortality Ratio  
Source Data NOMS. (3)

**TABLE 2 CAUSES OF DEATH WHEREBY GREATER PROPORTION OF PHYSICIAN DEATHS HAPPENED COMPARED TO OVERALL OCCUPATIONAL WORKERS' POPULATION (STRONG STATISTICAL SIGNIFICANCE: P<0.01)**

Physician Characteristics	Cause Of Death	PMR (Lower 95% CI-Upper 95% CI)
Young Black Female	Intentional Self Harm	553 (180-1291)
Old Black Female	-	-
Young Black Male	Intentional Self Harm	394 (189-724)
	Other Respiratory Disease	409 (165-844)
Old Black Male	MN Pancreas	266 (133-477)
Young White Female	Malignant Neoplasms	117 (104-131)
	External Causes Of Injury And Poisoning (e-codes)	128 (107-152)
	MN Lymphatic And Hematopoietic Tissue	200 (137-282)
	Intentional Self Harm	212 (156-281)
	Non-Hodgkin's Lymphomas	272 (155-442)
Old White Female	MN Digestive Organs And Peritoneum	154 (126-186)
	Parkinson's Disease (Grouped)	183 (120-269)
	Parkinsons Disease	183 (120-269)
	MN Pancreas	204 (148-275)
	External Causes Of Injury And Poisoning (e-codes)	205 (159-260)
	MN Other Parts Of Uterus	216 (128-342)
	MN Peritoneum And Pleura	544 (177-1270)
	Intentional Self Harm	677 (350-1182)
Young White Male	External Causes Of Injury And Poisoning (e-codes)	142 (129-155)
	Transport Fatalities	150 (123-181)
	MN Lymphatic And Hematopoietic Tissue	165 (131-206)
	Malignant Melanoma Of Skin	178 (119-255)
	MN Pancreas	180 (141-226)
	Diseases Of The Nervous System And Sense Organs	182 (144-227)
	MN Of Other And Unspecified Sites	186 (154-222)
	MN Bone, Connective Tissue, Skin, And Breast	187 (139-246)
	Intentional Self Harm	205 (179-234)
	Anterior Horn Cell Disease Including Motor Neurone Disease (AMLS)	257 (166-379)
	Multiple Sclerosis And Other Demylenating Disease	273 (149-459)
	Brain And Nervous System, All Neoplasms Except Secondary	299 (238-370)
	MN Brain	305 (241-382)
	MN Brain And Nervous System	308 (244-383)
	Parkinson's Disease (Grouped)	347 (159-659)
	Parkinsons Disease	347 (159-659)
Alzheimer's And Other Degenerative Disease	351 (201-570)	

	MN Connective And Other Soft Tissue	373 (221-589)
	Railway, Water, Air, And Space Transport Fatalities	717 (468-1050)
	Water, Air And Space Transport	897 (580-1324)
<b>Old White Male</b>	Mental Disorders	117 (107-128)
	Mental Disorders, Excluding Schizophrenia And Retardation	117 (107-128)
	Other Respiratory Disease	117 (104-131)
	MN Digestive Organs And Peritoneum	118 (110-127)
	MN Of Other And Unspecified Sites	123 (108-139)
	MN Lymphatic And Hematopoietic Tissue	130 (118-144)
	MN Male Genital Organs	130 (118-143)
	MN Prostate	131 (118-144)
	Chronic Disease Of Endocardium	133 (111-157)
	Leukemia And Aleukemia	134 (114-157)
	Alzheimer's And Other Degenerative Disease	139 (127-152)
	MN Biliary Passages, Liver, And Gall Bladder	141 (117-168)
	Multiple Myeloma	143 (113-178)
	External Causes Of Injury And Poisoning (e-codes)	143 (131-157)
	Accidental Falls	146 (126-169)
	Brain And Nervous System, All Neoplasms Except Secondary	157 (126-193)
	Diseases Of The Nervous System And Sense Organs	160 (153-168)
	Falls Into Hole, One Level To Another Or To Same Level	162 (130-199)
	Acute Myeloid Leukemia	170 (134-213)
	MN Pancreas	171 (151-194)
	MN Brain And Nervous System	175 (139-218)
	MN Brain	176 (139-219)
	MN Bone, Connective Tissue, Skin, And Breast	176 (150-206)
	Parkinson's Disease (Grouped)	183 (165-204)
	Parkinsons Disease	183 (165-204)
	Malignant Melanoma Of Skin	184 (148-227)
	Disorders Of The Peripheral Nervous System	187 (118-280)
	MN Connective And Other Soft Tissue	199 (132-288)
	Intentional Self Harm	201 (169-238)
	Multiple Sclerosis And Other Demylenating Disease	218 (122-360)
	Anterior Horn Cell Disease Including Motor Neurone Disease (AMLS)	279 (221-348)
	MN Thyroid Gland And Other Endocrine Glands	281 (164-450)
	Injury Of Undetermined Intent	328 (150-622)
	Other Injury Undetermined Intent	377 (163-742)
Falls, Building Or Structure	395 (145-860)	
Drowning	406 (237-651)	
Accidental Drowning And Submersion	406 (237-651)	
Other Transportation Injuries	462 (150-1078)	
Railway, Water, Air, And Space Transport Fatalities	544 (249-1032)	
Water, Air And Space Transport	587 (268-1114)	
<p><b>AMLS: Advanced Medical Life Support Or Amyotrophic Lateral Sclerosis; CI: Confidence Interval; MN: Malignant Neoplasms; PMR: Proportionate Mortality Ratio</b>                      Source Data NOMS. (3)</p>		

**TABLE 3 CAUSES OF DEATH WHEREBY GREATER PROPORTION OF PHYSICIAN DEATHS HAPPENED COMPARED TO OVERALL OCCUPATIONAL WORKERS' POPULATION (WEAK STATISTICAL SIGNIFICANCE: P<0.05)**

Physician Characteristics	Cause Of Death	PMR (Lower 95% CI-Upper 95% CI)
<b>Young Black Female</b>	-	-
<b>Old Black Female</b>	-	-
<b>Young Black Male</b>	MN Colon	255 (116-484)
<b>Old Black Male</b>	-	-
<b>Young White Female</b>	MN Of Other And Unspecified Sites	156 (111-215)
	MN Secondary, Ill-Defined And Unspecified Sites	159 (108-225)
	MN Brain And Nervous System	177 (103-283)
	MN Brain	181 (105-290)

	MN Rectum, Rectosigmoid Junction And Anus	235 (122-411)
	MN Kidney	238 (114-438)
	Diseases Of Blood And Blood-Forming Organs	276 (119-545)
	Pneumoconioses (Occupational Lung Diseases) (Coal, Asbestos, Silica, Dust, Cotton, Other)	341 (125-741)
	Other Injuries	367 (135-798)
<b>Old White Female</b>	Malignant Neoplasms (MN)	115 (103-127)
	MN Female Genital Organs	149 (107-202)
	MN Biliary Passages, Liver, And Gall Bladder	182 (106-292)
	Transport Fatalities	224 (108-412)
	MN Peritoneum & Other Digestive Organs	374 (137-814)
	Accidental Poisoning	424 (138-989)
<b>Young White Male</b>	Malignant Neoplasms (MN)	109 (101-118)
	Symptoms, Signs And Ill-Defined Conditions, NEC	146 (100-206)
	Non-Hodgkin's Lymphomas	156 (105-223)
	Leukemia And Aleukemia	156 (104-226)
	MN Male Genital Organs	162 (110-231)
	MN Prostate	168 (113-242)
	Accidents Caused By Submersion, Suffocation And Foreign Bodies	184 (105-299)
	Injury Of Undetermined Intent	185 (110-293)
	Other Injury Undetermined Intent	188 (111-297)
	Multiple Myeloma	189 (110-302)
	Drowning	200 (100-358)
	Accidental Drowning And Submersion	200 (100-358)
	Other Diseases Of The Nervous System & Sense Organs	229 (105-434)
	MN Thyroid Gland And Other Endocrine Glands	379 (139-825)
<b>Old White Male</b>	Cardiomegaly	120 (101-143)
	Cardiomyopathy	120 (101-143)
	Non-Hodgkin's Lymphomas	120 (101-142)
	Diseases Of Blood And Blood-Forming Organs	123 (100-151)
	All Other Disease Of Blood Forming Organs	133 (102-171)
	Unspecified Falls	134 (105-169)
	Other Malignant Neoplasm Of Skin	157 (108-221)
	Other Diseases Of The Musculoskeletal System	160 (105-232)
	Myoneural Disorders	189 (108-307)
	MN Salivary Glands	208 (100-382)
	Assault And Homicide	246 (123-440)
	Bronchiectasis	287 (124-566)
	MN Nasal Cavities, Middle Ear And Accessory Sinuses	327 (120-712)
<b>CI: Confidence Interval; MN: Malignant Neoplasms; NEC: Not Elsewhere Classified; PMR: Proportionate Mortality Ratio</b>		
<b>Source Data NOMS. (3)</b>		

**TABLE 4 CAUSES OF DEATH WHEREBY LESSER PROPORTION OF PHYSICIAN DEATHS HAPPENED COMPARED TO OVERALL OCCUPATIONAL WORKERS' POPULATION (STRONG STATISTICAL SIGNIFICANCE: P<0.01)**

Physician Characteristics	Cause Of Death	PMR (Lower 95% CI-Upper 95% CI)
<b>Young Black Female</b>	-	-
<b>Old Black Female</b>	-	-
<b>Young Black Male</b>	-	-
<b>Old Black Male</b>	-	-
<b>Young White Female</b>	Chronic Obstructive Pulmonary Disease	33 (16-60)
	Diseases Of The Respiratory System	63 (43-89)
	MN Trachea, Bronchus And Lung	67 (48-90)
	MN Respiratory System	67 (49-90)
<b>Old White Female</b>	Chronic Obstructive Pulmonary Disease	67 (52-85)
	Diseases Of The Respiratory System	75 (62-90)
<b>Young White Male</b>	Chronic Obstructive Pulmonary Disease	21 (12-36)
	Non-A, Non-B Viral Hepatitis	36 (15-74)
	Alcoholism	36 (15-70)
	Mental Disorders Related To Alcohol Abuse	36 (16-72)
	Mental Disorders Related To Substance Abuse	39 (20-71)

	Cirrhosis & Other Chronic Liver Disease	42 (29-58)
	Other Heart Disease (Pericarditis, Endocarditis, Myocarditis, Etc.)	47 (24-82)
	MN Respiratory System	47 (38-59)
	MN Trachea, Bronchus And Lung	49 (39-60)
	Diseases Of Liver	52 (39-67)
	Diseases Of The Digestive System	53 (42-67)
	Diseases Of The Respiratory System	53 (40-68)
	Infectious And Parasitic Diseases	66 (48-90)
	Ischemic Heart Disease	85 (76-96)
	Diseases Of The Heart	88 (80-97)
<b>Old White Male</b>	Chronic Obstructive Pulmonary Disease	46 (42-52)
	MN Mesothelioma	47 (23-84)
	MN Trachea, Bronchus And Lung	57 (52-63)
	MN Respiratory System	58 (53-64)
	Diseases Of The Respiratory System	70 (65-74)
	Other Heart Disease (Pericarditis, Endocarditis, Myocarditis, Etc.)	72 (63-82)
	Acute, Chronic, Or Unspecified Renal Failure	77 (66-89)
	Chronic & Unspecified Nephritis & Renal Failure & Other Renal Sclerosis	79 (67-92)
	Diseases Of Urinary System	80 (69-92)
	Diseases Of Kidney	80 (69-92)
	Diabetes Mellitus	82 (73-93)
	Diseases Of The Genitourinary System	83 (73-94)
	Acute Myocardial Infarction (AMI)	84 (77-91)
	Diseases Of The Digestive System	85 (74-96)
	Ischemic Heart Disease	93 (89-97)
	Diseases Of The Heart	94 (91-97)

CI: Confidence Interval; MN: Malignant Neoplasms; PMR: Proportionate Mortality Ratio  
Source Data NOMS. (3)

**TABLE 5 CAUSES OF DEATH WHEREBY LESSER PROPORTION OF PHYSICIAN DEATHS HAPPENED COMPARED TO OVERALL OCCUPATIONAL WORKERS' POPULATION (WEAK STATISTICAL SIGNIFICANCE: P<0.05)**

Physician Characteristics	Cause Of Death	PMR (Lower 95% CI-Upper 95% CI)
<b>Young Black Female</b>	Diseases Of The Heart	58 (35-91)
<b>Old Black Female</b>	Ischemic Heart Disease	52 (24-98)
<b>Young Black Male</b>	-	-
<b>Old Black Male</b>	Chronic Obstructive Pulmonary Disease	38 (12-89)
<b>Young White Female</b>	Infectious And Parasitic Diseases	48 (23-89)
	Ischemic Heart Disease	69 (50-94)
	Diseases Of The Heart	76 (60-95)
<b>Old White Female</b>	Other Heart Disease (Pericarditis, Endocarditis, Myocarditis, Etc.)	65 (44-93)
	Diseases Of The Digestive System	68 (46-97)
	MN Trachea, Bronchus And Lung	78 (61-99)
	MN Respiratory System	79 (62-100)
	Ischemic Heart Disease	83 (71-97)
	Diseases Of The Heart	88 (78-98)
<b>Young White Male</b>	Mental Disorders	58 (35-90)
	Mental Disorders, Excluding Schizophrenia And Retardation	59 (35-92)
	MN Biliary Passages, Liver, And Gall Bladder	66 (42-98)
	Diabetes Mellitus	72 (53-95)
<b>Old White Male</b>	MN Larynx	49 (24-91)
	Disorders Of Gallbladder And Biliary Tract	52 (26-94)
	Hypertension Without Heart Disease	77 (59-98)
	Symptoms, Signs And Ill-Defined Conditions, NEC	80 (64-99)
	MN Colon	84 (72-99)
	Other Diseases Of Digestive System	85 (72-100)

CI: Confidence Interval; MN: Malignant Neoplasms; NEC: Not Elsewhere Classified; PMR: Proportionate Mortality Ratio  
Source Data NOMS. (3)