

Briefing: Sudden Death Among Young Anaesthesiologists, Evidence from China and Emerging Findings from Libya

Ebtisam Elghblawi

Correspondence

Dr. Ebtisam Elghblawi

Dermatologist

Email: ebtisamya@yahoo.com

Received: April 2026. Accepted: May 2026; Published: May 2026.

Citation: E.Elghblawi. Briefing: Sudden Death Among Young Anaesthesiologists, Evidence from China and Emerging Findings from Libya. *World Family Medicine*. May 2026; 24(3): 21- 24 DOI: 10.5742/MEWFM.2026.241774

Sudden deaths are always a critical topic that attracts the public, physicians, and health professionals' attention. However, recently Anaesthesiologists in Libya have experienced increased sudden deaths, which are increasing dramatically for unknown reasons, and there is no clinical report about this exceptional phenomenon.

Libyan anaesthesiologists in particular have become a concerning topic on social media, social issues, and contemporary health problems.

According to media reports, 'The Libya Observer' suggests, according to Tariq Shuhaima, Deputy Head of the General Syndicate of Doctors in July 2025, that 14 Libyan doctors died of sudden cardiac arrest within just one month, the majority of whom were Anaesthesiologists (Tables 2, 3).

Sudden death among young physicians, particularly anaesthesiologists, has emerged as a concerning occupational health issue. It is typically defined as an unexpected natural death occurring within a short time frame, often without prior symptoms, unforeseen, and unexplained. In both China and, more recently, Libya, reports suggest an increased incidence among young anaesthesiology professionals (1, 2).

In China, analyses of national databases, media reports, and official records show a clear rise in physicians' workloads in recent years. Deaths related to overwork have become an increasing concern, posing challenges for both medical education and hospital management. In 2017, 34 physician deaths were reported, with the highest risk observed among male anaesthesiologists aged 30–45 working in first-tier cities between 2013 and 2014.

Female physicians may face additional pressures beyond clinical duties, including household responsibilities and caregiving for children and elderly relatives. When combined with heavy workloads, this may increase fatigue and vulnerability to overwork-related harm.

Despite this, deaths among male physicians were fifteen times higher than among females (Table 1, 3). This may reflect greater financial, social, and familial pressures in men, particularly those aged 34–48, alongside poorer health behaviours such as smoking, excessive alcohol intake, and high consumption of carbonated drinks (1,2).

Overwork death was the highest among anaesthesiologists, which was also consistent with the study of Zhang HF et al. Physicians in this group might undergo more work stress.

Data from a United States database indicated that causes of death were identified in 94.6% of anaesthesiologists, with heart disease, cancer, and other circulatory system disorders being the most common(3).

It has been argued by Huang J, Lee J. 2017, that young anaesthesiologists' mortality from drug-related causes, the availability of substances in the anaesthesia field, the ease of access, addiction, and abuse, all remain taboo and a cultural stigma, hard to discuss, and might be the potential contributors to those deaths (3).

Chinese medical staff still face the risk of harm at work. These heavy physical and psychological burdens potentially contribute to the increasing overwork death of physicians in China (2). The imbalance has forced many medical staff to work overtime, and numerous cit-