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

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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-

Established evidence on both continents (China and Libya):

Table 1: summarises evidence from China

Evidence from China	Early studies in China show that sudden death disproportionately affects anaesthesiologists, mainly young men around 35–40 years old.
Cardiovascular Events (Primary Cause)	Most deaths are cardiac, especially fatal arrhythmias and sudden arrest, often linked to undiagnosed heart conditions.
Occupational Overload and Burnout	Long hours, night shifts, and heavy workloads contribute significantly, with fatigue and sleep loss raising cardiovascular risk.
Psychosocial Stressors	Patient expectations, workplace violence, medico-legal risks, and publication pressure all add significant stress.
Systemic Healthcare Factors	Overcrowded hospitals and staff shortages increase workload. Young anaesthesiologists face heavy frontline duties early in their careers.
Lifestyle and Health Neglect	Poor health habits include irregular meals, smoking, and lack of exercise.

Table 2: presents emerging Libyan observations

Emerging Evidence from Libya	Recent multicentre data (2022) show a similar pattern of sudden deaths among anaesthesiologists in Libya.
Multifactorial Risk Profile	High rates of obesity (70%), smoking, and hypertension. Marked stress from economic hardship, isolation, and family conflict.
Cardiovascular Abnormalities	About 30% had unexplained cardiac abnormalities despite normal tests. Chest pain was a common symptom.
Post-COVID-19 Associations	Some had prior COVID-19 infection or vaccination, possibly linked to myocarditis or arrhythmias. This is an emerging hypothesis needing further study.
Occupational Stress and Burnout	Similar to China, prolonged working hours and high-responsibility roles were central contributors.

Table 3: Comparative Analysis (China vs Libya)

Cause	China	Libya
Primary mechanism	Cardiac arrhythmia	Cardiac anomalies (often unexplained)
Workload	Extremely high	High
Psychosocial stress	High (violence, academic pressure)	High (economic + social stress)
Lifestyle risk	Present	Strongly evident
COVID-related factors	Not prominent (earlier data)	Emerging association

Across both settings, sudden death appears multifactorial, with a crucial conduit involving cardiovascular instability triggered by:

- Chronic occupational stress
- Sleep deprivation and insomnia
- Metabolic and lifestyle risk factors

The Libyan data introduce a potential post-COVID cardiac element, expanding the etiological framework beyond traditional occupational and cardiovascular explanations. Thus, the inferences would emphasize a need for a routine cardiovascular screening for anaesthesiologists, setting up regulations, legislation, and limitations on working hours and night shifts, providing support for mental health and physical burnout prevention, and doing more research on post-viral cardiac risks (e.g., COVID-19).

After all, sudden death among young anaesthesiologists represents an occupational hazard driven by the interaction of cardiovascular vulnerability and systemic work-related stressors. While Chinese data established the phenomenon, emerging Libyan evidence reinforces its global relevance and introduces new potential mechanisms, particularly post-infectious cardiac effects.

A survey conducted by Zhang and colleagues claimed that anaesthesiologists in China suffer from work overload and that sudden death is on the rise. He stated that in the period between 2013 and 2014, more than 10 anaesthesiologists had cardiac arrest, which was the contributing factor to sudden death due to cardiopulmonary arrest (2). However, the pathophysiological relationship is lacking and unclear. He argued that any work week longer than 70 hours equates to an increased incidence of sudden death. Additionally, the post-mortem autopsy is not available, which raises other plausible explanations for the sudden deaths (2).

This multicentre case-control study of 88 Libyan anaesthesiologists in 2025 found that sudden death risk is linked to combined occupational, metabolic, and psychosocial factors. The cohort (mean age 39) showed high rates of overweight (36%) and obesity (35%), alongside significant smoking exposure and varied employment duration. Key stressors included financial hardship, family conflict, and isolation. Clinically, chest pain, hypertension, and strong family disease history were prominent risk indicators. Laboratory results showed higher triglycerides in males and higher HDL and D-dimer in females. Although most cardiac tests were normal, 29.5% had unexplained anomalies, frequently associated with prior COVID-19 infection and mixed vaccination status (4). Current Libyan data remain limited and largely observational.

This briefing is meant to look at this new phenomenon encountered among the young Libyan anaesthesiologists versus their Chinese colleagues. One of the main troubles in Libya for overworking is the low income of medical professionals, generally speaking, which contributes to the workloads for some doctors in the private sector and working more shifts without a break or rest, which would lead to chronic fatigue, anxiety, frustration, violence, and exhaustion. However, there are limitations to this, as there is no actual reporting or database to pull from, and it's difficult to determine the actual causation of the sudden death among young, fit, and well Libyan anaesthesiologists. Additionally, there isn't any actual reporting about each deceased anaesthesiologist's work hours. This briefing is meant to shed light and bring to attention the self-alert, self-awareness, and self-protection of anaesthesiologists' mental well-being and functionality within safe, healthy work limits (1).

Physician burnout is a global problem and mostly affects anaesthesiologists, and their loss is just the tip of the iceberg of the medical communities (2).

Finally, working under tremendous pressure, long shift hours would intensify burnout, especially if the environment is not helping or encouraging, which would contribute to the whole situation for young Libyan anaesthesiologists. As the literature has shown, overwork death among Chinese physicians is already established, and the government has promulgated a series of laws and regulations to improve working conditions and improve the hierarchy of the medical system (3).

Young anaesthesiologists normally grow into independent specialists in the operative care, engaging in long multiple-night shifts (3).

The mechanism of sudden deaths among Libyan anaesthesiologists remains unclear and is an emerging and concerning issue.

The whole situation is disturbing and mandates the attention of the higher Libyan authorities and the policy makers to look into why this has happened in the first place, and they should employ and invest some efforts to reduce such a tragic mortality loss.

They should guarantee the legitimate rights and interests of doctors, and the system should establish a reasonable working hour. Also, those who lost their life should be investigated further to find the root cause of the problem. Moreover, doctors should look after their health, get enough sleep, exercise, and lead a healthy lifestyle by example for their patients and communities. However, doctors' loss and reduced quality of work will worsen if appropriate measures are not taken into account.

This briefing aims to help gain an understanding of the scale of the problem and find ways of preventing such tragic losses from occurring, hopefully in the future. It also calls for systemic reforms, including reduced working hours, better health monitoring, and institutional support, to protect physicians' well-being and reduce preventable mortality within the medical workforce, to improve productivity and satisfaction.

To conclude, the cases of the Libyan anaesthesiologists who died suddenly are an alarming and unprecedented problem.

References

1. Xu Y, Chen G, Han X, Gao X. Overwork Death of Chinese Physicians under High-Intensity Pressure, 2007-2018. Iran J Public Health. 2020 Dec;49(12):2251-2255. doi: 10.18502/ijph. v49i12.4804. PMID: 34178731; PMCID: PMC8215066.
2. Zhang HF, Li FX, Lei HY, Xu SY. Rising sudden death among anaesthesiologists in China. Br J Anaesth. 2017 Jul 1;119(1):167-169. doi: 10.1093/bja/aex167. PMID: 28974077.
3. Huang J, Lee J. Causes of sudden death of young anesthesiologists in China: Response to Zhang and colleagues: Rising sudden death among anaethesiologists in China. Br J Anaesth. 2017 Sep 1;119(3):548-549. doi: 10.1093/bja/aex288. PMID: 28969335.
4. BOSHRA HAGI ABUSAHMIN, MOHAMED Hadi Mohamed ABDELHAMID, ZAKARIA LAKHDARI ELBOUKHARI et al. Risk Factors and Causes of Mortality Among Anesthesiologists: Evidence from a Libyan multicenter observational case-control study, 29 December 2025, PREPRINT (Version 1) available at Research Square [https://doi.org/10.21203/rs.3.rs-8372781/v1]