

## Media influence on suicide

## Television programme makers have an ethical responsibility

EDITOR—We agree with Hawton and Williams that training courses for careers in the media offer the potential for improved portrayal of suicide in the media.<sup>1</sup> The media, however, clearly can affect many facets of health related behaviour.

We recently reported the effect of the death from cervical cancer of a character (Alma) in the television soap opera *Coronation Street* on the NHS cervical screening programme in the north west of England.<sup>2,3</sup> Our studies showed an excess of 14 000 cervical smear tests performed as a result of the storyline (a 21% increase on the previous year), although only 2000 of them were in women whose test was overdue or who had had no previous smear test. The remaining 12 000 smear tests were performed on women attending for an early, unscheduled test or who were due a smear test anyway and brought their appointment forward.

The large increase in the number of smear tests led to a strain on local laboratories, with the time taken to report results increasing to beyond acceptable quality assurance limits—a factor likely to provoke excess anxiety in women. We also found that many women were prompted to attend for a cervical smear test because the storyline made them worry.

This anxiety generating approach contrasts with current initiatives to encourage women to make an informed choice about screening.

Television programme makers should realise the power of such stories not only to achieve maximal viewing figures but also to cause fear and anxiety, as well as the consumption of scarce healthcare resources. Those responsible for promoting health need to engage programme makers in a full ethical debate.

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1 Hawton K, Williams K. The influence of media on suicide. *BMJ* 2002;325:1374-5. (14 December).

2 Howe A, Owen-Smith V, Richardson J. The impact of a television soap opera on the NHS cervical screening programme in the north west of England. *J Public Health Med* 2002;24:299-304.

3 Richardson J, Owen-Smith V, Howe A. The effect of "Alma's" death on women attending for a cervical smear: a questionnaire survey. *J Public Health Med* 2002;24:305-6.

## Media influence behaviour

EDITOR—Hawton and Williams's study provides evidence that supports an argument for (increased) awareness among media producers and editors about their potential influence on the public over health matters.<sup>1</sup> Howe et al in response note the effect on the NHS cervical screening programme of a television character's death (Alma in *Coronation Street*) from cervical cancer (letter above). We examined the impact of the same television story and related tabloid newspaper reporting on inquiries made to CancerBACUP's helpline (the United Kingdom's leading cancer information charity, [www.cancerbacup.org.uk](http://www.cancerbacup.org.uk)).

The change in the volume and content of calls during the three months between the story "breaking" in the *Sun* newspaper and Alma's eventual death, compared with calls received in the three months before the story, supports Hawton and Williams's work.<sup>1</sup> Peaks in inquiries about cervical cancer occurred on three occasions, directly coinciding with developments in the storyline (figure). The story triggered up to 300 additional weekly enquiries to CancerBACUP. Evidence corroborated Hawton and Williams's suggestion of a similarity between media stimulus and the viewer in terms of age, sex, and nationality.<sup>1</sup> Data

showed a slight increase in the proportion of calls from women in their 50s and 60s; the actor who played Alma was 63 years old.

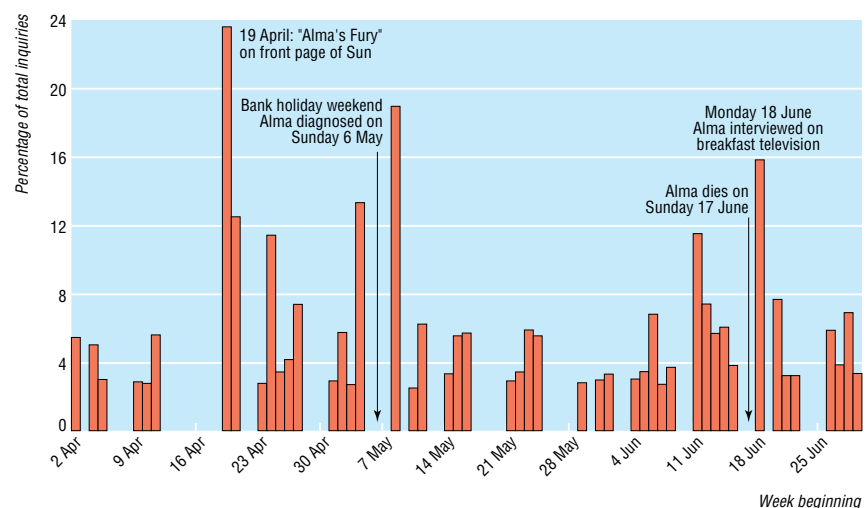
In the three months before the storyline just 6.7% of people telephoning CancerBACUP about cervical cancer said that they had first heard about the charity via a newspaper or the television. This percentage rose to 41.8% while the storyline was in progress. Furthermore, the proportion of inquiries from homemakers and retired people more than doubled compared with calls during the previous three months.

Our research has questions left unanswered. What, for example, became of the people whom the *Coronation Street* story worried but who did not contact CancerBACUP? Did they contact other information services or their general practitioner, or did they remain concerned, probably unnecessarily, about the risk of cervical cancer? What is clear is the potential for media to impinge on the viewing public in a marked, and in this case measurable, way.

The trend for giving information at the end of potentially delicate television programmes seems not only responsible but necessary. In our study making such information available led to the use of a cancer helpline by a broad and, in part, previously untapped group.

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Inquiries about cervical cancer to CancerBACUP telephone helpline, April-June 2001

1 Hawton K, Williams K. The influence of media on suicide. *BMJ* 2002; 325:1374-5. (14 December.)

### Media's role is double edged

EDITOR—The alarming escalation of charcoal burning suicide in Hong Kong supports Hawton and Williams's call for guidelines on the reporting of suicide.<sup>1</sup> We previously reported on the emergence of this new method of suicide in Hong Kong.<sup>2</sup>

In November 1998 a 35 year old woman committed suicide by burning charcoal in a barbeque grill in her sealed and cramped apartment. Compared with jumping, which accounts for most local suicide deaths, suicide by burning charcoal was romanticised as an easy and comfortable way of dying. The incident was pictorially reported in the media. Two months after its appearance charcoal burning became the third commonest method of suicide in Hong Kong, where carbon monoxide poisoning was previously uncommon.<sup>2</sup> In 2001 it replaced hanging as the second commonest method of suicide, accounting for 25% of all deaths from suicide.

People committing suicide by charcoal burning were often middle aged and were portrayed as debt ridden because Hong Kong was experiencing its first recession after two decades of economic boom. Charcoal burning was represented as a legitimate way out of the person's financial predicaments. Our coroner's court findings were highly consistent with these media representations.<sup>2</sup>

The influence of the media on suicide is contentious and has not been taken seriously in public health.<sup>3,4</sup> In the case of suicide by charcoal burning in Hong Kong, concerns have been raised by researchers and healthcare workers about the potentially contagious impact of media reporting. However, news editors have expressed reservations and remain unconvinced about the guidelines published by the World Health Organization on suicide reporting.

The first suicide intervention and prevention centre in China, funded by the Chinese government, was opened in December in Beijing. Media publicity was rightly adopted as one of the key strategies for raising public awareness.<sup>5</sup> None the less, given that the handy use of pesticides claimed most of the suicide deaths in rural China, the possible effect of such publicity deserves monitoring too.

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1 Hawton K, Williams K. The influence of media on suicide. *BMJ* 2002; 325:1374-5. (14 December.)

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3 Stack S. The effect of the media on suicide: Evidence from Japan 1955-1985. *Suicide Life Threat Behav* 1996;26:132-42.

4 Phillips DP. The influence of suggestion on suicide: substantive and theoretical implications of the Werther effect. *Am Sociol Rev* 1974;39:340-54.

5 Lee S, Kleinman A. Suicide as resistance in Chinese society. In: EJ Perry EJ, Selden M, eds. *Chinese society: change, conflict and resistance*. London: Routledge, 2000:221-40.

### Death risk other than from suicide is raised in self harm

EDITOR—Jenkins et al report on continuing suicide risk after deliberate self harm.<sup>1</sup> They use their findings to argue that clinicians should pay close attention to continuing risk of suicide in people with a history of deliberate self harm. Their findings, in a cohort from the late 1970s, are similar to findings from a 1981 Scottish discharge cohort.<sup>2</sup>

Using the Scottish linked dataset we followed up a cohort of 8304 people discharged over a 13 year period from Scottish general hospitals after deliberate self harm. We found that the greatest number of deaths from suicide or undetermined cause were in the five years after discharge. In the third five year period, however, the ratio of observed self harm to expected self harm was 5.33 (95% confidence interval 3.26 to 8.23) for men and 9.46 (5.61 to 14.95) for women. Homicides and accidental deaths were also raised.

We endorse the advice by Jenkins et al that clinicians should pay attention to suicide risk but think that their method may have concealed another important clinical implication. They note that people who had consumed alcohol at the time of the initial episode were less likely to be traced. They also censored the 13 deaths in their cohort that were not attributed to definite or probable suicide.

In the Scottish cohort, we examined deaths by suicide and undetermined cause, and deaths by other causes. Altogether 214 people died by suicide or undetermined cause during the follow up period, 196 more deaths than expected. Nine other categories of illness, however, accounted for 780 deaths, 344 more than would have been expected at general population rates. Natural causes, therefore, were responsible for more excess deaths than were suicides.

We identified a higher risk of digestive system disease, respiratory and circulatory disease, and cancers. The pattern indicates to us that alcohol, as well as unhealthy lifestyles and possibly impaired access to medical care, may be important in this group of people. Clinicians should pay attention to alcohol use and physical health as well as suicide risk in people with a history of deliberate self harm.

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1 Jenkins GR, Hale R, Papanastassiou M, Crawford MJ, Tyrer P. Suicide rate 22 years after parasuicide: cohort study. *BMJ* 2002;325:1155. (16 November.)

2 Hall DJ, O'Brien F, Stark C, Pelosi A, Smith H. Thirteen year follow-up of deliberate self-harm, using linked data. *Br J Psychiatry* 1998;172:239-42.

### Low dosage tricyclic antidepressants in depression

#### Giving low dose tricyclics is not justified by evidence

EDITOR—The meta-analysis by Furukawa et al must be considered downright naughty.<sup>1</sup> While masquerading as a contribution to an academic debate about appropriate antidepressant treatment it actually does little more than endorse the widely held prejudice in favour of using low dose tricyclics in depression. Published in a widely read UK general medical journal, it will inevitably encourage a practice that is not encouraged by either the Royal College of Psychiatrists or the American Psychiatric Association.

The subject of optimal dosage of tricyclics remains controversial, but the value of treatment with tricyclic antidepressants at standard dosage compared with placebo is abundantly clear. As Furukawa et al concede but perhaps do not emphasise sufficiently, the evidence for low dose tricyclic antidepressants is of generally poor quality. Many of the trials used in their analysis took place before standardised diagnostic or outcome criteria were commonplace.

What is less clear is the motivation for their undertaking. Fluoxetine is now available in generic preparations for about £7 per month, significantly reducing the financial advantage of older antidepressants. Some evidence supports the use of tricyclics in severe depression, but presumably the authors would not recommend low dose tricyclics in such patients. The chronic severe nature of depression would make it unethical to recommend a treatment without a secure evidence base. Being charitable, one can only hope that the therapeutic advice was added to add colour to an otherwise unexceptional meta-analysis.

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1 Furukawa AT, McGuire H, Barbui C. Meta-analysis of effects and side-effects of low dosage tricyclic antidepressants in depression: systematic review. *BMJ* 2002;325:991-5. (2 November.)

#### Evidence to change current guidelines is insufficient

EDITOR—The study by Furukawa et al consists of two separate analyses looking at quite different things so it is difficult to draw any firm conclusions.<sup>1</sup>

The first meta-analysis of 35 studies indicates that tricyclic antidepressants given at low dosage may improve certain symptoms, some of which may be secondary to